

MEDICARE REIMBURSEMENT FOR CAPSULAR TENSION RINGS

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QUESTION: What is a capsular tension ring (CTR)?

ANSWER: The Morcher Capsular Tension Ring is a prosthetic device designed to stabilize the crystalline lens capsule in the presence of weak or partially absent zonules in adult patients undergoing cataract extraction with intraocular lens implantation.

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QUESTION: Do certain conditions create a need for the CTR?

ANSWER: Yes. Conditions associated with weak or partially absent zonules may include primary zonular weakness (e.g., Marfan's Syndrome), secondary zonular weakness (e.g., trauma or vitrectomy), cases of zonulysis, cases of pseudoexfoliation and cases of Marchesani's Syndrome.

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QUESTION: Is this device approved by the Food and Drug Administration (FDA)?

ANSWER: Yes. The Morcher Capsular Tension Ring was developed by Morcher GmbH of Stuttgart, Germany, and is distributed within the United States by FCI Ophthalmics, Inc. Types 14, 14A and 14C received FDA approval on October 23, 2003. The three types are differentiated by size. Additional versions of the ring are still considered investigational pending continued trials, and await FDA approval.

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QUESTION: How is the surgeon paid when surgery includes a CTR?

ANSWER: CPT code 66982 is defined as *Extracapsular cataract removal with insertion of an intraocular lens prosthesis (one stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g., iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage.*

Use of CTR during cataract surgery fits within this definition. Therefore, the procedure would be coded as 66982.

In 2005, Medicare's national allowable for 66982 is \$908 compared with \$684 for 66984. These amounts are adjusted by local indices, so actual reimbursement will vary.

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QUESTION: Can the surgeon be reimbursed for the CTR?

ANSWER: No. A hospital outpatient department (HOPD) or ambulatory surgery center (ASC) is reimbursed because the device is supplied by the facility. The surgeon uses the CTR in those special cases where it is indicated, but he or she is not the supplier of the prosthetic device.

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The reader is strongly encouraged to review official instructions promulgated by Medicare and other payers; this document is *not an official source* nor is it a complete guide on all matters pertaining to reimbursement. The reader is also reminded that this information can and does change over time, and may be incorrect at any time following publication.

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QUESTION: Is the CTR reimbursed separately in an ASC?

ANSWER: Yes. Under the Medicare law, SSA §1833(i)(2)(A), a prosthetic device, such as the CTR, is a Medicare benefit and deserves separate reimbursement when it is not specifically part of the ASC facility fee. The coverage rule can be found in the Medicare Benefit Policy Manual Chapter 15, §260.4, which states in part:

"Prosthetic devices, other than intraocular lenses (IOLs), whether implanted, inserted, or otherwise applied by covered surgical procedures, are covered, but are not included in the ASC facility payment amount."

Note that some Medicare officials are under the mistaken impression that the CTR is a supply item similar to a suture. We are working with CMS to correct this misunderstanding. Meanwhile, you may experience denials, which should be appealed.

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QUESTION: How should an ASC report the CTR on a claim?

ANSWER: Devices and certain supplies are identified by HCPCS codes. At this time, there is no specific HCPCS code to report the CTR. An ASC may report the CTR using a miscellaneous HCPCS code: L8699 *Prosthetic implant, not otherwise specified*.

Some payers expect a unique ICD-9 code for the CTR, other than cataract (366.xx). Several possibilities apply, including: 379.32 (subluxated lens), 366.2x (traumatic cataract), 366.11 (pseudoexfoliation of lens capsule).

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QUESTION: Do we need to send anything along with the claim?

ANSWER: Claims for miscellaneous codes generally require supporting documentation to facilitate payment. Useful information includes: a description of the device, the purpose of the device, a statement concerning FDA approval, an invoice showing acquisition cost, and the pertinent regulation that warrants additional reimbursement.

Contact Corcoran Consulting Group for further assistance if you experience difficulties with your claims (800-399-6565 or help@corcoranccg.com).

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QUESTION: Will the CTR be given a distinct HCPCS code?

ANSWER: A distinct HCPCS code would help expedite claims processing. The distributor of the device, FCI Ophthalmics, intends to apply for a HCPCS code, although it is difficult to predict when a new code may be published.

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QUESTION: Is there separate reimbursement for the CTR when it is implanted in a HOPD?

ANSWER: No. Unlike payment for the device in an ASC, Medicare does not allow separate payment for the CTR when surgery is performed in a hospital outpatient department (HOPD). It is included in the HOPD facility fee.

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