

## CPT Codes

CPT Code 66989—Extracapsular cataract removal with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more

## Provider Specialties

Ophthalmologist (Specialty 18) may perform cataract procedures. In Kentucky, Optometrist (Specialty 41) may also perform.

- <https://www.ncsl.org/scope-of-practice-policy/practitioners/optometrists>
- <https://apps.legislature.ky.gov/law/kar/201/005/110.pdf>
- <https://www.optometrystudents.com/articles/ohio-scope-of-practice/>

## Medical Necessity

### Cataract Surgery

Cataract Surgery Requirements involving insertion of intraocular prothesis.

1. Documentation must show the inability to carry out ADL's including (but not limited to) reading, driving, watching TV or occupational or vocational expectations.
2. Documentation shows the patient's best corrected acuity of 20/50 or worse at distant or near, or additional testing shows one of the following:
  - Consensual light testing decreases visual acuity by two lines
  - Glare testing decreases visual acuity by two lines
3. For documentation that shows a best corrected visual acuity of 20/40 or better, cataract extraction will be considered if all other criteria have been met and there is substantial documentation of the medical necessity of the procedure for that patient.
4. The record reflects that the cataract is the primary cause of the decreased visual acuity and /or cause of the decreased visual acuity and/or functional impairment, other diseases such as macular degeneration or diabetic retinopathy have been considered ruled out.
5. For complex cataract removal with intraocular lens implant and concomitant intraocular aqueous drainage device, use CPT code 66989:
  - A. Medicare may cover only 1 unit per eye, per date of

service of CPT code 66989 for insertion of glaucoma drainage device(s) into the trabecular meshwork (e.g., iStent®) when performed in conjunction with cataract surgery on the date of service and when the medically reasonable and necessary criteria as stated above from the LCD are met

- i. Although more than 1 drainage device into the trabecular meshwork of a single eye on a single day of service, using an insertion tool loaded with more than one device, (e.g., iStent inject®), may be performed, once the insertion tool is deployed within the eye, there is negligible increase in work or expense. Therefore, only 1 unit of 66989 per eye, per day may be billed, regardless of the number of devices inserted into a single eye on the date of service
- ii. Do not report 0671T in conjunction with 66989
- iii. Limited Coverage for 66989 includes:
  1. H40.1111—Primary open-angle glaucoma, right eye, mild stage
  2. H40.1112—Primary open-angle glaucoma, right eye, moderate stage
  3. H40.1122—Primary open-angle glaucoma, left eye, mild stage
  4. H40.1131—Primary open-angle glaucoma, bilateral, mild stage
  5. H40.1132—Primary open-angle glaucoma, bilateral, moderate stage

## Appropriate Signatures

- Signature and credentials of person performing the service must meet CMS requirements
- Amendments/corrections/delayed entries are properly identified

For more information regarding signature requirements, please view the following resources:

- CGS Administrators, LLC, J15 Part B Medical Review <https://www.cgsmedicare.com/partb/mr/signatures.html>
- <https://www.cgsmedicare.com/partb/cert/signatures.pdf>
- CMS MLN Fact Sheet, Complying with Medicare Signature Requirements. [https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/signature\\_requirements\\_fact\\_sheet\\_icn905364.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/signature_requirements_fact_sheet_icn905364.pdf)

This Fact Sheet is for informational purposes only and is not intended to guarantee payment for services, all services submitted to Medicare must meet Medical Necessity guidelines. The definition of "medically necessary" for Medicare purposes can be found in Section 1862(a)(1)(A) of the Social Security Act – Medical Necessity ([http://www.ssa.gov/OP\\_Home/ssact/title18/1862.htm](http://www.ssa.gov/OP_Home/ssact/title18/1862.htm)).

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### Documentation Required

1. Submitted medical record must support use of selected ICD-10-CM code(s). Submitted CPT/HCPCS code must describe service performed
2. Beneficiary's name
3. Date of service
4. Relevant medical history
5. Patient informed consent
6. Results of related tests/procedures
7. Signed and dated documentation from ordering provider supporting indication/medical necessity
8. Documentation of the pre-operative evaluation to include comprehensive eye exam
9. Signed and dated Operative note including devices or techniques utilized
10. Signature and credentials of person performing the service must meet CMS requirements

- CMS IOM Pub. 100-08, Medicare Program Integrity Manual, Chapter 3, Section 3.3.2.4, Signature Requirements.  
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c03.pdf>

### References

- IOM 100-02, Chapter 15, Section 3.4 and Chapter 16, Section 10
- IOM 100-03, Chapter 1, Section 10.1, 80.10 and 80.12
- IOM 100-04, Chapter 14, Section 40.3 and Chapter 32, Section 120
- CMS Medicare Program Integrity Manual (Pub. 100-08), Chapter 3, Section 3.3.2.4  
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c03.pdf>
- Definition of "Medically Necessary": Social Security Act (SSA), Section 1862 (a)(1) (A)  
[https://www.ssa.gov/OP\\_Home/ssact/title18/1862.htm](https://www.ssa.gov/OP_Home/ssact/title18/1862.htm)
- [LCD L33954](#)
- [Local Coverage Article A56453](#)
- [LCD - Micro-Invasive Glaucoma Surgery \(MIGS\) \(L37578\)](#)
- [Article - Billing and Coding: Micro-Invasive Glaucoma Surgery \(MIGS\) \(A56491\)](#)
- [MR Activities Medical Review Activity Log \(cgsmedicare.com\)](#)