

# Article - Billing and Coding: Complex Cataract Surgery: Appropriate Use and Documentation (A53047)

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## Contractor Information

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

## Article Information

### General Information

**Article ID**

A53047

**Article Title**

Billing and Coding: Complex Cataract Surgery:  
Appropriate Use and Documentation

**Article Type**

Billing and Coding

**Original Effective Date**

10/01/2015

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## Revision Effective Date

01/01/2022

## 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

CPT® defines the code 66982 as: "Extracapsular cataract removal with insertion of 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."

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 used in routine cataract surgery.

For example, the presence of "pseudoexfoliation syndrome", which is known to predispose to weaker lens zonules; and thus, to an increased risk for loss of capsular support for an intraocular lens, would **not** be sufficient if the zonular support was adequate and no special tools were employed. Similarly, a particularly dense cataract that required extra time would not qualify.

The need for hooks or other devices to address a particularly miotic pupil would qualify, as would pediatric cataract surgery, which may be more difficult intraoperatively because of an anterior capsule that is more difficult to tear, cortex that is more difficult to remove, and the need for a primary posterior capsulotomy or capsulorrhexis.

Based on the definition and advice from ophthalmology groups, for clarity, this A/B MAC specifically considers the need for the following to justify the use of this CPT® code 66982:

- Insertion of iris retractors through additional incisions
- Mechanical expansion of the pupil using hooks
- Creation of a sector iridectomy with subsequent suture repair of iris sphincter
- Use of a Malyugian ring and multiple iris sphincterotomies created with scissors.
- The need to support the lens implant with permanent intraocular sutures
- Placement of a capsular support ring necessary to allow secure placement of an intraocular lens
- Performance of pediatric cataract surgery with intraocular lens insertion

- Use of intraocular dyes (e.g., trypan blue or indocyanine green) to stain the lens capsule in the setting of a mature cataract

The above list may not be all inclusive. If a claim is denied for CPT® 66982, additional information should be submitted along with an appeal request. The provider should include complete medical documentation (e.g., operative note) to support the complex cataract extraction as well as a description of the circumstance that justifies the use of the complex cataract extraction code. This procedure must also meet the requirements of any current Local Coverage Determination (LCD) for Cataract Surgery.

Every complex cataract surgery must show justification. Therefore, it is strongly recommended to include an initial supporting statement in the operative note. For example:

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

## Coding Information

### CPT/HCPCS Codes

#### Group 1 Paragraph:

The CPT® codes are considered medically necessary when the indications of coverage in the Cataract Surgery L34413 Local Coverage Determination (LCD) are met for surgical cataract treatment. A reasonable and necessary standard must be met for the utilized anterior segment drainage device.

#### Group 1 Codes: (3 Codes)

CODE	DESCRIPTION
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
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

CODE	DESCRIPTION
	AMBLYOGENIC DEVELOPMENTAL STAGE; WITH ENDOSCOPIC CYCLOPHOTOCOAGULATION
66989	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 INSERTION OF INTRAOCULAR (EG, TRABECULAR MESHWORK, SUPRACILIARY, SUPRACHOROIDAL) ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR, INTERNAL APPROACH, ONE OR MORE

**CPT/HCPCS Modifiers**

N/A

**ICD-10-CM Codes that Support Medical Necessity**

N/A

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

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
01/01/2022	R9	<p>Under <b>CPT/HCPCS Codes Group 1: Paragraph</b> added the verbiage "The CPT® codes are considered medically necessary when the indications of coverage in the Cataract Surgery L34413 Local Coverage Determination (LCD) are met for surgical cataract treatment. A reasonable and necessary standard must be met for the utilized anterior segment drainage device." Under <b>CPT/HCPCS Codes Group 1: Codes</b> added 66989. This revision is due to the 2022 Annual CPT/HCPCS Code Update and is effective on January 1, 2022.</p> <p>Under <b>CMS National Coverage Policy</b> added "Title XVIII of the Social Security Act, §1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim." This revision is effective on 1/1/22.</p>
01/01/2020	R8	<p>Under <b>CPT/HCPCS Codes Group 1: Codes</b> added CPT® code 66987. The code description was revised for CPT® code 66982. CPT® was inserted throughout the article where applicable. This revision is due to the Annual CPT®/HCPCS Code Update and becomes effective on 1/1/2020.</p>
10/10/2019	R7	<p>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.</p>
02/26/2018	R6	<p>The Jurisdiction "J" Part B Contracts for Alabama (10112), Georgia (10212) and Tennessee (10312) are now being serviced by Palmetto GBA. The notice period for this article begins on 12/14/17 and ends on 02/25/18. Effective 02/26/18, these three contract numbers are being added to this article. No coverage, coding or other substantive changes (beyond the addition of the 3 Part B contract numbers) have been</p>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
		completed in this revision.
01/29/2018	R5	The Jurisdiction "J" Part A Contracts for Alabama (10111), Georgia (10211) and Tennessee (10311) are now being serviced by Palmetto GBA. The notice period for this article begins on 12/14/17 and ends on 01/28/18. Effective 01/29/18, these three contract numbers are being added to this article. No coverage, coding or other substantive changes (beyond the addition of the 3 Part A contract numbers) have been completed in this revision.
05/11/2017	R4	Under <b>Article Text</b> – corrected sentence CPT defines the code 66982 as: “Extracapsular cataract removal with insertion of 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”.
10/01/2015	R3	Under <b>Article Text</b> general grammatical and punctuation changes were made throughout the article. The second paragraph was clarified. Removed “So” from the third paragraph, clarified the paragraph and transferred “Similarly, a particularly dense cataract that required extra time would not qualify.” from the fourth paragraph into the third paragraph. Combined “The need for hooks or other devices to address a particularly miotic pupil would qualify” from the fourth paragraph into the fifth paragraph. Combined paragraphs seven and eight. Removed paragraph nine based on the redundancy of information provided, since this information is expressed elsewhere in the article.
04/02/2015	R2	Made article into an A/B MAC article for consistency.
10/01/2015	R1	Under <b>Article Text</b> changed short descriptor for code 66982 to long definition. In fifth paragraph, beginning with "Pediatric cataract surgery" added "[which, based on the code description, must include insertion of an intraocular lens; see other codes in the series if a lens is not inserted]". In sixth paragraph, added "specifically". In seventh bullet, added "with intraocular lens insertion. In eighth bullet, added "in the setting of a mature cataract." Removed the statement "Additional defensible reasons can be considered on appeal should they not be accepted outright" and replaced with "The above list may not be all inclusive and if a claim is denied for CPT 66982, additional information may be submitted upon appeal with a description of the circumstance which the provider wishes for Palmetto GBA to consider as justification for the use of the complex cataract extraction code." In eighth paragraph, changed "the" to "any current" in reference to LCD on Cataract Surgery. In the last bullet of this section, added "in the setting of a mature cataract".

## Associated Documents

### Related Local Coverage Documents

#### LCDs

**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
12/29/2021	01/01/2022 - N/A	Currently in Effect (This Version)
12/09/2019	01/01/2020 - 12/31/2021	Superseded

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## Keywords

N/A