

FACT SHEET

CPT Codes

CPT Code 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 capsulorrhexis) or performed on patients in the amblyogenic developmental stage. (lazy eye)

CPT Code 66984: Extracapsular Cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (EG, irrigation, and aspiration or phacoemulsification.

CPT Code 66821: Discussion of secondary membranous cataract (Opacified posterior lens capsule/and or anterior Hyaloid) Laser Surgery (1 or more stages)

Medical Necessity

Cataract Surgery

Cataract Surgery Requirements involving insertion of intraocular prosthesis.

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 show 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 Surgery: The documentation supports 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 one of the following:
 - Four (4) iris retractors through four (4) additional incisions, or
 - Beechler or similar expansion device, or
 - A sector iridectomy with subsequent suture repair of iris sphincter, synechialysis utilizing papillary stretch maneuvers, or

Provider Specialties

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

- <https://www.ncsl.org/research/health/optometrist-scope-ofpractice.aspx>
- <https://apps.legislature.ky.gov/law/kar/201/005/110.pdf>
- <https://www.optometrystudents.com/ohio-scope-practice/>

Documentation Required

1. Beneficiary name
2. Date of service on all documentation
3. Relevant history
4. Patient informed Consent
5. Documentation of the pre-operative evaluation to include comprehensive eye exam
6. Results of pertinent tests/procedures
7. Signed and dated office visit record, or attestation if unsigned
8. Signed and dated Operative note or attestation if unsigned including devices or techniques utilized
9. Expanded therapeutic procedures credentials for optometrist in Kentucky.

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).

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- 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.

YAG laser capsulotomies (YAG)

1. YAG laser capsulotomies (YAG) are performed in cases of opacification of the posterior capsule, generally no less than 90 days following cataract extraction. YAG performed less than 90 days following cataract extraction

Diagnosis of functional visual impairment due to capsular opacification is based on clinical judgment regarding one or more of the following:

- » Visual loss and/or symptom of glare (visual acuity 20/30 or worse under Snellen conditions, using contrast sensitivity, or simulated glare testing);
- » Symptoms of decreased contrast;
- » Amount of posterior capsular opacification; or
- » Other possible causes of decreased vision following cataract surgery.

When a series of procedures is planned for the removal of a posterior dense fibrotic capsule, it will be covered as a single procedure.

2. The record may reflect:
 - a. Phacomorphic glaucoma is the term used for secondary angle-closure glaucoma due to lens intumescence. The increase in lens thickness from an advanced cataract, a rapidly intumescent lens (swelling or enlarge lens), or a traumatic cataract can lead to pupillary block and angle closure.
 - b. Phacolytic glaucoma is the sudden onset of open-angle glaucoma caused by a leaking mature or hypermature (rarely immature) cataract. It is cured by cataract extraction.
 - c. Or there is documentation that the cataract obscures an adequate view of the fundus which is necessary for monitoring and /or treatment of disease of the posterior segment of the eye including but not limited to the retina.

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
- 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
- LCD L33954: <https://www.cms.gov/medicare-coverage-database/details/lcd-details>.