1

QUESTION: What is the OASIS® Iris Expander?

ANSWER: The OASIS Iris Expander is a temporary surgical implant to assist the surgeon with mechanical dilation of a small pupil that is refractory to pharmacological dilation. It is constructed of polypropylene material and uses a disposable injector.

The Iris Expander provides stable mydriasis during cataract surgery with no trauma to the iris tissue and no need for additional paracenteses. The capsulorrhexis, hydrodissection, phacoemulsification, and injection of the IOL may occur with the device in place. At the conclusion of the procedure, the surgeon removes the Iris Expander from the eye.

2

QUESTION: What are the indications for use of the Iris Expander?

ANSWER: Mechanical pupillary stretching is indicated in cases where topical or intracameral mydriatics are inadequate for proper dilation or are contraindicated. Most often these cases involve small pupils with rigid iris tissue due to pseudo-exfoliation, posterior synechiae, or prior use of miotics. In some cases of intraoperative floppy-iris syndrome (IFIS), with a constricted pupil, mechanical pupil dilation is necessary.

3

QUESTION: Does use of the Iris Expander qualify as complex cataract surgery?

ANSWER: Yes. One aspect of complex cataract surgery is mechanical dilation of a small pupil to enable the surgeon to extract the cataract and implant an IOL.

4

QUESTION: What CPT code describes complex cataract surgery?

ANSWER: First published in 2002, CPT code 66982 is described as *"Extracapsular cataract removal with insertion of 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."* Additional carrier instructions can be found in bulletins or local policies.

5

QUESTION: What types of cataract surgery should not be considered complex?

ANSWER: Cases that require more time than usual are not always complex. For example, a case may be longer if the lens requires more phaco time. Also, some cases require unplanned anterior vitrectomy for surgical misadventures. The vitrectomy is bundled with cataract surgery under Medicare's NCCI edits and should not necessarily be considered complex. In addition, the implantation of an accommodative or multifocal IOL instead of a monofocal IOL does not require any special steps or unusual techniques, and does not qualify as complex surgery.

While there are many subtle variations in cataract surgical technique (*e.g.,* incision location, marking the eye), they generally fall within the confines of conventional cataract surgery. Only if a procedure would otherwise be considered complex would it be appropriate to code 66982.

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6 **QUESTION:** What does Medicare pay for 66982?

ANSWER: In 2015, the first quarter national Medicare Physician Fee Schedule allowable for 66982 is $804.12. This amount is adjusted by local wage indices in each area. Reimbursement is about 40% higher than the Medicare rate for regular cataract surgery with IOL (66984). Other payers set their own rates, which may differ significantly from the Medicare published fee.

7 **QUESTION:** Is 66982 subject to NCCI edits?

ANSWER: Medicare's current National Correct Coding Edits (NCCI) include bundles associated with 66982. They are substantially the same as the bundles associated with 66984.

8 **QUESTION:** Is 66982 eligible for facility reimbursement?

ANSWER: Yes. In a hospital outpatient department (HOPD), Medicare allows $1,751.93 for the facility fee for 66982. The same payment rate applies to 66984. This amount is adjusted by local indices in each area.

CMS inaugurated a new payment system for ASCs in 2008, which mirrors the Ambulatory Payment Classification (APC) system utilized by HOPDs. The 2015 ASC allowable for 66982 is $960.36, which is the same as the payment rate for 66984. Again, this amount is adjusted by local indices in each area.

9 **QUESTION:** Is there additional payment for the OASIS Iris Expander itself?

ANSWER: No. The device is included in the reimbursement for the facility fee, and the hospital or ASC is precluded from balance billing the beneficiary for it. So, even though the surgeon receives additional reimbursement for complex cataract surgery, the ASC and HOPD do not.

10 **QUESTION:** What are acceptable diagnosis codes for 66982?

ANSWER: Some acceptable codes include:

ICD-10*	ICD-9	Description
H21.54-	364.71	Posterior synechiae
H25.89	366.11	Pseudoexfoliation
H20.2-	364.23	Lens-induced iridocyclitis
H26.1-	366.20	Traumatic cataract
H27.1-	379.32	Subluxation of the lens
H21.81	364.81	Floppy iris syndrome

Check with your local Medicare Administrative Contractor (MAC) for a list of suitable ICD codes.

11 **QUESTION:** How frequently would this code be used?

ANSWER: Not often. Of all Medicare claims paid during 2013, complex cataract surgery accounts for just 9% of all cataract extractions with IOL. However, ophthalmic practices vary and some surgeons may perform this procedure more frequently by virtue of the extraordinary populations they serve. Other surgeons may elect to avoid these difficult cases altogether and never report 66982.

January 26, 2015

* A dash (-) at the end of an ICD-10 code indicates that there are more digits to follow.

Corcoran Consulting Group (800) 399-6565 www.corcoranccg.com

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(800) 528-9786 oasismedical.com

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