Reimbursement Guidelines for Capsular Tension Rings

**FCI Ophthalmics, Inc.** has developed this guide to provide you with the basic billing information you need to successfully file claims for reimbursement from Medicare and other third-party payers. We strongly encourage you to review official instructions from the Centers for Medicare and Medicaid Services (CMS) and your Medicare carrier. In addition, check with local insurance carriers for approved diagnosis codes and usage guidelines for these services.

Please remember that this information can and does change over time, and may be incorrect at any time following publication.

### Frequently Asked Questions

**Q:** What is a Capsular Tension Ring (CTR)?

**A:** 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 intraocular lens implantation.

**Q:** Do certain conditions create a need for the CTR?

**A:** 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 pseudoxfoliation and cases of Marchesani’s Syndrome.

**Q:** Is this device approved by the Food and Drug Administration (FDA)?

**A:** Yes. The Morcher® Capsular Tension Ring was developed by The 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. Additional versions of the ring are still considered investigational pending continued trials and await FDA approval.

**Q:** How is the surgeon paid when surgery includes a CTR?

**A:** 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 developmental stage.

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

Medicare’s national allowable for 66982 is $899 in 2004. This amount is adjusted by local indices, so actual reimbursement will vary.

**Q:** Can the surgeon be reimbursed for the CTR?

**A:** No. A hospital outpatient department (HOPD) or ambulatory surgery center (ASC) is reimbursed because the device is supplied by the facility. The surgeon uses the CTR in those special cases where it is indicated but he or she is not the supplier of the prosthetic device.

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Frequently Asked Questions

Q: Is the CTR reimbursed separately in an ACS?
A: Yes. Under the Medicare law, SSA §1833(i)(2)(A), a prosthetic device, such as the CTR, is a Medicare benefit and deserves separate reimbursement when it is not specifically part of the ASC facility fee. The coverage rule can be found in the Medicare Carriers Manual at MCM §2265.4, which states in part:

"Prosthetic devices, other than intraocular lenses (IOLs), whether implanted, inserted, or otherwise applied by covered surgical procedures, are covered, but are not included in the ASC facility payment amount."

Q: Is there separate reimbursement for the CTR when it is implanted in a HOPD?
A: No. Unlike payment for the device in an ASC, Medicare does not allow separate payment for the CTR when surgery is performed in a hospital outpatient department (HOPD). It is included in the HOPD facility fee.

Q: How should an ASC report the CTR on a claim?
A: Devices and certain supplies are identified by HCPCS codes. At this time, there is no specific HCPCS code to report the CTR. An ASC may report the CTR using a miscellaneous HPCPS code: L8699 Prosthetic implant, not otherwise specified.

Claims for miscellaneous codes generally require supporting documentation to facilitate payment. Useful information includes:

- Description of the device
- Purpose of the device
- Statement concerning FDA approval
- Invoice showing acquisition cost
- Pertinent regulation that warrants additional reimbursement.

There is no Medicare reimbursement amount pre-defined for miscellaneous devices.

Q: Will the CTR be given a distinct HCPCS code?
A: A distinct HCPCS code would help expedite claims processing. The distributor of the device, FCI Ophthalmics, intends to apply for a HCPCS code, although it is difficult to predict when a new code may be published.

Note: It 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. This information can and does change over time, and may be incorrect at any time following publication.