



A CMS Contracted Agent

National Government Services, Inc.
www.NGSMedicare.com

Medicare

Comments and Responses Regarding Draft Local Coverage Determination Ophthalmic Biometry for Intraocular Lens Calculation

As an important part of Medicare Local Coverage Determination (LCD) development, National Government Services solicits comments from the provider community and from members of the public who may be affected by or interested in our LCDs. The purpose of the advice and comment process is to gain the expertise and experience of those commenting.

We would like to thank those who suggested changes to the draft Ophthalmic Biometry for Intraocular Lens Calculation LCD. The official notice period for the final LCD begins on February 14, 2008, and the final determination will become effective on April 1, 2008.

Comment: The draft LCD stated ophthalmic biometry was used "to determine the size and power of an intraocular implant." We were asked to remove the word, "size."

Response: "Size" was removed.

Comment: We were asked to delete the second sentence in the LCD Abstract which stated, "OCB may provide significantly increased accuracy of the axial length measurement which is essential for precise intraocular lens power determination in cataract surgery."

Response: The statement was removed.

Comment: Diagnoses and indications for use of an A scan without intraocular lens (IOL) calculation as well as language regarding uses of the B scan were requested.

Response: The LCD only addresses ophthalmic biometry for intraocular lens calculation. Therefore, any statements suggesting a wider application were removed.

Comment: The need for a second complete A scan/OCB was stated, when a different surgeon unaffiliated with the surgeon who performed the first cataract extraction, performed the extraction on the second eye.

Response: We agree although we would not anticipate a high frequency of these instances.

Comment: An opinion was expressed that the patient should have the right to choose which method of ophthalmic biometry is used for the IOL calculation.

Response: The method chosen for the IOL calculation is determined by the physician and the patient and not dictated by the policy.

Comment: A desire to use both methods (A scan and OCB) of ophthalmic biometry to determine the IOL was expressed, particularly for patients who have previously had refractive surgery or for those who have significantly different axial lengths between the two eyes.

Response: We were unable to validate the medical necessity for using both methods of IOL calculation. If more than one method is used, billing should only occur for the method which provided the IOL calculation used for the beneficiary's care.

Comment: Ophthalmologists from New Jersey and New York expressed concern about optometrists performing ophthalmic biometry for IOL calculation. Optometrists noted that performance of the IOL calculations by members of their specialty occurs when comanagement of the patient by an ophthalmologist and optometrist occurs with the two physicians working together and coordinating the care of the patient.

Response: We added the following to the "Limitations" portion of the LCD.

Ophthalmic biometry for lens power calculation should not be performed unless a decision to remove the cataract has been made by the patient and surgeon. If the biometry is performed by an optometrist, he/she should do so in coordination with the operating surgeon so that only one procedure is necessary. If the biometry is repeated by the operating surgeon due to inadequacy of the study, the original eye care physician/provider should anticipate not being reimbursed for the study.

Comment: We were asked to remove the following ICD-9-CM codes from the list of "ICD-9-CM Codes that Support Medical Necessity."

366.00	Nonsenile cataract unspecified
366.01	Anterior subcapsular polar nonsenile cataract
366.02	Posterior subcapsular polar nonsenile cataract
366.03	Cortical lamellar or zonular nonsenile cataract
366.04	Nuclear nonsenile cataract
366.09	Other and combined forms of nonsenile cataract
366.11	Pseudoexfoliation of lens capsule
366.12	Incipient senile cataract
366.50	After-cataract unspecified
366.51	Soemmering's Ring
366.52	Other after-cataract not obscuring vision

366.53	After-cataract obscuring vision
---------------	--

Response: We agree with removal of the ICD-9-CM codes listed in bold. The other diagnoses were not removed due to the possibility that younger patients might require cataract extraction.