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# Medicare

## **Comments and Responses Regarding Draft Local Coverage Determination Capsule Opacification Following Cataract Surgery: Discission and YAG Laser Capsulotomy**

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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 Capsule Opacification Following Cataract Surgery: Discission and YAG Laser Capsulotomy LCD. The official notice period for the final LCD begins on May 15, 2008, and the final determination will become effective on July 1, 2008.

*Comment:* The Cataract Extraction draft LCD allows coverage for the need to evaluate and treat posterior segment pathology. This indication should also be present in the Capsule Opacification Following Cataract Surgery: Discission and YAG Laser Capsulotomy LCD.

*Response:* We agree. The indication has been added.

*Comment:* The draft LCD stated that generally, fewer than 25% of patients having cataract surgery will require posterior capsulotomy within the first two years following cataract surgery. A commenter found 25% to be low in his experience and suggested 30% to 33% of patients would need the procedure within two to five years following cataract surgery.

*Response:* Further research revealed the rate of posterior capsulotomy following cataract surgery has been reported as high as 30% to 50% in the early 1980s and 1990s. Although the rate for some lenses and techniques remains in the 25% - 30% range, the rate for other lenses and techniques has fallen to the single digits in some series.<sup>i,ii,iii</sup> Therefore, the policy was changed to reflect this information.

*Comment:* The "Limitations" portion of the draft LCD stated that YAG capsulotomy is only rarely required more than once per eye. A physician stated that the membrane cannot be re-opacified. He noted that staging of treatment may be necessary.

*Response:* We agree that re-opacification should not occur after treatment post-cataract extraction. Therefore, the policy was modified to read, "YAG capsulotomy secondary to cataract extraction and intra-ocular lens placement should not be required more than once per eye. Claims for a second capsulotomy will require the patient have a non-cataract extraction-related underlying diagnosis or condition that poses a high risk for re-opacification of the capsule." In addition, we added the statement, "Only one post-cataract capsulotomy per eye should be reported" to the Supplemental Instructions Article "General Guidelines for claims submitted to Carriers or Intermediaries."

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- <sup>i</sup> Apple DJ, Peng Q, Visessook N et al. Eradication of posterior capsule opacification. Documentation of a marked decrease in Nd:YAG laser posterior capsulotomy rates noted in an analysis of 5416 pseudophakic human eyes obtained postmortem. *Ophthalmology* 2001;108:505-518.
- <sup>ii</sup> Pandey SK, Apple DJ, Werner L et al. Posterior capsule opacification: A review of the aetiopathogenesis, experimental and clinical studies and factors for prevention. *Indian J Ophthalmol* 2004;52:99-112.
- <sup>iii</sup> Auffarth GU, Brezin A, Caporossi A, Lafuma A, Mendicute J, Berdeaux G, Smith AF, European PCO Study Group. Comparison of Nd:YAG capsulotomy rates following phacoemulsification with implantation of PMMA, silicone, or acrylic intra-ocular lenses in four European countries. *Ophthalmic Epidemiol* 2004; 11(4):319-329.