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ALMADALLAH
HEALTHCARE MANAGEMENT

Cataract

Guidelines (V0004CAT2023)

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Cataract:

A cataract is a clouding or opacification of the normally clear lens of the eye or its capsule (surrounding transparent membrane) that obscures the passage of light through the lens to the retina of the eye.

Etiology:

1-congenital: either unilateral or bilateral.

Maternal infection (Rubella, Rubeola), placental deficiency of oxygenation, maternal nutrition.

2-Age related: most common

3-traumatic: (may be exclusion according to policy)

Most common cause in adults

- Mostly unilateral
- Perforating trauma,
- Blunt trauma (with flower shaped opacity)
- Electric shock: diffuse milky-white opacity, with multiple snowflakes like opacities
- Ultraviolet radiation exfoliation of anterior lens capsule + cataract.
- Ionizing radiation: in treatment of ocular tumors may cause posterior subcapsular cataract.

4-Other causes may include: DM, hypo-parathyroidism, cretinism, atopic dermatitis, neurofibromatosis, acute congestive glaucoma, chronic anterior uveitis, high myopia,

5-Drugs: corticosteroids use, anticholinesterase inhibitors, alcohol, smoking.

Examination:

Decreased vision, distortion of image or monocular diplopia, colored halos around light, sensitivity to glare, increased frequency of change of refractive glasses.

Decreased visual acuity is the cardinal symptoms.

Poor night vision which is the most common symptom of cataract. The patient usually notices this while driving at night.

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Cataract

Lens exam:

Cortical cataract, wedge shaped with clear area in lens mostly present in periphery, clear cortex, swollen lens, (immature cataract), if entire opaque cortex with absence of iris shadow (mature).

nuclear cataract, dark brown or black lens with iris shadow, no fundal view.

DM: classic snowflakes cortical opacities.

Atopic dermatitis: characteristic shield-like dense anterior subcapsular plaques.

Investigation:

Intra-ocular pressure, to exclude glaucoma,

Biometry: to determine IOL lens to be placed intra-op.

Macular function test as per above.

Systemic disease and regular pre-op.

Slit-lamp examination- part of consultation

Ultrasound of eye/B-Scan in case of suspicion of retinal/vitreous disease

Claim documentation:

Comprehensive ophthalmic examination: primarily to exclude infection, arcus senilis, and exclude other related disorders,

*Fundal exam: any fundal pathology: e.g. age-related macular degeneration may affect the surgery outcome.

Indication of surgery:

1. Medical management only if visual acuity is [6/24 / (20/50)] or better, with corrective glasses.

2. Surgical treatment: worse than 6/24:
a-congenital cataract:

if more than 6/24 and no affection of daily activity, glasses are indicated, if VA falls below 6/24 surgery indicated.

b- senile cataract:

medical treatment not indicated at any stage.

For surgical: mature cataract is indication for surgery Hypermaturation is not best choice as the lens hardens and may increase risk of complication.

Procedure type:

- Extracapsular Cataract Extraction (non-phacoemulsification): It is not a procedure of choice anymore. Although being performed for certain types of cataracts (Traumatic) only.
- Intra-Capsular Cataract Extraction: Obsolete procedure due to associated complications and poor visual outcome

- Phacoemulsification: Modified version of extra-capsular cataract extraction using ultrasonic vibrations through probe to break the cataractous lens - Procedure of choice due to better visual outcome
- Femto-phacoemulsification: Phacoemulsification combined with Femto LASER – advanced technology being used these days to have best visual outcome without complications. FDA approved , considered experimental and not to be covered

Decision making:

If patient best corrective visual acuity is 20/50 or less, with effect on driving, television, or effect on patient loss of independence or income, and the only cause of visual decrease is cataract no other conditions, surgery is indicated and to be covered.

For VA of 20/50 or better impact on driving and other daily activities, loss of independence, with complain of glare disabling eyesight in daylight which is inconsistent with degree of VA measured in dark room, monocular diplopia, anisometropia with cataract alone as cause. (cataract type: posterior subcapsular plaque).

Anisometropia Anisometropia is a condition that may be congenital or acquired in which the refractive state of the eyes is unequal. Anisometropia of up to 2.5 diopters is generally well tolerated with higher degrees requiring treatment.

Posterior subcapsular cataract: mostly affect near vision and macular vision, for such cataract surgery regardless of maturity to be considered due to effect on near sight and eye function. (surgical procedure should be covered and approved regardless of maturation.)

Mature cataract is grade 3+ and grade4+ is indicated for surgery

There are multiple types of IOLs that may be used in modern cataract surgery, including monofocal, multifocal, accommodative, light-adjustable, and astigmatism-correcting lenses (only monofocal lens is covered under insurance)

Maturation /grade:

Cataract of lens can be on a scale of trace to 4+

- trace slight, faint yellowish discoloration.
- grade1+ pale, pastel yellow.
- grade2+ brighter, vivid yellow
- grade3+ very deep, dark yellow discoloration of the lens
- grade 4+ brown discoloration of lens.

Cataract

Coding:

CPT codes:

66830-6986 removal of cataract

ICD10 code:

E08.36 /E09.36 /E10.36/E11.36/E13.36: diabetes with diabetic cataract

H25.011 /H26.9 cataract

H27.00 / H27.03 Aphakia

H25.20 /H25.23 age related cataract.

types of lens for aphakia: (Approved by FDA)

1. Standard posterior chamber IOL for hyperopia (e.g., Clariflex, Sensar AR40e, Advanced Medical Optics, Santa Ana, CA);
2. Standard anterior chamber IOLs (e.g., ALcon MTA2UO, MTA3UO, MTA4UO, MTA5UO, MTA6UO, and MTA7UO);
3. Standard fixed monofocal posterior chamber IOLs (e.g., Akreos posterior fixed monofocal IOL (Bausch & Lomb, Rochester, NY), Akreos AO Micro Incision Lens (Model MI60L), AcrySof SA60AT monofocal IOL (Alcon Surgical, Fort Worth, TX), AcrySof MA60AC, AcrySof MA60MA, AcrySof SN60AT, Alcon MZ30BD, CeeOn Edge (Pharmacia Corp., Peepack, NJ), Tecnis monofocal IOL (Model PCB00), and the Hydroview hydrogel foldable posterior IOL (Bausch & Lomb, Rochester, NY));
4. Aspheric monofocal posterior chamber IOLs (e.g., AcrySof IQ IOL (Alcon Surgical, Fort Worth, TX), Alcon CZ70BD, Alcon SA60WF, SN6CWS, Tecnis (Z9000, Z9001, Z9002, ZA9003, Abbott Medical Optics, Santa Ana, CA), SofPort AO IOL (Bausch & Lomb, Rochester, NY), Sofport LI61AO, Staar Model CC4204A, Akreos AO Aspheric IOL (Bausch & Lomb, Rochester, NY), Akreos SA 060, Hoya PY-60AD (Hoya Surgical Optics GmbH, Frankfurt, Germany), Abbott ZCB00, Tecnis AMO Aspheric IOL ZCB00 (Abbott Medical Optics, Santa Ana, CA), and Acrysof IQ SN60WS (Alcon Surgical, Fort Worth, TX));
5. Standard fixed monofocal posterior chamber ultraviolet absorbing IOLs for aphakia (e.g., AcrySof Natural blue-light filtering IOL including the AcrySof MN60MA (Alcon Surgical, Fort Worth, TX), AcrySof SN60WF, SofPort AO IOL with Violet Shield Technology (Bausch & Lomb, Rochester, NY), C-flex IOL model 570C (Rayner Surgical Inc., Los Angeles, CA), EC-3 PAL (Aaren Scientific, Ontario, CA), iSpheric Model YA-60BB IOL (Hoya Surgical Optics, Chino Hills, CA), Softec HD (Lenstec Inc., St. Petersburg, FL); and XACT Foldable Hydrophobic Acrylic Ultraviolet Light-Absorbing Posterior Chamber IOLs (Bausch & Lomb);

For cataract surgery, no preoperative lab tests are routinely indicated except for Diabetes or any associated systemic disease, but if the patient's condition has deteriorated within the last 6 months, submit lab test results obtained in addressing this deterioration.

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