

ASCRS Fax Alert

TO: ASCRS/ASOA MEMBERS

May 10, 2005

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) RELEASES DECISION ON PRESBYOPIA-CORRECTING INTRAOCULAR LENSES (IOLS)

Today, May 10, 2005, ASCRS reviewed the CMS Ruling on Payment for Presbyopia-correcting IOLs. This ruling is effective as of May 3, 2005, and is currently available on the ASCRS and ASOA web sites. In addition, the following link will direct you to the press release from CMS about the ruling. <http://www.cms.hhs.gov/spotlight-technology.asp>.

“This ruling clarifies that a beneficiary may request insertion of a presbyopia-correcting IOL in place of a conventional IOL following cataract surgery” said CMS Administrator Mark McClellan, MD, PhD, in a press release today. “In this case, the presbyopia-correcting IOL device and associated services for fitting one lens are considered partially covered by Medicare. The beneficiary is responsible for payment of that portion of the charge for the presbyopia-correcting IOL and associated services that exceed the charge for insertion of a conventional IOL following cataract surgery.”

In the ruling, CMS states that, “The payment for insertion of a conventional IOL furnished in a hospital outpatient department or in a Medicare-approved ambulatory surgical center is packaged or bundled into the payment for the surgical procedure performed to remove a cataractous lens. A beneficiary may request insertion of a presbyopia-correcting IOL in place of a conventional IOL following cataract surgery. In this case, the facility charge for insertion of the presbyopia-correcting IOL is considered partially covered. The beneficiary is responsible for payment of that portion of the facility charge that exceeds the facility charge for insertion of a conventional IOL following cataract surgery. In addition, the beneficiary is responsible for the payment of facility charges for resources required for fitting and vision acuity testing of a presbyopia-correcting IOL that exceeds the facility charges for resources furnished for a conventional IOL following cataract surgery.”

The ruling goes on to state that, “The payment for a conventional IOL furnished in a physician’s office is not bundled with the procedure to insert the IOL following cataract surgery. The payment amounts for the IOL device and insertion procedure are two separate charges. A beneficiary may request insertion of a presbyopia-correcting IOL in place of a conventional IOL following cataract surgery. In this case, the presbyopia-correcting IOL device is considered partially covered. The beneficiary is responsible for payment of that portion of the physician’s charge for the presbyopia-correcting IOL that exceeds the physician’s charge for a conventional IOL following cataract surgery. Regardless of site-of-service for insertion of a presbyopia-correcting IOL, the beneficiary is responsible for payment of physician services attributable to the non-covered functionality of a presbyopia-correcting IOL inserted following cataract surgery. In determining the physician service charge, the physician may take into account the additional physician work and resources required for insertion, fitting, and vision acuity testing of the presbyopia-correcting IOL compared to insertion of a conventional IOL. The beneficiary is responsible for payment of the charges for physician services that exceeds the physician charge for insertion of a conventional IOL following cataract surgery.”

Earlier this year, ASCRS developed a position statement entitled “Medicare Patients Access to New Technology,” at the request of CMS, which is also available on the ASCRS and ASOA web sites.

For additional information, please contact Nancey McCann, Director of Government Relations, at 703-591-2220 or nmccann@ascrs.org, or Emily Graham, CCS-P, CPC, Manager of Regulatory Affairs, at 703-591-2220 or egramham@ascrs.org.

AMERICAN SOCIETY OF CATARACT AND REFRACTIVE SURGERY

4000 Legato Road • Suite 700 • Fairfax, Virginia 22033-4055 • (703) 591-2220 • Facsimile (703) 591-0614

www.ascrs.org