

MEDICARE REIMBURSEMENT FOR COMPLEX CATARACT SURGERY

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QUESTION: What CPT codes describe complex cataract surgery?

ANSWER: CPT code 66982 is described 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; without endoscopic cyclophotocoagulation.*”

In CY 2020, CPT 66982 was modified to specifically exclude concurrent endoscopic cyclophotocoagulation (ECP).

CPT code 66987 describes the same complex cataract surgical procedure “... *with endoscopic cyclophotocoagulation.*”

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QUESTION: When is cataract surgery considered complex?

ANSWER: There are several ways. A complex cataract surgery may be performed on a patient with pupils that do not dilate because of chronic parasympathomimetic drug use, scarring or trauma. In such cases, mechanical dilation of the pupil is necessary to enable the surgeon to extract the cataract and place an IOL. Also, complex cataract surgery occurs when the surgeon is required to suture the haptics of an IOL, or implant a capsular tension ring. Pediatric cataract surgery with an IOL almost always involves primary posterior capsulorrhexis which is defined as complex cataract surgery in the CPT description. CPT 66982 is judged on a case-by-case basis and may require an operative report to support your claim.

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QUESTION: What types of cataract surgery should not be considered complex?

ANSWER: Cases that require more time than usual are not necessarily complex. For example, a case may be longer if the lens requires more phaco time or if multiple syringes of viscoelastic are used. Also, some cases require unplanned anterior vitrectomy for surgical misadventures; when that happens, the vitrectomy is bundled with cataract surgery under Medicare’s NCCI edits and does not, by itself, render the case complex.

The use of a femtosecond laser in laser-assisted cataract surgery is currently atypical, however it is not, by itself, complex cataract surgery because it represents a variation in surgical instrumentation to perform a capsulorrhexis and lens fragmentation, both elements of routine cataract surgery.

In addition, the implantation of a presbyopia-correcting or astigmatism-correcting IOL does not qualify as complex surgery *per se*.

In March 2016, CPT Assistant published that “*the additional work of instilling and removing Trypan Blue dye from the anterior segment though an additional surgical step does not reach the threshold of physician time, work, or intensity necessary to report the complex cataract code*”.¹

If specifically stated in its local policy, a payer may allow the non-routine use of dye in dense, mature, or hypermature cataracts as complex surgery. At this time, only three Medicare Administrative Contractors (MACs) allow this: Palmetto GBA,² National Government Services (NGS),³ and Noridian Healthcare Solutions.⁴ Without specific instructions from a payer, the CPT Assistant guidance should be followed.

While there are many subtle variations in cataract surgical technique, they usually fall within conventional routine cataract surgery.

August 11, 2021

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QUESTION: Must complex cataract surgery be preplanned?

ANSWER: No. There are intraoperative surprises that may require techniques that are best described as complex cataract surgery.

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QUESTION: What diagnosis codes support complex cataract surgery?

ANSWER: Some ICD codes may include:

ICD-10	Description
H21.54-	Posterior synechiae
H25.89	Pseudoexfoliation
H20.2-	Lens-induced iridocyclitis
H26.1-	Traumatic cataract
H27.1-	Subluxation of the lens
H21.81	Floppy iris syndrome

Check with your local MAC for a complete list. Some payers require two or more ICD codes.

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QUESTION: What does Medicare allow for 66982 and 66987?

ANSWER: Surgeon reimbursement is about 37% higher than the Medicare rate for conventional cataract surgery with IOL (CPT 66984). In 2021, the national Medicare Physician Fee Schedule allowed amount for 66982 is \$751. This amount is adjusted by local wage indices in each area. Other payers set their own rates, which may differ significantly from the Medicare published fee. Surgeon reimbursement for 66987 is determined by the Medicare Administrative Contractor (MAC).

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QUESTION: Is 66982 subject to Medicare's NCCI edits?

ANSWER: Yes. Current NCCI edits are largely the same as those for 66984.

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QUESTION: Are 66982 and 66987 eligible for HOPD and ASC reimbursement?

ANSWER: Yes. The 2021 HOPD facility allowed amount for 66982 is \$2,079, and \$3,978 for 66987. The ASC rate for 66982 is \$1,031, and \$2,441 for 66987. These are the same facility payment rates as for conventional cataract surgery with IOL (respectively, codes 66984 and 66988).

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QUESTION: How frequently is 66982 used?

ANSWER: Of all Medicare claims paid during 2018, complex cataract surgery was about 9% of all cataract extractions with an IOL. Surgeon utilization rates vary; some perform more than others.

August 11, 2021

- ¹ CPT Assistant is a subscription publication of the American Medical Association. [Link here](#). Accessed 08/11/21.
- ² Palmetto GBA. Local Coverage Article A53047. [Complex Cataract Surgery: Appropriate Use and Documentation](#). A53047. Rev eff 10/10/19. Accessed 08/11/21.
- ³ National Government Services. LCA A56544. [Cataract Extraction](#). Rev eff 01/01/20. Accessed 08/11/21.
- ⁴ Noridian Healthcare Solutions. LCD A57196. [Cataract Surgery in Adults](#). Rev eff 01/01/20. Accessed 08/11/21.

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