Medicare patients now can opt to pay for a presbyopia-correcting intraocular lens (IOL) when they have cataract surgery. The new lens serves 2 purposes—it replaces a clouded cataract lens with a clear one, and it accommodates, allowing the patient to focus near, intermediate, and far vision. It minimizes the need for glasses or contact lenses.

Presbyopia is the age-associated progressive loss of the focusing power of the lens as it becomes thicker and less flexible with age.

Until the Centers for Medicare and Medicaid Services (CMS) clarified its payment rules on May 3, doctors were prohibited from implanting the lens in Medicare patients even if they wanted it and agreed to pay for it themselves. The reason was that the new lens treats 2 conditions at once. Although Medicare covers treatment for cataracts, it does not provide treatment for common refractive errors such as presbyopia, which is corrected with glasses or contacts.

Leslie Norwalk, the deputy administrator at Medicare, said in the May 11 Wall Street Journal that “legal issues had slowed the agency’s decision to make the cataract-surgery policy change.” The agency wanted to allow patients to purchase upgraded lenses while protecting them “from unethical surgeons who might try to bill patients more for conventional cataract surgeries,” she said.

The new CMS policy is a departure from Medicare’s flat rate payment system for ambulatory surgery centers (ASCs).

Ordinarily for cataracts, Medicare pays ASCs a flat facility fee of $973 plus $150 for a standard IOL. The physician’s fee is about $684.

Under the new policy, Medicare patients who want a presbyopia-correcting lens can be charged not only for the lens but also an additional facility and physician fee for inserting the lens. A presbyopia-correcting lens typically costs $800 to $900. With facility and physician fees, Medicare patients will typically pay a total of $2,200 to $2,900 out-of-pocket.

CMS has not set the amount Medicare patients can be charged. A ruling on the amount that can be charged is said to be imminent, according to Mary Pat Johnson of the Corcoran Consulting Group, San Bernardino, Calif, which specializes in reimbursement issues in ophthalmology.

The American Society of Cataract and Refractive Surgery (www.ascrs.com) in a June 10 guidance suggests that physicians enter into an agreement with patients who request a presbyopia-correcting lens. Patients should acknowledge that neither Medicare nor Medigap will pay the additional cost and that the patient will be fully responsible. The society has a sample patient agreement.

Gregg Feinerman, MD, FACS, an ophthalmologist in Newport Beach, Calif, explains the change. “Ophthalmologists who contract with Medicare agree to treat cataracts at a set rate. Until the new policy was issued in May, CMS considered it a breach of that contract for doctors to accept more money for the cataract procedure, even if they were treating another condition at the same time,” he explains.

If ophthalmologists had allowed patients to buy their own presbyopia-correcting lenses, the physicians would not be in compliance with Medicare policy. The new policy allows the facility and physician to charge for the new lens technology. The policy is a giant boost for companies that make the 3 presbyopia-correcting IOLs approved by the Food and Drug Administration (FDA) (sidebar).
Flawless technique required

Dr Feinerman, one of the chief investigators for the Crystalens, the first lens to receive FDA approval in November 2003, told OR Manager that inserting the new lens requires flawless technique. There can be no tears in the posterior capsule. If the surgeon does tear the capsule, a conventional IOL has to be implanted.

Some surgeons may not want to use the new lens simply because they don’t want the extra burden of not breaching the posterior capsule, he notes. In addition, surgeons must take precise measurements because any variance can result in an imperfect postoperative result, he says.

If the postoperative result isn’t perfect, the surgeon will have to touch up the eye with Lasik or conductive keratoplasty (CK), notes Michelle Akler, MD, an ophthalmologist at Castleman Surgery Center in Southgate, Mich. She predicts only a few surgeons in each state will offer the new lens. She implants both the Crysta-lens and the ReStor lens, performing 4 to 6 of the new lens insertions a month.

Previously, Dr Feinerman says he performed 10 cataract procedures a morning twice a week, half using the Crystalens. Now 9 of 10 IOLs he inserts are the Crystalens. In the next 2 years, he predicts presbyopia-correcting lens will be inserted in about 70% of all cataract patients in the US.

Dr Feinerman also offers the Crysta-lens to anyone 50 or older who comes in for a Lasik procedure.

“It is a permanent fix—it will correct near and far vision, and they will never develop a cataract,” he notes.

The only patients he would not offer the new lens to are those with unhealthy retinas, such as patients with diabetic retinopathy.

Patient payment

The patient’s payment responsibility for the presbyopia-correcting IOL includes the cost of the lens, physician fee, and facility charge.

Most private insurance companies are saying they will reimburse for the conventional cataract surgery. Additional charges for the presbyopia-correcting lens and its insertion are between the patient and the physician, according to Johnson. Some insurance companies, however, are not allowing physicians who have contracted plans with them to charge any additional fees. Other companies are recommending that surgeons contact them first and ask permission to bill the patient for the noncovered portion.

“The semantics are important,” says Johnson. “You need to make sure the insurance company knows you are billing for something above and beyond the conventional procedure and that you are not balance billing them, which would be a violation.”

Here are some examples of how centers are handling patient billing.

At Apple Hill Surgical Center in York, Pa, patients have received the ReStor lens, says administrative director Gwendolyn Grothouse, RN. The center bills Medicare cataract patients for $785, which is the cost of the lens minus the $150 the center is reimbursed by Medicare, plus shipping and handling. Patients pay this amount up front.

At Dr Feinerman’s center, the patient’s insurance is billed for the usual cataract fee. The patient pays an additional $2,900 for each eye, of which $800 is paid to the surgery center and $2,100 to the physician. For non-Medicare patients who want the presbyopia-correcting IOL inserted, the charge is $4,900 for each eye, says office manager Brenda Morales.

Castleman Surgery Center in Southgate, Mich, offers both the ReStor and Crystalens to cataract patients and charges $3,995 per eye. The patient pays what insurance or Medicare doesn’t. This amount, paid on the day of surgery, is about $2,280, which includes the surgeon, facility, and lens, notes administrator Linda Phillips, RN.

Cosmetic procedure

Asked if he foresees a time when Medicare will pay for the presbyopia-correcting IOL for cataract patients, Dr Feinerman answered: “No, and they shouldn’t. The conventional IOL costs under $100, while the presbyopia-correcting IOLs costs from
$800 to $900. Those who want this upgraded lens should pay for it because it is basically a cosmetic procedure. Patients don’t need this lens. It is not medically necessary; they can always wear glasses.”

—Judith M. Mathias, RN, MA

The CMS ruling on presbyopia-correcting IOLs is at www.cms.hhs.gov/CMSR0501.pdf

Presbyopia-correcting intraocular lenses

Crystalen
Eyeonics, Inc
Produces vision at all ranges by depending on the action of the eye’s muscles (accommodation). Automatically moves with the ciliary muscle to help patients focus naturally at all distances.
www.eyeonics.com

Acrysof ReStor
Alcon, Inc
Provides different ranges of vision based on a lens configuration that enables specific distribution of light in response to how wide or small the eye’s pupil might be (apodized diffractive optics).
www.acrysofrestor.com

ReZoom
Advanced Medical Optics
Designed to distribute light over 5 optical zones to provide distance, intermediate, and near vision. Each lens has a distance-dominant central zone for distance vision in bright light when the pupil is constricted.
www.amo-inc.com/site/products/rezoom.asp