



# ANESTHESIOLOGY NEWS

## Policy & Management

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# Anthem Insurance Issues Guideline Curtailing Anesthesia for Cataract Surgery

Anthem, a major insurance carrier, has deemed anesthesia not medically necessary for most cases of cataract surgery. If an ophthalmologist wants to provide sedation or anesthesia during cataract surgery, he or she may have to administer it themselves.

The revised clinical guideline from Anthem Inc., which was published on Feb. 1, lists a handful of exemptions for which the administration of monitored anesthesia care and general anesthesia is still necessary:

- children under the age of 18 years;
- patients who are unable to cooperate or communicate, such as those with dementia, acute agitation or a movement disorder;
- patients who are unable to lie flat;
- patients who have failed or have contraindications to sedation anesthesia; and
- when anticipating prolonged or complex surgery.

The American Society of Anesthesiologists (ASA) strongly opposes the revised guideline. "There is not any circumstance where it is ever acceptable for any patient to experience any kind of emotional or psychological pain, especially when there are safe anesthesia options available," said ASA President James Grant, MD.

For cataract surgery, in particular, some cases entail inserting a needle under the eyeball. "You do not want to risk a patient moving," Dr. Grant said.

Dr. Grant said the implications of the revised guideline for anesthesiology, as a whole, set a dangerous precedent. "Patients need to remain still during procedures," he said. "If not, there is increased potential for injury. And if there is injury, the patient will need to be rescheduled and repeat all the preparations, including not eating for so many hours in advance. Visits from family and support systems also need to be rearranged if patients cannot tolerate a procedure without anesthesiology."

## Strong Industry Criticism

On Feb. 28, Dr. Grant mailed a letter to Anthem on behalf of the ASA requesting that Anthem immediately rescind the revised guideline because it is based on an incomplete interpretation of the American Academy of Ophthalmology Preferred Practice Pattern titled “Cataract in the Adult Eye.”

That practice pattern reads, “Given the lack of evidence for a single optimal anesthesia strategy for cataract surgery, the type of anesthesia management should be determined according to the patient’s needs, the preference of the patient, the anesthesia professionals, and the surgeon.”

“I hope Anthem rescinds the revised guideline, which would be in the best interest of their subscribers,” said Dr. Grant in an interview with *Anesthesiology News*.

This is not the first time an insurance company has issued a guideline that is later voided, and it probably will not be the last, Dr. Grant noted. “Even though cataract surgery is a popular procedure, it is still surgery and carries its own risks and benefits,” he said.

The American Association of Nurse Anesthetists also has opposed the new Anthem directive, saying in a press release that it is a “dangerous and reckless policy that jeopardizes the safety and well-being of millions of patients, all in an effort to cut costs and increase profits.”

The American Society of Cataract and Refractive Surgery (ASCRS) sent a strong letter to Anthem protesting the revised guideline, saying it potentially places cataract patients at greater risk.



David F. Chang, MD

“This is an alarming intrusion into clinical care and decision making,” said David F. Chang, MD, a clinical professor of ophthalmology at the University of California, San Francisco, and a past president of the ASCRS. “Many ophthalmologists routinely enlist monitoring by a certified registered nurse anesthetist or anesthesiologist for cataract surgery as a matter of patient comfort, cooperation and safety.”

Dr. Chang noted that cataract patients are often elderly with multiple medical comorbidities. One landmark study in *Ophthalmology* (1999;106[7]:1256-1260) “found that intervention by anesthesia personnel was required in 37.4% of 1,006 consecutive cataract surgeries, and that there was no reliable way to predict patients at risk,” Dr. Chang said.

Even healthy cataract patients “often present with significant and unanticipated anxiety from the stress and fear of undergoing eye surgery,” Dr. Chang said. “Such reactions are often difficult to predict or foresee.”

Regardless of the method of ocular anesthesia administered (i.e., topical or regional injection), “anxiety can adversely affect surgical outcomes if patients are unable to cooperate by holding their head and eye still,” Dr. Chang said. “Mild stimulation from surgery may cause sudden reflex movement or squeezing in anxious patients.”

Dr. Chang said oversedation is also problematic if excessively somnolent patients become uncooperative, disoriented or suddenly move upon awakening.

“Many ophthalmologists believe that the unique intensity of intraocular microsurgery makes it difficult and unrealistic for them to simultaneously monitor and manage the patient’s anxiety, comfort and medical welfare,” Dr. Chang said. “Anesthesia personnel are able to focus on these nonocular patient parameters and to administer and titrate appropriate IV sedation throughout surgery.”

In response to requests for an interview with Anthem, the company sent *Anesthesiology News* an existing statement, part of which reads:

“Anthem’s Medical Policy & Technology Assessment Committee, a majority of whom are external physicians, reviewed the available evidence addressing the use of general anesthesia and monitored anesthesia care for cataract surgery. According to the literature reviewed, there is no one definitive approach regarding the use of anesthesia for cataract surgery and patient-specific needs should be taken into consideration as well as potential risk of harm to individuals who are sedated during surgical procedures. Anthem’s guideline allows for general anesthesia and monitored anesthesia care for cataract surgery when clinical indications support that they are medically necessary and provides coverage for other forms of anesthesia without the need for review.

“We value our relationships with providers. We have been and will continue to have a dialog with our providers and medical societies regarding their concerns.”

At press time, the new Anthem policy has not been rescinded.

—Bob Kronemyer

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Drs. Chang and Grant reported no relevant financial disclosures.