

1

**QUESTION:** Does Medicare cover all items and services associated with cataract surgery?

**ANSWER:** No. Items and services associated with routine cataract surgery are covered under Medicare's national policies ([NCD 10.1](#) and [NCD 80.8](#)). There are some things that are not covered and the beneficiary is financially responsible for payment.

The Medicare law (Social Security Act, Title XVIII) limits health care coverage. Medicare does not pay for everything, even care that beneficiaries or their doctors have good reason to think is necessary. Although Medicare beneficiaries may be disappointed, the fact is that Medicare does not cover routine eye care and refractions. See: [1862\(a\)\(7\)](#). Also, they do not cover cosmetic surgery including most refractive procedures. See: [SSA 1862\(a\)\(10\)](#) and [CMS NCD §80.7](#).

2

**QUESTION:** Are diagnostic tests bundled with the global package for cataract surgery?

**ANSWER:** Usually not. The [Medicare Claims Processing Manual \(MCPM\), Chapter 12 §40.1B](#), describes services not included in Medicare's global surgery package; covered diagnostic tests are paid separately.

3

**QUESTION:** What is the benefit to the patient of noncovered services?

**ANSWER:** Cataract surgery has evolved tremendously since the first IOL was implanted in 1949. Modern techniques combine noncovered refractive services with cataract extraction. Surgeons achieve better patient outcomes with reduced reliance on post-cataract eyeglasses due to reduced residual refractive errors.

4

**QUESTION:** Are there any noncovered charges for evaluation and treatment of astigmatism at the time of cataract surgery?

**ANSWER:** Yes. In addition to refraction, corneal topography is very helpful for assessing corneal astigmatism hinted at by lensometry or detected by keratometry prior to cataract surgery. It is considered a covered test for indications such as post-penetrating keratoplasty, keratoconus, corneal dystrophy or keratopathy, but not usually for preoperative cataracts. To achieve excellent unaided vision following cataract surgery, astigmatism must be minimized. The surgical correction of pre-existing astigmatism is another noncovered service which should be considered for patients with more than 0.50D of cylinder.

5

**QUESTION:** What other diagnostic tests are not covered by Medicare?

**ANSWER:** Screening for potential disease, such as macular degeneration or epiretinal membrane, using scanning computerized ophthalmic diagnostic imaging of the posterior segment (SCODI-P) is not covered because prophylactic testing is not a Medicare benefit, unless specifically authorized by Congress.

Screening for dry eye syndrome, in patients with no history or symptoms of the disease, prior to cataract surgery using tear osmolarity or other diagnostic test is likewise not covered.

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6

**QUESTION:** Some ophthalmologists offer blended vision to patients. Are there any noncovered charges for that?

**ANSWER:** Yes. The patient completes a questionnaire designed to assess the vision requirements in the normal activities of daily living, and the extent of the patient's desire for spectacle independence. Next, the surgeon performs a battery of preoperative tests to measure ametropias, ocular dominance, stereopsis, and interocular defocus threshold. All of these tests are refractive in nature and the unit of measurement is diopters. Refractions, as well as related refractive tests, are not covered by Medicare.

7

**QUESTION:** Must a Medicare beneficiary sign an ABN before receiving any non-covered items or services?

**ANSWER:** Maybe. An Advance Beneficiary Notice of Noncoverage ([ABN](#)) is only required if something *might* be covered. Items and services that are *never* covered by virtue of exclusions in the Medicare law do not require an ABN; it's voluntary. Nevertheless, to avoid confusion or buyer's remorse, it's a good idea to obtain proof that the beneficiary accepts financial responsibility for noncovered items and services. Simultaneously, get payment prior to rendering care.

8

**QUESTION:** Some noncovered services are indispensable to the surgeon. Does the patient get to choose whether to have them?

**ANSWER:** Yes, patients do get to choose. They need to be fully informed about their care and any financial obligations. It's the patient's choice whether to proceed – the patient cannot be forced. If the patient places too many limitations or unreasonable expectations on the surgeon, the surgeon has the option to refuse to provide care.

9

**QUESTION:** Is additional diagnostic testing prior to cataract surgery indicated for all patients?

**ANSWER:** No. The American Medical Association [states](#), "*Physicians should not recommend, provide, or charge for unnecessary medical services; nor should they make intentional misrepresentations to increase the level of payment they receive or to secure non-covered health benefits for their patients.*" Ordered tests require a justifiable rationale, whether covered by health insurance or not.

10

**QUESTION:** What about post-cataract eyeglasses and a final refraction?

**ANSWER:** Under Medicare law, beneficiaries are covered for post-cataract eyeglasses following cataract surgery with implantation of an IOL. See [SSA 1861\(s\)\(8\)](#). However, Medicare does not pay for the refraction to prescribe those eyeglasses as mentioned earlier.

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