

MEDICARE REIMBURSEMENT FOR CAPSULAR TENSION RINGS

1

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 an intraocular lens.

The Morcher CTR 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. Types 1L, 2L, and 2C received FDA approval on October 14, 2005. Additional versions of the ring are still considered investigational pending continued trials, and await FDA approval.

2

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 pseudo-exfoliation and cases of Marchesani's Syndrome.

3

QUESTION: How does Medicare pay for the CTR itself?

ANSWER: Medicare payment for the CTR is part of the facility fee of the hospital outpatient department (HOPD) or ambulatory surgery center (ASC). Separate reimbursement for the CTR is not available and the provider may not charge the beneficiary for the device. Nor may the surgeon be paid for the CTR. Surgical supply items are provided by the facility (HOPD or ASC), not the surgeon.

4

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 phaco-emulsification), 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 2009, the national Medicare Physician Fee Schedule includes a payment rate of \$891.57 for 66982 compared with \$638.74 for 66984. The specific allowable for each geographic area is determined by adjusting the national rate by the geographic practice cost indices (GPCIs).

5

QUESTION: What is Medicare's payment to the HOPD and ASC for complex cataract surgery?

ANSWER: CMS inaugurated a new payment system for ASCs on January 1, 2008, which mirrors the Ambulatory Payment Classification (APC) system utilized by hospital outpatient departments (HOPDs). It is now in its second year of transition. The 2009 facility payment for APC 246, which includes 66982 and 66984, is \$1,604.94. Medicare's ASC payment rate for complex cataract surgery is \$964.70, which is the same as the payment rate for 66984.

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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.