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**QUESTION:** What is femtosecond-laser-assisted cataract surgery (FLACS)?

**ANSWER:** FLACS performs the corneal incision, capsulotomy, and lens fragmentation steps of cataract surgery using a computer-guided laser linked to an optical imaging system.<sup>1</sup>

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**QUESTION:** What does Medicare say about FLACS?

**ANSWER:** In 2012, the Centers for Medicare & Medicare Services (CMS) stated, “*Services that are part of cataract surgery with a conventional lens, including but not necessarily limited to the incision by whatever method, capsulotomy by whatever method, and lens fragmentation by whatever method, may not be charged to the patient ... Medicare coverage and payment for cataract surgery is the same irrespective of whether the surgery is performed using conventional surgical techniques or a bladeless, computer controlled laser. Under either method, Medicare will cover and pay for the cataract removal and insertion of a conventional intraocular lens.*”<sup>2</sup>

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**QUESTION:** When FLACS is performed along with implantation of an AT-IOL, what else does CMS say?

**ANSWER:** In the same instruction, CMS adds, “*If the bladeless, computer controlled laser cataract surgery includes implantation of a PC-IOL or AC-IOL, only charges for those non-covered services specified above may be charged to the beneficiary. These charges could possibly include charges for additional services, such as imaging, necessary [emphasis added] to implant a PC-IOL or an AC-IOL but that are not performed when a conventional IOL is implanted. Performance of such additional services by a physician on a limited and non-routine basis in conventional IOL cataract surgery would not disqualify such services as non-covered services.*”

Some people read this paragraph to mean that the imaging part of the FS laser justifies a separate charge to the beneficiary – we disagree. With a little additional consideration and re-reading, it is apparent that the imaging capabilities of the FS laser are not necessary to implant a presbyopia-correcting or astigmatism-correcting IOL. In half of all cases with AT-IOLs, an FS laser was not used.

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The reimbursement information is provided by Corcoran & Corcoran based on publicly available information from CMS, the AMA, and other sources. The reader is strongly encouraged to review federal and state laws, regulations, code sets, and official instructions promulgated by Medicare and other payors. This document is *not an official source* nor is it a complete guide on reimbursement. Although we believe this information is accurate at the time of publication, the reader is reminded that this information, including references and hyperlinks, changes over time, and may be incorrect at any time following publication.

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**QUESTION:** The FS laser may be used to make corneal relaxing incisions; does CMS address this?

**ANSWER:** Yes. In the same publication, CMS added, *“This guidance does not apply to the use of technology for refractive keratoplasty.”* Corneal relaxing incisions are a form of refractive keratoplasty to correct pre-existing, regular, corneal astigmatism of more than 0.50D. Under the Medicare national coverage determination policy for refractive keratoplasty, §80.7, CMS states, *“keratoplasty to treat refractive defects are not covered.”*<sup>3</sup>

Also in 2012, the American Academy of Ophthalmology (AAO) and the American Society of Cataract and Refractive Surgeons (ASCRS) said, *“Medicare patients may be charged a fee for performing astigmatic keratotomy, assuming that they were informed about, and consented to, the non-covered charges in advance. Because astigmatic keratotomy for refractive indications is a non-covered service, a higher fee can be charged for performing it using the FS laser, instead of with a metal or diamond blade.”*<sup>4</sup>

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**QUESTION:** What are some practice management pearls for FLACS?

**ANSWER:** The best practice is to charge patients for use of the FS laser for arcuate incisions to correct clinically significant, pre-existing regular astigmatism, which is not covered, for any type of IOL. We believe that any charge for FLACS in routine cataract surgery with a conventional IOL without astigmatism is unwarranted.

Likewise, a charge for prophylactic arcuate corneal incisions “just in case” a patient might later develop astigmatism is unjustified. We do not recommend more aggressive approaches such as charging for “imaging” as discussed earlier.

You should avoid patient charges without a rational basis that are not defensible or may be misleading.

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**QUESTION:** How do Medicare’s rules differ for FLACS and Zepto?

**ANSWER:** A continuous curvilinear capsulorhexis (CCC) is standard in modern cataract surgery – no separate charge is made regardless of the instrument that is used to achieve it.

When the femtosecond laser is used to make two tabs 180° apart in the anterior capsule for alignment of a toric IOL,<sup>5</sup> then a separate charge is justified. When a femtosecond laser is used for corneal or limbal relaxing incisions, that is part of refractive surgery, and a separate charge to the patient is warranted.

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- 1 Sun, H, Fritz, A, Droge, G, Neuhann, T, Bille, JF, Femtosecond-laser-assisted cataract surgery (FLACS) August 14, 2019 [Link here.](#)
- 2 CMS. Laser-assisted cataract surgery and CMS Ruling 05-01 and 1536-R November 16, 2012 [Link here.](#)
- 3 CMS NCD 80.7 Refractive keratoplasty [Link here.](#)
- 4 AAO and ASCRS, Guidelines for billing Medicare beneficiaries when using the femtosecond laser. November, 2012.
- 5 Packer, M. Image-guided femtosecond laser capsular marks for toric intraocular lens alignment – the refractive capsulorhexis. January 2019. US Ophthalmic Review 12(2):60 [Link here.](#)

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