

Article - Billing and Coding: YAG Capsulotomy (A56792)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
Palmetto GBA	A and B MAC	10111 - MAC A	J - J	Alabama
Palmetto GBA	A and B MAC	10112 - MAC B	J - J	Alabama
Palmetto GBA	A and B MAC	10211 - MAC A	J - J	Georgia
Palmetto GBA	A and B MAC	10212 - MAC B	J - J	Georgia
Palmetto GBA	A and B MAC	10311 - MAC A	J - J	Tennessee
Palmetto GBA	A and B MAC	10312 - MAC B	J - J	Tennessee
Palmetto GBA	A and B and HHH MAC	11201 - MAC A	J - M	South Carolina
Palmetto GBA	A and B and HHH MAC	11202 - MAC B	J - M	South Carolina
Palmetto GBA	A and B and HHH MAC	11301 - MAC A	J - M	Virginia
Palmetto GBA	A and B and HHH MAC	11302 - MAC B	J - M	Virginia
Palmetto GBA	A and B and HHH MAC	11401 - MAC A	J - M	West Virginia
Palmetto GBA	A and B and HHH MAC	11402 - MAC B	J - M	West Virginia
Palmetto GBA	A and B and HHH MAC	11501 - MAC A	J - M	North Carolina
Palmetto GBA	A and B and HHH MAC	11502 - MAC B	J - M	North Carolina

Article Information

General Information

Article ID

A56792

Article Title

Billing and Coding: YAG Capsulotomy

Article Type

Billing and Coding

Original Effective Date

08/08/2019

Revision Effective Date**AMA CPT / ADA CDT / AHA NUBC Copyright Statement**

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08/17/2023

Revision Ending Date

N/A

Retirement Date

N/A

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CMS National Coverage Policy

Title XVIII of the Social Security Act, §1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim

Article Guidance

Article Text

The information in this article contains billing, coding or other guidelines that complement the Local Coverage Determination (LCD) for YAG Capsulotomy L37644.

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

N/A

Group 1 Codes: (1 Code)

CODE	DESCRIPTION
66821	DISCISSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID); LASER SURGERY (EG, YAG LASER) (1 OR MORE STAGES)

CPT/HCPCS Modifiers

N/A

ICD-10-CM Codes that Support Medical Necessity

Group 1 Paragraph:

N/A

Group 1 Codes: (5 Codes)

CODE	DESCRIPTION
H26.491	Other secondary cataract, right eye
H26.492	Other secondary cataract, left eye
H26.493	Other secondary cataract, bilateral
T85.21XA	Breakdown (mechanical) of intraocular lens, initial encounter
T85.29XA	Other mechanical complication of intraocular lens, initial encounter

ICD-10-CM Codes that DO NOT Support Medical Necessity

Group 1 Paragraph:

Any ICD-10-CM code that is not listed under the **ICD-10-CM Codes that Support Medical Necessity** section of this article.

Group 1 Codes:

N/A

ICD-10-PCS Codes

N/A

Additional ICD-10 Information

N/A

Bill Type Codes

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article should be assumed to apply equally to all claims.

N/A

Revenue Codes

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the article, services

reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the article should be assumed to apply equally to all Revenue Codes.

N/A

Other Coding Information

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
08/17/2023	R6	Under ICD-10-CM Codes that DO NOT Support Medical Necessity Group 1: Paragraph updated section heading.
03/23/2023	R5	Formatting was corrected throughout the article.
03/11/2021	R4	Under CMS National Coverage Policy added description to regulation. Typographical errors were corrected throughout the LCD.
10/24/2019	R3	This article is being revised in order to adhere to CMS requirements per chapter 13, section 13.5.1 of the Program Integrity Manual, to remove all coding from LCDs and incorporate into related Billing and Coding Articles. Regulations regarding billing and coding were removed from the CMS National Coverage Policy section of the related YAG Capsulotomy L37644 LCD and placed in this article.
08/08/2019	R2	All coding located in the Coding Information section has been removed from the related YAG Capsulotomy L37644 and added to this article.
08/08/2019	R1	All coding located in the Coding Information section has been removed from the related YAG Capsulotomy L37644 and added to this article.

Associated Documents

Related Local Coverage Documents

LCDs

[L37644 - YAG Capsulotomy](#)

Related National Coverage Documents

N/A

Statutory Requirements URLs

N/A

Rules and Regulations URLs

N/A

CMS Manual Explanations URLs

N/A

Other URLs

N/A

Public Versions

UPDATED ON	EFFECTIVE DATES	STATUS
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08/07/2023	08/17/2023 - N/A	Currently in Effect (This Version)
03/13/2023	03/23/2023 - 08/16/2023	Superseded
03/01/2021	03/11/2021 - 03/22/2023	Superseded

Keywords

- YAG
- Capsulotomy
- Cataract