

[Back to Local Coverage Determinations \(LCDs\) for National Government Services, Inc. \(National Government Services, Inc. \(13202, A and B and HHH MAC, J - K\)\)](#)

Local Coverage Determination (LCD): Cataract Extraction (L33558)

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Section Navigation **Go**

- Contractor Information

| CONTRACTOR NAME | CONTRACT TYPE | CONTRACT NUMBER | JURISDICTION | STATE(S) |
|--|---------------------|-----------------|--------------|-------------------------|
| National Government Services, Inc. | MAC - Part A | 06101 - MAC A | J - 06 | Illinois |
| National Government Services, Inc. | MAC - Part B | 06102 - MAC B | J - 06 | Illinois |
| National Government Services, Inc. | MAC - Part A | 06201 - MAC A | J - 06 | Minnesota |
| National Government Services, Inc. | MAC - Part B | 06202 - MAC B | J - 06 | Minnesota |
| National Government Services, Inc. | MAC - Part A | 06301 - MAC A | J - 06 | Wisconsin |
| National Government Services, Inc. | MAC - Part B | 06302 - MAC B | J - 06 | Wisconsin |
| National Government Services, Inc. | A and B and HHH MAC | 13101 - MAC A | J - K | Connecticut |
| National Government Services, Inc. | A and B and HHH MAC | 13102 - MAC B | J - K | Connecticut |
| National Government Services, Inc. | A and B and HHH MAC | 13201 - MAC A | J - K | New York - Entire State |
| National Government Services, Inc. | A and B and HHH MAC | 13202 - MAC B | J - K | New York - Downstate |
| National Government Services, Inc. | A and B and HHH MAC | 13282 - MAC B | J - K | New York - Upstate |
| National Government Services, Inc. | A and B and HHH MAC | 13292 - MAC B | J - K | New York - Queens |
| National Government Services, Inc. | A and B and HHH MAC | 14111 - MAC A | J - K | Maine |
| National Government Services, Inc. | A and B and HHH MAC | 14112 - MAC B | J - K | Maine |
| National Government Services, Inc. | A and B and HHH MAC | 14211 - MAC A | J - K | Massachusetts |
| National Government | A and B and HHH | 14212 - MAC B | J - K | Massachusetts |

| | | | | |
|---|------------------------|---------------|-------|---------------|
| <u>Services, Inc.</u> | MAC | | | |
| <u>National Government Services, Inc.</u> | A and B and HHH MAC | 14311 - MAC A | J - K | New Hampshire |
| <u>National Government Services, Inc.</u> | A and B and HHH MAC | 14312 - MAC B | J - K | New Hampshire |
| <u>National Government Services, Inc.</u> | A and B and HHH MAC | 14411 - MAC A | J - K | Rhode Island |
| <u>National Government Services, Inc.</u> | A and B and HHH MAC | 14412 - MAC B | J - K | Rhode Island |
| <u>National Government Services, Inc.</u> | A and B and HHH MAC | 14511 - MAC A | J - K | Vermont |
| <u>National Government Services, Inc.</u> | A and B and HHH MAC | 14512 - MAC B | J - K | Vermont |

[Back to Top](#)

- LCD Information

Document Information

LCD ID

L33558

Original ICD-9 LCD ID

L26853

LCD Title

Cataract Extraction

Proposed LCD in Comment Period

N/A

Source Proposed LCD

N/A

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Original Effective Date

For services performed on or after 10/01/2015

Revision Effective Date

For services performed on or after 11/01/2016

Revision Ending Date

N/A

Retirement Date

N/A

Notice Period Start Date

09/16/2016

Notice Period End Date

10/31/2016

CMS National Coverage Policy

Language quoted from Centers for Medicare and Medicaid Services (CMS), National Coverage Determinations (NCDs) and coverage provisions in interpretive manuals is italicized throughout the policy. NCDs and coverage provisions in interpretive manuals are not subject to the Local Coverage Determination (LCD) Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See §1869(f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, *italicized* text represents quotation from one or more of the following CMS sources:

Title XVIII of the Social Security Act (SSA):

Section 1862(a)(1)(A) excludes expenses incurred for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Section 1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

Code of Federal Regulations:

42 CFR Section 410.32 indicates that diagnostic tests may only be ordered by the treating physician (or other treating practitioner acting within the scope of his or her license and Medicare requirements who furnishes a consultation or treats a beneficiary for a specific medical problem and who uses the results in the management of the beneficiary's specific medical problem. Tests not ordered by the physician (or other qualified non-physician provider) who is treating the beneficiary are not reasonable and necessary (see Sec. 411.15(k)(1) of this chapter).

CMS Publications:

CMS Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 15, Part 1:
260 Ambulatory Surgical Center Services

CMS Publication 100-03, *Medicare National Coverage Determinations (NCD) Manual*, Chapter 1, Part 1:
10.1 Use of Visual Tests Prior to and General Anesthesia during Cataract Surgery
80.8 Endothelial Cell Photography
80.10 Phaco-Emulsification Procedure - Cataract Extraction

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Abstract:

A cataract is an opacity or cloudiness in the lens of the eye(s), blocking the passage of light through the lens, sometimes resulting in impaired vision. Cataract development occurs in 60% of adults 65 years of age or greater. There are multiple factors associated with cataract development. Some causes of cataracts may include: ultraviolet-β radiation exposure, complications of diabetes, drug and/or alcohol use, smoking, and the natural process of aging. Medicare coverage for cataract extraction and cataract extraction with intraocular lens implant is based on services that are reasonable and medically necessary for the treatment of beneficiaries with cataract(s). This local coverage determination (LCD) defines coverage and describes criteria necessary to justify the performance of cataract extraction(s) or other select lensectomies.

Indications and Limitations:

Lens extraction is considered medically necessary and therefore covered by Medicare when one (or more) of the following conditions or circumstances exists:

- Cataract causing symptomatic (i.e., causing the patient to seek medical attention) impairment of visual function not correctable with a tolerable change in glasses or contact lenses resulting in specific activity limitations and/or participation restrictions including, but not limited to reading, viewing television, driving, or meeting vocational or recreational needs. Surgery is not deemed to be medically necessary purely on the basis of lens opacity in the absence of symptoms. Also other eye disease(s) including, but not limited to macular degeneration or diabetic retinopathy, have been ruled out as the primary cause of decreased visual function.
- Concomitant intraocular disease (e.g., diabetic retinopathy or intraocular tumor) requiring monitoring or treatment that is prevented by the presence of cataract.
- Cataract interfering with the performance of vitreoretinal surgery (e.g., performance of surgery for far peripheral vitreoretinal dissection and excision of the vitreous base, as in cases of proliferative vitreoretinopathy, complicated retinal detachments, and severe proliferative diabetic retinopathy).
- Lens-induced disease threatening vision or ocular health (including, but not limited to, phacomorphic or phacolytic glaucoma)
- High probability of accelerating cataract development as a result of a concomitant or subsequent procedure (e.g., pars plana vitrectomy, iridocyclectomy, procedure for ocular trauma) and treatments such as external beam irradiation
- Intolerable anisometropia or aniseikonia uncorrectable with glasses or contact lenses that exists as a result of lens extraction in the first eye (despite satisfactorily corrected monocular visual acuity).

Visual Acuity

The Snellen visual acuity chart is an excellent way of measuring distance refractive error (e.g. myopia, hyperopia, astigmatism) in healthy eyes, and is in wide clinical use. However, testing only with high contrast letters viewed in dark room conditions will underestimate the functional impairments caused by some cataracts in common real life situations such as day or nighttime glare conditions, poor contrast environments or reading, halos and starbursts at night, and impaired optical quality causing monocular diplopia and ghosting.

While a single arbitrary objective measure might be desirable a specific Snellen visual acuity alone can neither rule in, nor rule out the need for surgery. It should be recorded and considered in the context of the patient's visual impairment and other ocular findings.

Bilateral Eye Surgery

If the decision to perform cataract extraction in both eyes is made prior to the first cataract extraction, the documentation must support the medical necessity for each procedure to be performed. Prior to admitting to surgery on the second eye, the AAO Preferred Practice Pattern recommends that the patient and ophthalmologist should discuss the benefit, risk and timing of second-eye surgery when they have had the opportunity to evaluate the results of surgery on the first eye.

Immediate, sequential, bilateral surgery has advantages and disadvantages that must be carefully weighed and discussed by the surgeon and patient. Foremost is the risk of potentially blinding complications in both eyes. For this reason the second eye should be treated like the eye of a different patient using separate povidone iodine prepping, draping, instrumentation, and supplies such as irrigating solutions, OVD, and medications. According to the AAO Preferred Practice Pattern, "reported indications for immediate sequential bilateral cataract surgery include the need for general anesthesia in the presence of bilateral visually significant cataracts, rare occasions where travel for surgery and follow-up care is a significant hardship for the patient, and when the health of the patient may limit surgery to one surgical encounter."

Complex Cataract Surgery (CPT code 66982)

The code for complex cataract surgery (CPT code 66982) is intended to differentiate the extraordinary work performed during the intraoperative or postoperative periods in a subset of cataract operations including, and not limited to, the following:

- A miotic pupil which will not dilate sufficiently to allow adequate visualization of the lens in the posterior chamber of the eye and which requires the insertion of four (4) iris retractors through four (4) additional incisions, use of an iris dilator device, a sector iridectomy with subsequent suture repair of iris sphincter, synechiolysis utilizing pupillary stretch maneuvers or sphincterotomies created with scissors.
- The presence of a disease state that produces lens support structures that are abnormally weak or absent. This requires the need to support the lens implant with permanent intraocular sutures and/or a capsular support ring (approved by the FDA) may be necessary to allow placement of an intraocular lens.
- Pediatric cataract surgery may be more difficult intraoperatively because of an anterior capsule which is more difficult to tear, cortex which is more difficult to remove, and the need for a primary posterior capsulotomy or capsulorhexis. Furthermore, there is additional postoperative work associated with pediatric cataract surgery.
- Extraordinary work may occur during the postoperative period. This is the case with pediatric cases mentioned above and very rarely when there is extreme postoperative inflammation and pain.

[Back to Top](#)

Coding Information

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 policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

| | |
|------|--|
| 011x | Hospital Inpatient (Including Medicare Part A) |
| 012x | Hospital Inpatient (Medicare Part B only) |
| 013x | Hospital Outpatient |
| 085x | Critical Access Hospital |

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 policy, 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 policy should be assumed to apply equally to all Revenue Codes.

Revenue codes only apply to providers who bill these services to the Part A MAC. Revenue codes do not apply to physicians, other professionals and suppliers who bill these services to the Part B MAC.

Please note that not all revenue codes apply to every type of bill code. Providers are encouraged to refer to the FISS revenue code file for allowable bill types. Similarly, not all revenue codes apply to each CPT/HCPCS code. Providers are encouraged to refer to the FISS HCPCS file for allowable revenue codes.

All revenue codes billed on the inpatient claim for the dates of service in question may be subject to review.

| | |
|------|---|
| 036X | Operating Room Services - General Classification |
| 037X | Anesthesia - General Classification |
| 049X | Ambulatory Surgical Care - General Classification |
| 0710 | Recovery Room - General Classification |
| 076X | Specialty Services - General Classification |
| 096X | Professional Fees - General Classification |

CPT/HCPCS Codes**Group 1 Paragraph:**

N/A

Group 1 Codes:

| | |
|-------|--|
| 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 |
| 66930 | REMOVAL OF LENS MATERIAL; INTRACAPSULAR, FOR DISLOCATED LENS |
| 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 |
| 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) |

ICD-10 Codes that Support Medical Necessity**Group 1 Paragraph:**

The use of an ICD-10-CM codes listed below does not assure coverage of a service. The service must be reasonable and necessary in the specific case and must meet the criteria specified in this determination.

Group 1 Codes:

Show entries

for Group 1 ICD-10 Codes that Support Medical Necessity

Search

Group 1 ICD-10 Codes that Support Medical Necessity textbox

Search By:

Group 1 ICD-10 Codes that Support Medical Necessity radio button

Description ICD-10 Codes that Support Medical Necessity radio button

Search Group 1 ICD-10 Codes that Support Medical Necessity Submit button SEARCH GROUP Search Group 1

ICD-10 Codes that Support Medical Necessity Clear button CLEAR SEARCH

| ICD-10 CODE | DESCRIPTION |
|-------------|--|
| E08.311 | Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema |
| E08.319 | Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy without macular edema |
| E08.3211 | Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, right eye |
| E08.3212 | Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, left eye |
| E08.3213 | Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, bilateral |
| E08.3291 | Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, right eye |
| E08.3292 | Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, left eye |
| E08.3293 | Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, bilateral |
| E08.3311 | Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, right eye |
| E08.3312 | Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, left eye |
| E08.3313 | Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, bilateral |
| E08.3391 | Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, right eye |
| E08.3392 | Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, left eye |
| E08.3393 | Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, bilateral |
| E08.3411 | Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, right eye |
| E08.3412 | Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, left eye |
| E08.3413 | Diabetes mellitus due to underlying condition with severe nonproliferative diabetic |

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| | retinopathy with macular edema, bilateral |
| E08.3491 | Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, right eye |
| E08.3492 | Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, left eye |
| E08.3493 | Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, bilateral |
| E08.3511 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, right eye |
| E08.3512 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, left eye |
| E08.3513 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, bilateral |
| E08.3521 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye |
| E08.3522 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye |
| E08.3523 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral |
| E08.3531 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye |
| E08.3532 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye |
| E08.3533 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral |
| E08.3541 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye |
| E08.3542 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye |
| E08.3543 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral |
| E08.3551 | Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, right eye |
| E08.3552 | Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, left eye |
| E08.3553 | Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, bilateral |
| E08.3591 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, right eye |
| E08.3592 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, left eye |
| E08.3593 | Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, bilateral |
| E08.36 | Diabetes mellitus due to underlying condition with diabetic cataract |
| E08.37X1 | Diabetes mellitus due to underlying condition with diabetic macular edema, |

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| | resolved following treatment, right eye |
| E08.37X2 | Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, left eye |
| E08.37X3 | Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, bilateral |
| E09.3211 | Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye |
| E09.3212 | Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye |
| E09.3213 | Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral |
| E09.3291 | Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye |
| E09.3292 | Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye |
| E09.3293 | Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral |
| E09.3311 | Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye |
| E09.3312 | Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye |
| E09.3313 | Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral |
| E09.3391 | Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye |
| E09.3392 | Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye |
| E09.3393 | Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral |
| E09.3411 | Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye |
| E09.3412 | Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye |
| E09.3413 | Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral |
| E09.3491 | Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye |
| E09.3492 | Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye |
| E09.3493 | Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral |
| E09.3511 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye |
| E09.3512 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye |
| E09.3513 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral |

| | |
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| E09.3521 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye |
| E09.3522 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye |
| E09.3523 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral |
| E09.3531 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye |
| E09.3532 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye |
| E09.3533 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral |
| E09.3541 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye |
| E09.3542 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye |
| E09.3543 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral |
| E09.3551 | Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, right eye |
| E09.3552 | Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, left eye |
| E09.3553 | Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, bilateral |
| E09.3591 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye |
| E09.3592 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye |
| E09.3593 | Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral |
| E09.36 | Drug or chemical induced diabetes mellitus with diabetic cataract |
| E09.37X1 | Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, right eye |
| E09.37X2 | Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, left eye |
| E09.37X3 | Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral |
| E10.311 | Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema |
| E10.3211 | Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye |
| E10.3212 | Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye |
| E10.3213 | Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral |
| E10.3291 | Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without |

| | |
|----------|---|
| | macular edema, right eye |
| E10.3292 | Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye |
| E10.3293 | Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral |
| E10.3311 | Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye |
| E10.3312 | Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye |
| E10.3313 | Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral |
| E10.3391 | Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye |
| E10.3392 | Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye |
| E10.3393 | Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral |
| E10.3411 | Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye |
| E10.3412 | Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye |
| E10.3413 | Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral |
| E10.3491 | Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye |
| E10.3492 | Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye |

Showing 1 to 100 of 343 entries in Group 1

[First](#)
[Prev](#)
[Currently Selected](#)
[Next](#)
[Last](#)

Group 2 Paragraph:

For CPT code 66982, in addition to reporting one of the ICD-10-CM diagnosis codes in Group 1, listed above, the appropriate ICD-10-CM code(s) from the ICD-10-CM diagnosis codes in Group 2, listed below, should be reported, if applicable.

Group 2 Codes:

Show entries for Group 2 ICD-10 Codes that Support Medical Necessity

Search Group 2 ICD-10 Codes that Support Medical Necessity textbox

Search By:
 Group 2 ICD-10 Codes that Support Medical Necessity radio button
 Description ICD-10 Codes that Support Medical Necessity radio button

| ICD-10 CODE | DESCRIPTION |
|-------------|-------------|
|-------------|-------------|

| | |
|---------|---|
| 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 |
| H21.82 | Plateau iris syndrome (post-iridectomy) (postprocedural) |
| H21.89 | Other specified disorders of iris and ciliary body |
| H21.9 | Unspecified disorder of iris and ciliary body |
| H22 | Disorders of iris and ciliary body in diseases classified elsewhere |
| H25.89* | Other age-related cataract |
| H43.821 | Vitreomacular adhesion, right eye |
| H43.822 | Vitreomacular adhesion, left eye |
| H43.823 | Vitreomacular adhesion, bilateral |
| H57.00 | Unspecified anomaly of pupillary function |
| H57.01 | Argyll Robertson pupil, atypical |
| H57.02 | Anisocoria |
| H57.03 | Miosis |
| H57.04 | Mydriasis |
| H57.051 | Tonic pupil, right eye |
| H57.052 | Tonic pupil, left eye |
| H57.053 | Tonic pupil, bilateral |
| H57.09 | Other anomalies of pupillary function |
| H57.9 | Unspecified disorder of eye and adnexa |

| | |
|---|---|
| Q13.1 | Absence of iris |
| Q13.9 | Congenital malformation of anterior segment of eye, unspecified |
| Group 2 Medical Necessity ICD-10 Codes Asterisk Explanation: *H25.89 may be used if the operative note indicates dye was used to stain the anterior capsule. | |

Showing 1 to 37 of 37 entries in Group 2

First Prev
 Currently Selected
 Next Last

ICD-10 Codes that DO NOT Support Medical Necessity Additional ICD-10 Information

N/A

[Back to Top](#)

- General Information

Associated Information Documentation Requirements:

The patient's medical record must contain documentation that fully supports the medical necessity for services included within this LCD. (See "Indications and Limitations of Coverage.") This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures. The medical record and/or test results documenting medical necessity should be maintained and made available on request.

If cataract extraction is performed due to anisometropia, the medical record must substantiate the presence of significant aniseikonia secondary to anisometropia arising from the first cataract extraction with IOL implant. The medical record must reflect that the aniseikonia is visually significant to the patient by documenting the patient's subjective complaints and must also document that anisometropia is present by determination of the refractive error in both eyes after the first cataract surgery.

If cataract extraction is performed in order to visualize the fundus, the disease being treated must appear in the medical record, and the necessity for visualization must be described in the medical record.

For CPT code 66982, complex cataract extraction, to be reasonable and necessary, the procedure should require devices or techniques not generally used in routine cataract surgery. Please see examples below:

- The operative note indicates that a permanent intraocular suture or a capsular support ring was employed to place the intraocular lens in a stable position.
- The operative note indicates a capsular support ring was employed or an endocapsular support ring was used.
- The operative note indicates the use of micro iris hooks inserted through four (4) or more separate cornea incisions, use of an iris dilator device, synechiolysis utilizing pupillary stretch maneuvers creation of multiple sphincterotomies with scissors, a sector iridotomy with suture repair of iris sphincter was performed, or a permanent intraocular suture, capsular support ring, or endocapsular support ring was used.
- The operative note indicates dye was used to stain the anterior capsule.
- The operative note indicates Phacolytic glaucoma
- The operative note indicates a primary posterior capsulorhexis was performed
- The operative note or postoperative records indicate an extraordinary amount of work was involved in the preoperative or postoperative care.
- The operative note indicates an artificial prosthetic iris was placed in the eye.

Sources of Information and Basis for Decision

This bibliography presents those sources that were obtained during the development of this policy. National Government Services is not responsible for the continuing viability of Web site addresses listed below.

American Academy of Ophthalmology Cataract and Anterior Segment Panel. Preferred Practice Pattern® Guidelines. Cataract in the Adult Eye. San Francisco, CA: American Academy of Ophthalmology; 2011. Available at: www.aao.org/ppp.

Accessed 3/24/2016.

Other Medicare Contractor LCDs especially Wheatlands Administrative Services, Inc. (L22215 – Complex Cataract Surgery)

[Back to Top](#)**- Revision History Information**

| REVISION HISTORY DATE | REVISION HISTORY NUMBER | REVISION HISTORY EXPLANATION | REASON(S) FOR CHANGE |
|-----------------------|-------------------------|---|---|
| 11/01/2016 | R8 | ICD-10-CM code H25.89* and an explanatory note "**H25.89 may be used if the operative note indicates dye was used to stain the anterior capsule." were added to ICD-10 Codes that Support Medical Necessity section, Group 2, effective for services rendered on or after 10/01/2016. | <ul style="list-style-type: none"> Provider Education/Guidance |
| 11/01/2016 | R7 | Added the following ICD-10-CM codes to the ICD-10 Codes that Support Medical Necessity section during the notice period, effective for services rendered on or after 10/1/2016: Group1- H25.013, H25.033, H25.043, H25.23, H25.813, H26.003, H26.013, H26.033, H26.043, H26.053, H26.063, H26.103, H26.113, H26.133, H26.213, H26.223, H26.233, H26.33, H26.493, H27.113, H27.123, H27.133, H33.003, H33.013, H33.023, H33.033, H33.043, H33.053, H33.43, H35.043, H35.073, H35.073, H35.23, H35.343, H35.373, H43.13, H59.023. Group 2- H21.223, H21.263, H21.533, H21.563, H21.82, H43.823, H57.053. | <ul style="list-style-type: none"> Revisions Due To ICD-10-CM Code Changes |
| 11/01/2016 | R6 | Under the Indications and Limitations of Coverage section, simplified and clarified criteria by eliminating generalized statements and by eliminating the explicit Snellen metric requirement. Under the Documentation Requirements section related to CPT code 66982: - deleted bullet #1 - deleted the wording, "for partial occlusion of the pupil" in bullets #3 and 4 - added the wording, "or more", related to cornea incisions in bullet #3 that provides examples of devices or techniques considered reasonable and necessary when rendering complex cataract extraction (CPT code 66982). Added multiple 2017 ICD-10-CM diagnosis codes to Group 1. | <ul style="list-style-type: none"> Provider Education/Guidance |
| 10/01/2015 | R5 | Added ICD-10-CM diagnosis code H25.13 to the Group 1 ICD-10 | <ul style="list-style-type: none"> Request for Coverage by a Practitioner (Part B) |

| | | Codes that Support Medical Necessity section, effective for services rendered on or after 10/01/2015. | |
|------------|----|---|---|
| 10/01/2015 | R4 | LCD updated to reflect administrative changes. | <ul style="list-style-type: none"> Provider Education/Guidance |
| 10/01/2015 | R3 | Corrected typographical error in Indications of Coverage section | <ul style="list-style-type: none"> Typographical Error |
| 10/01/2015 | R2 | Added the following language to the Indications and Limitations of Coverage section: "Immediate, sequential, bilateral surgery has advantages and disadvantages that must be carefully weighed and discussed by the surgeon and patient. Foremost is the risk of potentially blinding complications in both eyes. For this reason the second eye should be treated like the eye of a different patient using separate povidone iodine prepping, draping, instrumentation, and supplies such as irrigating solutions, OVD, and medications." | <ul style="list-style-type: none"> Provider Education/Guidance |
| 10/01/2015 | R1 | <p>Deleted the following language from the Indications and Limitations of Coverage section: "Bilateral cataract extraction should not be performed on both eyes on the same day because of the potential for bilateral visual loss. If the first cataract extraction is performed and a subsequent contralateral cataract extraction is considered, the criteria for coverage of the procedure in the contralateral eye are the same as the criteria for the first cataract extraction."</p> <p>Added the following language to the Indications and Limitations of Coverage section: "Immediate, sequential, bilateral surgery has advantages and disadvantages that must be carefully weighed and discussed by the surgeon and patient. Foremost is the risk of potentially blinding complications in both eyes. For this reason the second eye should be treated like the eye of a different patient using separate povidone iodine prepping, draping, instrumentation, and supplies such as irrigating solutions, OVD, and medications."</p> | <ul style="list-style-type: none"> Provider Education/Guidance |

[Back to Top](#)

- Associated Documents

Attachments

N/A

Related Local Coverage Documents

Article(s)

[A55257 - Response to Comments: Cataract Extraction](#)

Related National Coverage Documents

N/A

Public Version(s)

Updated on 03/07/2017 with effective dates 11/01/2016 - N/A

Updated on 10/23/2016 with effective dates 11/01/2016 - N/A

Updated on 09/09/2016 with effective dates 11/01/2016 - N/A

Some older versions have been archived. Please visit the [MCD Archive Site](#) to retrieve them.

[Back to Top](#)

- Keywords

- eye
- ophthalmology
- complex cataract
- epinephrine

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[Back to Top](#)