

Article - Billing and Coding: Cataract Surgery in Adults (A57196)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
Noridian Healthcare Solutions, LLC	A and B MAC	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02102 - MAC B	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02201 - MAC A	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02202 - MAC B	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02301 - MAC A	J - F	Oregon
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Noridian Healthcare Solutions, LLC	A and B MAC	02401 - MAC A	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	02402 - MAC B	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	03101 - MAC A	J - F	Arizona
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Noridian Healthcare Solutions, LLC	A and B MAC	03301 - MAC A	J - F	North Dakota
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Noridian Healthcare Solutions, LLC	A and B MAC	03401 - MAC A	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03402 - MAC B	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03501 - MAC A	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03502 - MAC B	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	A and B MAC	03602 - MAC B	J - F	Wyoming

Article Information

General Information

Article ID

A57196

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Article Title

Article Type

Billing and Coding

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CMS National Coverage Policy

Title XVIII of the Social Security Act §1862(a)(7) excludes routine physical examinations.

Title XVIII of the Social Security Act, §1862 (a)(1)(A) allows coverage and payment for only those services that are considered to be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

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

Code of Federal Regulations 42 CFR CH.IV [411.15(b)(2)&(3)and(o)(1)&(2)] Services excluded from coverage

Code of Federal Regulations 42 CFR CH. IV [416.65] Covered surgical procedures

CMS Manual System, Pub 100-03, *Medicare National Coverage Determinations Manual*, Chapter 1, Part 1, §80.10, Phaco-Emulsification Procedure-Cataract Extraction

CMS Manual System, Pub 100-04, *Medicare Claims Processing Manual* Chapter 12, §§40.6, 40.7, Claims for Multiple Surgeries, Claims for Bilateral Surgeries

Article Guidance

Article Text

Documentation Requirements:

The following documentation must be present in the medical chart:

For Cataract Surgery Patients:

- a. The patient's chief complaint which conveys the symptoms, such as blurred vision, reduced contrast sensitivity or complaints of glare which are associated with impaired functionality.
- b. A unique statement indicating the specific symptomatic (i.e., causing the patient to seek medical attention) impairment of visual function resulting in the patient's inability to function satisfactorily while performing Activities of Daily Life. Such activities typically include, but are not limited to, reading, viewing television, driving, or meeting vocational or recreational expectations. The patient's own words should be included in the statement where possible. If desired, completion of a VF-14 or VF-8R visual activities questionnaire (one for each eye) may be used.
- c. A best-corrected Snellen visual acuity at distance (and near if the primary visual impairment is at near) as determined by a careful refraction performed under standard testing conditions as appropriate must be recorded to establish the inability to correct the patient's visual impairment with a tolerable change to glasses or contact lenses. Neither uncorrected visual acuity nor corrected acuity with the patient's current prescription will satisfy this requirement. The refraction may be performed by the surgeon or by suitably trained staff in the surgeon's practice as permitted by law.
- d. A degree of lens opacity that correlates with the impairment of best-corrected visual acuity when cataract is determined to be the most likely primary cause of visual compromise after a full ophthalmic evaluation. This statement shall be supported by documented symptoms and physical findings in the medical record indicating that the patient's impairment of visual function is not believed to be correctable with a tolerable change in glasses or contact lenses.
- e. When concomitant ocular disease(s) is/are present that potentially affect visual function (e.g., macular degeneration or diabetic retinopathy), the statement should indicate that cataract is believed to be significantly contributing to the patient's visual impairment or a statement indicating the medical condition or circumstance and the specific reason for surgical intervention (e.g., "Cataract surgery is being performed to establish clear media for the treatment [or monitoring] of diabetic retinopathy).
- f. A statement that the patient desires surgical correction, and that the risks, benefits, and alternatives have been explained. When the surgery is not being performed to improve vision, there should be a statement that the patient understands that the surgery is being performed to address the specified medical condition or circumstance. For example, "cataract is impairing treatment and monitoring of diabetic retinopathy due to poor visualization of the retina" (or similar explanatory language). If vision is not expected to improve, the statement should include the patient's understanding of that fact.
- g. An appropriate preoperative ophthalmologic evaluation, which includes a comprehensive ophthalmologic exam (or its equivalent components occurring over a series of visits). Certain examination components may be appropriately excluded based on the specific condition and/or urgency of surgical intervention.
- h. Results and interpretation of specialized ophthalmic studies done for medically necessary reasons unique to the patient's situation.
- i. Results and interpretation of specialized ophthalmic studies that are **not** routinely expected to be routinely performed for routine cataract surgery with clear statements/explanation of the reasons they are needed to establish or exclude medical necessity.

For Complex Cataract Surgery (CPT code 66982):

The billing of CPT code 66982 is **not** related to the surgeon's perception of the surgical difficulty. The use of this code is governed by the need to employ devices or techniques not generally required/utilized in routine cataract surgery.

Every complex cataract surgery must have clear justification to meet the requirements of its CPT descriptor. Therefore, it is strongly recommended to include an initial supporting statement in the operative note. For example:

- i. Indication for Complex Cataract Surgery: The patient required suturing a posterior chamber intraocular lens because of insufficient capsular support.
- ii. Indication for Complex Cataract Surgery: Iris hooks were required to address a severely miotic pupil.
- iii. Indication for Complex Cataract Surgery: Trypan blue dye was needed to adequately visualize the lens capsule in the presence of a mature cataract.

In general, all documentation supporting medical necessity must be legible, maintained in the patient's medical record, meet all Medicare signature requirements, and must be made available to the A/B MAC or other CMS review entity upon request.

Utilization Requirements

Medicare benefits include a conventional intraocular lens (IOL) following cataract surgery, facility supplies and physician services to implant the conventional IOL and one pair of glasses or contact lenses as a prosthetic device post-operative.

Ancillary tests that are **not** routinely indicated in the preoperative workup for cataract surgery (see "Specialized Ophthalmic testing") will not be considered a covered benefit(s) unless medical necessity is clearly documented in the patient's record.

If an optometrist or an ophthalmologist who is not the surgeon performs biometry for intraocular lens power calculation, he/she should do so in coordination with the operating surgeon so that only one procedure is necessary. If the operating surgeon repeats biometry due to inadequacy of the first study, the original eye care physician/provider should anticipate not being reimbursed for the study.

When billing ICD-10 codes H26.231, H26.232, H26.233, H26.221, H26.222, H26.223, H26.211, H26.212, H26.213, E08.36, E09.36, E10.36, E11.36, E13.36, H28 note that coding guidelines require that the ICD-10 code for the underlying condition must appear and be coded first on the claim. For ICD-10 codes H26.31, H26.32, H26.33, H26.8, coding guidelines require that the causative agent be identified on the claim.

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

N/A

Group 1 Codes: (11 Codes)

CODE	DESCRIPTION
66830	REMOVAL OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID) WITH CORNEO-SCLERAL SECTION, WITH OR WITHOUT IRIDECTOMY (IRIDOCAPSULOTOMY, IRIDOCAPSULECTOMY)

CODE	DESCRIPTION
66840	REMOVAL OF LENS MATERIAL; ASPIRATION TECHNIQUE, 1 OR MORE STAGES
66850	REMOVAL OF LENS MATERIAL; PHACOFRAGMENTATION TECHNIQUE (MECHANICAL OR ULTRASONIC) (EG, PHACOEMULSIFICATION), WITH ASPIRATION
66852	REMOVAL OF LENS MATERIAL; PARS PLANA APPROACH, WITH OR WITHOUT VITRECTOMY
66920	REMOVAL OF LENS MATERIAL; INTRACAPSULAR
66940	REMOVAL OF LENS MATERIAL; EXTRACAPSULAR (OTHER THAN 66840, 66850, 66852)
66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTINE CATARACT SURGERY (EG, IRIS EXPANSION DEVICE, SUTURE SUPPORT FOR INTRAOCULAR LENS, OR PRIMARY POSTERIOR CAPSULORRHESIS) OR PERFORMED ON PATIENTS IN THE AMBLYOGENIC DEVELOPMENTAL STAGE; WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION
66983	INTRACAPSULAR CATARACT EXTRACTION WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE)
66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITHOUT ENDOSCOPIC CYCLOPHOTOCOAGULATION
66987	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES NOT GENERALLY USED IN ROUTINE CATARACT SURGERY (EG, IRIS EXPANSION DEVICE, SUTURE SUPPORT FOR INTRAOCULAR LENS, OR PRIMARY POSTERIOR CAPSULORRHESIS) OR PERFORMED ON PATIENTS IN THE AMBLYOGENIC DEVELOPMENTAL STAGE; WITH ENDOSCOPIC CYCLOPHOTOCOAGULATION
66988	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITH ENDOSCOPIC CYCLOPHOTOCOAGULATION

CPT/HCPCS Modifiers

N/A

ICD-10-CM Codes that Support Medical Necessity

Group 1 Paragraph:

N/A

Group 1 Codes: (114 Codes)

CODE	DESCRIPTION
E08.36	Diabetes mellitus due to underlying condition with diabetic cataract
E09.36	Drug or chemical induced diabetes mellitus with diabetic cataract
E10.36	Type 1 diabetes mellitus with diabetic cataract
E11.36	Type 2 diabetes mellitus with diabetic cataract
E13.36	Other specified diabetes mellitus with diabetic cataract
H20.21	Lens-induced iridocyclitis, right eye
H20.22	Lens-induced iridocyclitis, left eye
H20.23	Lens-induced iridocyclitis, bilateral
H21.221	Degeneration of ciliary body, right eye
H21.222	Degeneration of ciliary body, left eye
H21.223	Degeneration of ciliary body, bilateral
H21.261	Iris atrophy (essential) (progressive), right eye
H21.262	Iris atrophy (essential) (progressive), left eye
H21.263	Iris atrophy (essential) (progressive), bilateral
H21.271	Miotic pupillary cyst, right eye
H21.272	Miotic pupillary cyst, left eye
H21.273	Miotic pupillary cyst, bilateral
H21.29	Other iris atrophy
H21.531	Iridodialysis, right eye
H21.532	Iridodialysis, left eye
H21.533	Iridodialysis, bilateral
H21.561	Pupillary abnormality, right eye
H21.562	Pupillary abnormality, left eye
H21.563	Pupillary abnormality, bilateral
H21.81	Floppy iris syndrome
H21.89	Other specified disorders of iris and ciliary body
H21.9	Unspecified disorder of iris and ciliary body
H25.011	Cortical age-related cataract, right eye

CODE	DESCRIPTION
H25.012	Cortical age-related cataract, left eye
H25.013	Cortical age-related cataract, bilateral
H25.031	Anterior subcapsular polar age-related cataract, right eye
H25.032	Anterior subcapsular polar age-related cataract, left eye
H25.033	Anterior subcapsular polar age-related cataract, bilateral
H25.041	Posterior subcapsular polar age-related cataract, right eye
H25.042	Posterior subcapsular polar age-related cataract, left eye
H25.043	Posterior subcapsular polar age-related cataract, bilateral
H25.091	Other age-related incipient cataract, right eye
H25.092	Other age-related incipient cataract, left eye
H25.093	Other age-related incipient cataract, bilateral
H25.11	Age-related nuclear cataract, right eye
H25.12	Age-related nuclear cataract, left eye
H25.13	Age-related nuclear cataract, bilateral
H25.21	Age-related cataract, morgagnian type, right eye
H25.22	Age-related cataract, morgagnian type, left eye
H25.23	Age-related cataract, morgagnian type, bilateral
H25.811	Combined forms of age-related cataract, right eye
H25.812	Combined forms of age-related cataract, left eye
H25.813	Combined forms of age-related cataract, bilateral
H25.89	Other age-related cataract
H26.011	Infantile and juvenile cortical, lamellar, or zonular cataract, right eye
H26.012	Infantile and juvenile cortical, lamellar, or zonular cataract, left eye
H26.013	Infantile and juvenile cortical, lamellar, or zonular cataract, bilateral
H26.031	Infantile and juvenile nuclear cataract, right eye
H26.032	Infantile and juvenile nuclear cataract, left eye
H26.033	Infantile and juvenile nuclear cataract, bilateral
H26.041	Anterior subcapsular polar infantile and juvenile cataract, right eye
H26.042	Anterior subcapsular polar infantile and juvenile cataract, left eye
H26.043	Anterior subcapsular polar infantile and juvenile cataract, bilateral
H26.051	Posterior subcapsular polar infantile and juvenile cataract, right eye
H26.052	Posterior subcapsular polar infantile and juvenile cataract, left eye

CODE	DESCRIPTION
H26.053	Posterior subcapsular polar infantile and juvenile cataract, bilateral
H26.061	Combined forms of infantile and juvenile cataract, right eye
H26.062	Combined forms of infantile and juvenile cataract, left eye
H26.063	Combined forms of infantile and juvenile cataract, bilateral
H26.09	Other infantile and juvenile cataract
H26.111	Localized traumatic opacities, right eye
H26.112	Localized traumatic opacities, left eye
H26.113	Localized traumatic opacities, bilateral
H26.121	Partially resolved traumatic cataract, right eye
H26.122	Partially resolved traumatic cataract, left eye
H26.123	Partially resolved traumatic cataract, bilateral
H26.131	Total traumatic cataract, right eye
H26.132	Total traumatic cataract, left eye
H26.133	Total traumatic cataract, bilateral
H26.211	Cataract with neovascularization, right eye
H26.212	Cataract with neovascularization, left eye
H26.213	Cataract with neovascularization, bilateral
H26.221	Cataract secondary to ocular disorders (degenerative) (inflammatory), right eye
H26.222	Cataract secondary to ocular disorders (degenerative) (inflammatory), left eye
H26.223	Cataract secondary to ocular disorders (degenerative) (inflammatory), bilateral
H26.231	Glaucomatous flecks (subcapsular), right eye
H26.232	Glaucomatous flecks (subcapsular), left eye
H26.233	Glaucomatous flecks (subcapsular), bilateral
H26.31	Drug-induced cataract, right eye
H26.32	Drug-induced cataract, left eye
H26.33	Drug-induced cataract, bilateral
H26.411	Soemmering's ring, right eye
H26.412	Soemmering's ring, left eye
H26.413	Soemmering's ring, bilateral
H26.491	Other secondary cataract, right eye
H26.492	Other secondary cataract, left eye
H26.493	Other secondary cataract, bilateral

CODE	DESCRIPTION
H26.8	Other specified cataract
H27.111	Subluxation of lens, right eye
H27.112	Subluxation of lens, left eye
H27.113	Subluxation of lens, bilateral
H27.121	Anterior dislocation of lens, right eye
H27.122	Anterior dislocation of lens, left eye
H27.123	Anterior dislocation of lens, bilateral
H27.131	Posterior dislocation of lens, right eye
H27.132	Posterior dislocation of lens, left eye
CODE	DESCRIPTION
H27.133	Posterior dislocation of lens, bilateral
H28	Cataract in diseases classified elsewhere
H40.89	Other specified glaucoma
H52.31	Anisometropia
H52.32	Aniseikonia
H59.021	Cataract (lens) fragments in eye following cataract surgery, right eye
H59.022	Cataract (lens) fragments in eye following cataract surgery, left eye
H59.023	Cataract (lens) fragments in eye following cataract surgery, bilateral
Q12.0	Congenital cataract
Q12.1	Congenital displaced lens
Q12.2	Coloboma of lens
Q12.4	Spherophakia
Q12.8	Other congenital lens malformations

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

Group 1 Paragraph:

N/A

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.

CODE	DESCRIPTION
999x	Not Applicable

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.

CODE	DESCRIPTION
99999	Not Applicable

Other Coding Information

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
01/01/2024	R7	Under ICD-10-CM Codes that Support Medical Necessity , added the following codes effective 01/01/2024: H52.31, H52.32
07/30/2023	R6	Updated to indicate this article is an LCD Reference Article.

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
07/30/2023	R5	The proposed LCD was taken to an Open Meeting on 03/09/2023 due to editorial changes throughout the policy.
01/01/2022	R4	Under Article Text , corrected the typographical error to indicate 'For Complex Cataract Surgery (CPT code 66982) as it incorrectly listed CPT 66892.
01/01/2022	R3	Under CPT/HCPCS Codes : removed 66989 and 66991 due to being incorrectly added. These codes fall under another Noridian policy and to avoid confusion are being removed.
01/01/2022	R2	Under Group I CPT codes add 66989 and 66991 per 2022 CPT coding update.
01/01/2020	R1	01/01/2020: The Billing and Coding article for Cataract Surgery in Adults (LCD) is revised to add codes 66987 and 66988. The following codes had descriptor changes in Group I coding: 66982 and 66984

Associated Documents

Related Local Coverage Documents

Articles

[DA57196 - Billing and Coding: Cataract Surgery in Adults](#)

[A59414 - Response to Comments: Cataract Surgery In Adults](#)

LCDs

[L37027 - Cataract Surgery in Adults](#)

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

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