

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. There are a [wide variety of styles and sizes](#) approved by the FDA and available for sale in the U.S. Some are also available preloaded on a disposable EyeJet injector.

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), and secondary zonular weakness (e.g., trauma or vitrectomy). Other indications may be cases of zonulysis, pseudoexfoliation and Marchesani's Syndrome. An unexpected loss of zonules during surgery may also support the need for a CTR.

3

QUESTION: How does Medicare pay for a CTR?

ANSWER: Medicare payment for a CTR itself 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 cataract 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 development stage.*

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

In 2014, the national Medicare Physician Fee Schedule allowable is \$837.90 for 66982; this compares with \$673.11 for 66984. These amounts are adjusted by local wage indices in each area. Other payers set their own rates, which may differ significantly from the Medicare published fee.

5

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

ANSWER: Although the surgeon is paid a higher rate for complex cataract surgery, the facility is not. Under current policy, payment for ASCs mirrors the Ambulatory Payment Classification (APC) system utilized by HOPDs. The 2014 national HOPD facility payment for APC 246, which includes 66982 and 66984, is \$1,766.01.

Medicare's national ASC allowable for complex cataract surgery is \$975.58, which is the same as the payment rate for 66984.

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The reader is strongly encouraged to review federal and state laws, regulations, code sets (including ICD-9 and ICD-10), and official instructions promulgated by Medicare and other payers. This document is *not an official source* nor is it a complete guide on reimbursement. 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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