

Local Coverage Article: Billing and Coding: Cataract Extraction (including Complex Cataract Surgery) (A56615)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Novitas Solutions, Inc.	A and B MAC	04111 - MAC A	J - H	Colorado
Novitas Solutions, Inc.	A and B MAC	04112 - MAC B	J - H	Colorado
Novitas Solutions, Inc.	A and B MAC	04211 - MAC A	J - H	New Mexico
Novitas Solutions, Inc.	A and B MAC	04212 - MAC B	J - H	New Mexico
Novitas Solutions, Inc.	A and B MAC	04311 - MAC A	J - H	Oklahoma
Novitas Solutions, Inc.	A and B MAC	04312 - MAC B	J - H	Oklahoma
Novitas Solutions, Inc.	A and B MAC	04411 - MAC A	J - H	Texas
Novitas Solutions, Inc.	A and B MAC	04412 - MAC B	J - H	Texas
Novitas Solutions, Inc.	A and B MAC	04911 - MAC A	J - H	Colorado New Mexico Oklahoma Texas
Novitas Solutions, Inc.	A and B MAC	07101 - MAC A	J - H	Arkansas
Novitas Solutions, Inc.	A and B MAC	07102 - MAC B	J - H	Arkansas
Novitas Solutions, Inc.	A and B MAC	07201 - MAC A	J - H	Louisiana
Novitas Solutions, Inc.	A and B MAC	07202 - MAC B	J - H	Louisiana
Novitas Solutions, Inc.	A and B MAC	07301 - MAC A	J - H	Mississippi
Novitas Solutions, Inc.	A and B MAC	07302 - MAC B	J - H	Mississippi
Novitas Solutions, Inc.	A and B MAC	12101 - MAC A	J - L	Delaware
Novitas Solutions, Inc.	A and B MAC	12102 - MAC B	J - L	Delaware
Novitas Solutions, Inc.	A and B MAC	12201 - MAC A	J - L	District of Columbia
Novitas Solutions, Inc.	A and B MAC	12202 - MAC B	J - L	District of Columbia
Novitas Solutions, Inc.	A and B MAC	12301 - MAC A	J - L	Maryland
Novitas Solutions, Inc.	A and B MAC	12302 - MAC B	J - L	Maryland
Novitas Solutions, Inc.	A and B MAC	12401 - MAC A	J - L	New Jersey
Novitas Solutions, Inc.	A and B MAC	12402 - MAC B	J - L	New Jersey
Novitas Solutions, Inc.	A and B MAC	12501 - MAC A	J - L	Pennsylvania

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Novitas Solutions, Inc.	A and B MAC	12502 - MAC B	J - L	Pennsylvania
Novitas Solutions, Inc.	A and B MAC	12901 - MAC A	J - L	Delaware District of Columbia Maryland New Jersey Pennsylvania

Article Information

General Information

Article ID

A56615

Original Effective Date

06/13/2019

Article Title

Billing and Coding: Cataract Extraction (including Complex Cataract Surgery)

Revision Effective Date

01/01/2020

Article Type

Billing and Coding

Revision Ending Date

N/A

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Retirement Date

N/A

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CMS National Coverage Policy

N/A

Article Guidance

Article Text:

Refer to Local Coverage Determination (LCD) L35091, Cataract Extraction (including Complex Cataract Surgery), for reasonable and necessary requirements.

The Current Procedural Terminology (CPT)/Healthcare Common Procedure Coding System (HCPCS) code(s) may be subject to National Correct Coding Initiative (NCCI) edits. This information does not take precedence over NCCI edits. Please refer to NCCI for correct coding guidelines and specific applicable code combinations prior to billing Medicare.

Coding Guidelines

The primary diagnosis submitted by the physician performing the preoperative ophthalmologic evaluation must be cataract (ICD-10-CM codes listed in the "ICD-10 Codes that Support Medical Necessity" section of this article).

The diagnoses submitted by the physician performing the evaluation and management component of the preoperative workup when it is medically necessary should indicate cataract (ICD-10-CM codes listed in the "ICD-10 Codes that Support Medical Necessity" section of this article) as the primary or secondary diagnosis.

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

Note: Providers are reminded to refer to the long descriptors of the CPT codes in their CPT book.

Group 1 Codes:

CODE	DESCRIPTION
66840	Removal of lens material
66850	Removal of lens material
66852	Removal of lens material
66920	Extraction of lens
66940	Extraction of lens
66982	Xcapsl ctrc rml cplx wo ecp
66983	Cataract surg w/iol 1 stage
66984	Xcapsl ctrc rml w/o ecp

CPT/HCPCS Modifiers

N/A

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

It is the provider's responsibility to select codes carried out to the highest level of specificity and selected from the ICD-10-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

Medicare is establishing the following limited coverage for **CPT/HCPCS code 66982:**

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
E08.36*	Diabetes mellitus due to underlying condition with diabetic cataract
E09.36*	Drug or chemical induced diabetes mellitus with diabetic cataract
E10.36*	Type 1 diabetes mellitus with diabetic cataract
E11.36*	Type 2 diabetes mellitus with diabetic cataract
E13.36*	Other specified diabetes mellitus with diabetic cataract
H20.20	Lens-induced iridocyclitis, unspecified eye
H20.21	Lens-induced iridocyclitis, right eye
H20.22	Lens-induced iridocyclitis, left eye

ICD-10 CODE	DESCRIPTION
H20.23	Lens-induced iridocyclitis, bilateral
H21.221*	Degeneration of ciliary body, right eye
H21.222*	Degeneration of ciliary body, left eye
H21.223*	Degeneration of ciliary body, bilateral
H21.229*	Degeneration of ciliary body, unspecified eye
H21.261*	Iris atrophy (essential) (progressive), right eye
H21.262*	Iris atrophy (essential) (progressive), left eye
H21.263*	Iris atrophy (essential) (progressive), bilateral
H21.269*	Iris atrophy (essential) (progressive), unspecified eye
H21.271*	Miotic pupillary cyst, right eye
H21.272*	Miotic pupillary cyst, left eye
H21.273*	Miotic pupillary cyst, bilateral
H21.279*	Miotic pupillary cyst, unspecified eye
H21.29*	Other iris atrophy
H21.531*	Iridodialysis, right eye
H21.532*	Iridodialysis, left eye
H21.533*	Iridodialysis, bilateral
H21.539*	Iridodialysis, unspecified eye
H21.561*	Pupillary abnormality, right eye
H21.562	Pupillary abnormality, left eye
H21.563*	Pupillary abnormality, bilateral
H21.569*	Pupillary abnormality, unspecified eye
H21.81*	Floppy iris syndrome
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
H25.011*	Cortical age-related cataract, right eye
H25.012*	Cortical age-related cataract, left eye
H25.013*	Cortical age-related cataract, bilateral
H25.019*	Cortical age-related cataract, unspecified eye
H25.031*	Anterior subcapsular polar age-related cataract, right eye
H25.032*	Anterior subcapsular polar age-related cataract, left eye

ICD-10 CODE	DESCRIPTION
H25.033*	Anterior subcapsular polar age-related cataract, bilateral
H25.039*	Anterior subcapsular polar age-related cataract, unspecified eye
H25.041*	Posterior subcapsular polar age-related cataract, right eye
H25.042*	Posterior subcapsular polar age-related cataract, left eye
H25.043*	Posterior subcapsular polar age-related cataract, bilateral
H25.049*	Posterior subcapsular polar age-related cataract, unspecified eye
H25.10*	Age-related nuclear cataract, unspecified eye
H25.11*	Age-related nuclear cataract, right eye
H25.12*	Age-related nuclear cataract, left eye
H25.13*	Age-related nuclear cataract, bilateral
H25.20*	Age-related cataract, morgagnian type, unspecified eye
H25.21*	Age-related cataract, morgagnian type, right eye
H25.22*	Age-related cataract, morgagnian type, left eye
H25.23*	Age-related cataract, morgagnian type, bilateral
H25.811*	Combined forms of age-related cataract, right eye
H25.812*	Combined forms of age-related cataract, left eye
H25.813*	Combined forms of age-related cataract, bilateral
H25.819*	Combined forms of age-related cataract, unspecified eye
H25.89*	Other age-related cataract
H25.9*	Unspecified age-related cataract
H26.001*	Unspecified infantile and juvenile cataract, right eye
H26.002*	Unspecified infantile and juvenile cataract, left eye
H26.003*	Unspecified infantile and juvenile cataract, bilateral
H26.009*	Unspecified infantile and juvenile cataract, unspecified eye
H26.011*	Infantile and juvenile cortical, lamellar, or zonular cataract, right eye
H26.012*	Infantile and juvenile cortical, lamellar, or zonular cataract, left eye
H26.013*	Infantile and juvenile cortical, lamellar, or zonular cataract, bilateral
H26.019*	Infantile and juvenile cortical, lamellar, or zonular cataract, unspecified eye
H26.031*	Infantile and juvenile nuclear cataract, right eye
H26.032*	Infantile and juvenile nuclear cataract, left eye
H26.033*	Infantile and juvenile nuclear cataract, bilateral
H26.039*	Infantile and juvenile nuclear cataract, unspecified eye

ICD-10 CODE	DESCRIPTION
H26.041*	Anterior subcapsular polar infantile and juvenile cataract, right eye
H26.042*	Anterior subcapsular polar infantile and juvenile cataract, left eye
H26.043*	Anterior subcapsular polar infantile and juvenile cataract, bilateral
H26.049*	Anterior subcapsular polar infantile and juvenile cataract, unspecified eye
H26.051*	Posterior subcapsular polar infantile and juvenile cataract, right eye
H26.052*	Posterior subcapsular polar infantile and juvenile cataract, left eye
H26.053*	Posterior subcapsular polar infantile and juvenile cataract, bilateral
H26.059*	Posterior subcapsular polar infantile and juvenile cataract, unspecified eye
H26.061*	Combined forms of infantile and juvenile cataract, right eye
H26.062*	Combined forms of infantile and juvenile cataract, left eye
H26.063*	Combined forms of infantile and juvenile cataract, bilateral
H26.069*	Combined forms of infantile and juvenile cataract, unspecified eye
H26.09*	Other infantile and juvenile cataract
H26.101*	Unspecified traumatic cataract, right eye
H26.102*	Unspecified traumatic cataract, left eye
H26.103*	Unspecified traumatic cataract, bilateral
H26.109*	Unspecified traumatic cataract, unspecified eye
H26.111*	Localized traumatic opacities, right eye
H26.112*	Localized traumatic opacities, left eye
H26.113*	Localized traumatic opacities, bilateral
H26.119*	Localized traumatic opacities, unspecified eye
H26.121*	Partially resolved traumatic cataract, right eye
H26.122*	Partially resolved traumatic cataract, left eye
H26.123*	Partially resolved traumatic cataract, bilateral
H26.129*	Partially resolved traumatic cataract, unspecified eye
H26.131*	Total traumatic cataract, right eye
H26.132*	Total traumatic cataract, left eye
H26.133*	Total traumatic cataract, bilateral
H26.139*	Total traumatic cataract, unspecified eye
ICD-10 CODE	DESCRIPTION
H26.20*	Unspecified complicated cataract
H26.211*	Cataract with neovascularization, right eye

ICD-10 CODE	DESCRIPTION
H26.212*	Cataract with neovascularization, left eye
H26.213*	Cataract with neovascularization, bilateral
H26.219*	Cataract with neovascularization, unspecified eye
H26.221*	Cataract secondary to ocular disorders (degenerative) (inflammatory), right eye
H26.222*	Cataract secondary to ocular disorders (degenerative) (inflammatory), left eye
H26.223*	Cataract secondary to ocular disorders (degenerative) (inflammatory), bilateral
H26.229*	Cataract secondary to ocular disorders (degenerative) (inflammatory), unspecified eye
H26.30*	Drug-induced cataract, unspecified eye
H26.31*	Drug-induced cataract, right eye
H26.32*	Drug-induced cataract, left eye
H26.33*	Drug-induced cataract, bilateral
H26.8*	Other specified cataract
H27.10*	Unspecified dislocation of lens
H27.111*	Subluxation of lens, right eye
H27.112*	Subluxation of lens, left eye
H27.113*	Subluxation of lens, bilateral
H27.119*	Subluxation of lens, unspecified eye
H27.121*	Anterior dislocation of lens, right eye
H27.122*	Anterior dislocation of lens, left eye
H27.123*	Anterior dislocation of lens, bilateral
H27.129*	Anterior dislocation of lens, unspecified eye
H27.131*	Posterior dislocation of lens, right eye
H27.132*	Posterior dislocation of lens, left eye
H27.133*	Posterior dislocation of lens, bilateral
H27.139*	Posterior dislocation of lens, unspecified eye
H28*	Cataract in diseases classified elsewhere
H57.00*	Unspecified anomaly of pupillary function
H57.01*	Argyll Robertson pupil, atypical
H57.02*	Anisocoria
H57.03*	Miosis
H57.04*	Mydriasis

ICD-10 CODE	DESCRIPTION
H57.051*	Tonic pupil, right eye
H57.052*	Tonic pupil, left eye
H57.053*	Tonic pupil, bilateral
H57.059*	Tonic pupil, unspecified eye
H57.09*	Other anomalies of pupillary function
H57.9*	Unspecified disorder of eye and adnexa
Q12.1*	Congenital displaced lens
Q12.2*	Coloboma of lens
Q12.4*	Spherophakia
Q12.8*	Other congenital lens malformations
Q13.0*	Coloboma of iris
Q13.1*	Absence of iris
Q13.2*	Other congenital malformations of iris

Group 1 Medical Necessity ICD-10 Codes Asterisk Explanation:

***Note:** Use H21.261-H21.263, H21.269, H21.29, H21.561-H21.563, H21.569 if the operative note indicates the use of an endocapsular ring to partially occlude the pupil.

***Note:** Use H21.271-H21.273, H21.279, H26.211-H26.213, H26.219, H26.221-H26.223, H26.229 if the operative note indicates micro iris hooks were inserted through four separate corneal incisions, Beehler or similar expansion device, multiple sphincterotomies created with scissors, or sector iridotomy with suture repair of iris sphincter.

***Note:** Use H21.221-H21.223, or H21.229 if the operative note indicates permanent intraocular suture or a capsular support ring was employed to place the intraocular cataract lenses (IOL) in a stable position.

***Note:** Use H21.531-H21.533, or H21.539 if the operative note indicates a capsular support ring was employed or an endocapsular support ring was used to partially occlude the pupil.

***Note:** Use E08.36, E09.36, E10.36, E11.36, E13.36, H21.81, H21.89, H21.9, H22, H25.031-H25.033, H25.039, H25.041-H25.043, H25.049, H25.10-H25.13, H25.89, H25.9, H26.001-H26.003, H26.009, H26.041-H26.043, H26.049, H26.051-H26.053, H26.059, H26.011-H26.013, H26.019, H26.031-H26.033, H26.039, H26.061-H26.063, H26.069, H26.09, H26.101-H26.103, H26.109, H26.121-H26.123, H26.129, H26.30-H26.33, H26.8, H28, Q13.0, or Q13.2 if the operative note indicates the use of micro iris hooks inserted through four separate corneal incisions, Beehler or similar expansion device, multiple sphincterotomies created with scissors, sector iridotomy with suture repair of iris sphincter, the IOL implant was supported by using permanent intraocular sutures or a capsular support ring, or an endocapsular ring was used to partially occlude the pupil.

***Note:** Use H25.011-H25.013, H25.019, H25.811-H25.813, H25.819, H25.89 if the operative note indicates the use of micro iris hooks inserted through four separate corneal incisions, Beehler or similar expansion device, multiple sphincterotomies created with scissors, sector iridotomy with suture repair of iris sphincter, the IOL implant was supported by using permanent intraocular sutures or a capsular support ring, or an endocapsular ring was used to partially occlude the pupil.

OR

Use this code when Trypan Blue or isocyanine green is employed to enhance visualization.

***Note:** Use H25.89 if the operative note indicates dye was used to stain the anterior capsule.

***Note:** Use H25.20, H25.21, H25.22, or H25.23 with H40.89, phacolytic glaucoma or dye staining of the anterior capsule.

***Note:** Use H26.111-H26.113, H26.119, H26.131-H26.133, H26.139, if the operative note indicates the use of micro iris hooks inserted through four separate corneal incisions, Beehler or similar expansion device, multiple sphincterotomies created with scissors, sector iridotomy with suture repair of iris sphincter, the IOL implant was supported by using permanent intraocular suture or a capsular support ring was employed.

***Note:** Use H26.20 if the operative note indicates the use of micro iris hooks inserted through four separate corneal incisions, Beehler or similar expansion device, multiple sphincterotomies created with scissors, sector iridotomy with suture repair of iris sphincter, IOL implant was supported by using permanent intraocular sutures, a capsular support ring was employed, or a primary posterior capsulorrhexis was performed.

***Note:** Use H28 if the operative note or postoperative records indicates an extraordinary amount of work was involved in the preoperative or postoperative care.

***Note:** Use H27.10, H27.111-H27.113, H27.119, H27.121-H27.123, H27.129, H27.131-H27.133, H27.139, Q12.1, Q12.2, Q12.4, or Q12.8 if the operative note indicates the IOL was supported by using permanent intraocular sutures or a capsular support ring was employed.

***Note:** Use H57.00-H57.04, H57.051-H57.053, H57.059, H57.09 or H57.9 if the operative note indicates the use of micro iris hooks inserted through four separate incisions, Beehler or similar expansion device, multiple sphincterotomies created with scissors, sector iridotomy with suture repair of iris sphincter, or an artificial prosthetic iris was placed in the eye.

***Note:** Use Q13.1 if the operative note indicates the IOL was supported in the eye by using permanent intraocular sutures, a capsular support ring was employed or an endocapsular ring was used to partially occlude the pupil.

Group 2 Paragraph:

Medicare is establishing the following limited coverage for **CPT/HCPCS codes 66840, 66850, 66852, 66920, 66940, 66983 and 66984:**

Group 2 Codes:

ICD-10 CODE	DESCRIPTION
E08.36	Diabetes mellitus due to underlying condition with diabetic cataract
E09.36	Drug or chemical induced diabetes mellitus with diabetic cataract
E10.36	Type 1 diabetes mellitus with diabetic cataract
E11.36	Type 2 diabetes mellitus with diabetic cataract
E13.36	Other specified diabetes mellitus with diabetic cataract
H25.011	Cortical age-related cataract, right eye

ICD-10 CODE	DESCRIPTION
H25.012	Cortical age-related cataract, left eye
H25.013	Cortical age-related cataract, bilateral
H25.019	Cortical age-related cataract, unspecified eye
H25.031	Anterior subcapsular polar age-related cataract, right eye
H25.032	Anterior subcapsular polar age-related cataract, left eye
H25.033	Anterior subcapsular polar age-related cataract, bilateral
H25.039	Anterior subcapsular polar age-related cataract, unspecified eye
H25.041	Posterior subcapsular polar age-related cataract, right eye
H25.042	Posterior subcapsular polar age-related cataract, left eye
H25.043	Posterior subcapsular polar age-related cataract, bilateral
H25.049	Posterior subcapsular polar age-related cataract, unspecified eye
H25.091	Other age-related incipient cataract, right eye
H25.092	Other age-related incipient cataract, left eye
H25.093	Other age-related incipient cataract, bilateral
H25.099	Other age-related incipient cataract, unspecified eye
H25.10	Age-related nuclear cataract, unspecified eye
H25.11	Age-related nuclear cataract, right eye
H25.12	Age-related nuclear cataract, left eye
H25.13	Age-related nuclear cataract, bilateral
H25.20	Age-related cataract, morgagnian type, unspecified eye
H25.21	Age-related cataract, morgagnian type, right eye
H25.22	Age-related cataract, morgagnian type, left eye
H25.23	Age-related cataract, morgagnian type, bilateral
H25.811	Combined forms of age-related cataract, right eye
H25.812	Combined forms of age-related cataract, left eye
H25.813	Combined forms of age-related cataract, bilateral
H25.819	Combined forms of age-related cataract, unspecified eye
H25.89	Other age-related cataract
H25.9	Unspecified age-related cataract
H26.001	Unspecified infantile and juvenile cataract, right eye
H26.002	Unspecified infantile and juvenile cataract, left eye
H26.003	Unspecified infantile and juvenile cataract, bilateral

ICD-10 CODE	DESCRIPTION
H26.009	Unspecified infantile and juvenile cataract, unspecified eye
H26.011	Infantile and juvenile cortical, lamellar, or zonular cataract, right eye
H26.012	Infantile and juvenile cortical, lamellar, or zonular cataract, left eye
H26.013	Infantile and juvenile cortical, lamellar, or zonular cataract, bilateral
H26.019	Infantile and juvenile cortical, lamellar, or zonular cataract, unspecified eye
H26.031	Infantile and juvenile nuclear cataract, right eye
H26.032	Infantile and juvenile nuclear cataract, left eye
H26.033	Infantile and juvenile nuclear cataract, bilateral
H26.039	Infantile and juvenile nuclear cataract, unspecified eye
H26.041	Anterior subcapsular polar infantile and juvenile cataract, right eye
H26.042	Anterior subcapsular polar infantile and juvenile cataract, left eye
H26.043	Anterior subcapsular polar infantile and juvenile cataract, bilateral
H26.049	Anterior subcapsular polar infantile and juvenile cataract, unspecified eye
H26.051	Posterior subcapsular polar infantile and juvenile cataract, right eye
H26.052	Posterior subcapsular polar infantile and juvenile cataract, left eye
H26.053	Posterior subcapsular polar infantile and juvenile cataract, bilateral
H26.059	Posterior subcapsular polar infantile and juvenile cataract, unspecified eye
H26.061	Combined forms of infantile and juvenile cataract, right eye
H26.062	Combined forms of infantile and juvenile cataract, left eye
H26.063	Combined forms of infantile and juvenile cataract, bilateral
H26.069	Combined forms of infantile and juvenile cataract, unspecified eye
H26.09	Other infantile and juvenile cataract
H26.101	Unspecified traumatic cataract, right eye
H26.102	Unspecified traumatic cataract, left eye
H26.103	Unspecified traumatic cataract, bilateral
H26.109	Unspecified traumatic cataract, unspecified eye
H26.111	Localized traumatic opacities, right eye
H26.112	Localized traumatic opacities, left eye
H26.113	Localized traumatic opacities, bilateral
H26.119	Localized traumatic opacities, unspecified eye
H26.121	Partially resolved traumatic cataract, right eye
H26.122	Partially resolved traumatic cataract, left eye

ICD-10 CODE	DESCRIPTION
H26.123	Partially resolved traumatic cataract, bilateral
H26.129	Partially resolved traumatic cataract, unspecified eye
H26.131	Total traumatic cataract, right eye
H26.132	Total traumatic cataract, left eye
H26.133	Total traumatic cataract, bilateral
H26.139	Total traumatic cataract, unspecified eye
H26.20	Unspecified complicated cataract
H26.211	Cataract with neovascularization, right eye
H26.212	Cataract with neovascularization, left eye
H26.213	Cataract with neovascularization, bilateral
H26.219	Cataract with neovascularization, unspecified eye
H26.221	Cataract secondary to ocular disorders (degenerative) (inflammatory), right eye
H26.222	Cataract secondary to ocular disorders (degenerative) (inflammatory), left eye
H26.223	Cataract secondary to ocular disorders (degenerative) (inflammatory), bilateral
H26.229	Cataract secondary to ocular disorders (degenerative) (inflammatory), unspecified eye
H26.231	Glaucomatous flecks (subcapsular), right eye
H26.232	Glaucomatous flecks (subcapsular), left eye
H26.233	Glaucomatous flecks (subcapsular), bilateral
H26.239	Glaucomatous flecks (subcapsular), unspecified eye
H26.30	Drug-induced cataract, unspecified eye
H26.31	Drug-induced cataract, right eye
H26.32	Drug-induced cataract, left eye
H26.33	Drug-induced cataract, bilateral
H26.40	Unspecified secondary cataract
H26.411	Soemmering's ring, right eye
H26.412	Soemmering's ring, left eye
H26.413	Soemmering's ring, bilateral
H26.419	Soemmering's ring, unspecified eye
H26.491	Other secondary cataract, right eye
H26.492	Other secondary cataract, left eye
H26.493	Other secondary cataract, bilateral

ICD-10 CODE	DESCRIPTION
H26.499	Other secondary cataract, unspecified eye
H26.8	Other specified cataract
H26.9	Unspecified cataract
H28	Cataract in diseases classified elsewhere
H40.89	Other specified glaucoma
H53.2	Diplopia
H59.021	Cataract (lens) fragments in eye following cataract surgery, right eye
H59.022	Cataract (lens) fragments in eye following cataract surgery, left eye
H59.023	Cataract (lens) fragments in eye following cataract surgery, bilateral
H59.029	Cataract (lens) fragments in eye following cataract surgery, unspecified eye

ICD-10 Codes that DO NOT Support Medical Necessity

Group 1 Paragraph:

All those not listed under the "ICD-10 Codes that Support Medical Necessity" section of this article.

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
XX000	Not Applicable

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 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.

CODE	DESCRIPTION
012x	Hospital Inpatient (Medicare Part B only)
013x	Hospital Outpatient
018x	Hospital - Swing Beds
021x	Skilled Nursing - Inpatient (Including Medicare Part A)
083x	Ambulatory Surgery Center

CODE	DESCRIPTION
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.

Note: The contractor has identified the Bill Type and Revenue Codes applicable for use with the CPT/HCPCS codes included in this article. Providers are reminded that not all CPT/HCPCS codes listed can be billed with all Bill Type and/or Revenue Codes listed. CPT/HCPCS codes are required to be billed with specific Bill Type and Revenue Codes. Providers are encouraged to refer to the CMS Internet-Only Manual (IOM) Publication 100-04, *Medicare Claims Processing Manual*, for further guidance.

CODE	DESCRIPTION
036X	Operating Room Services - General Classification
045X	Emergency Room - General Classification
049X	Ambulatory Surgical Care - General Classification
0761	Specialty Services - Treatment Room

Other Coding Information

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
01/01/2020	R2	Article revised and published on 01/16/2020 effective for dates of service on and after 01/01/2020 to reflect the Annual CPT/HCPCS Update. The following CPT code(s) have undergone a change to either the short description or the long description. Depending on which description is used in this article, there may not be any change in how the code displays in the document: 66982 and 66984. The asterisks have been placed back into the ICD-10 Code Group table and the asterisk notes have been moved back to the bottom of the table. There has been no change to the asterisks or asterisks notation other than the placement.

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
11/07/2019	R1	Article revised and published on 11/07/2019. System changes have been made to our articles in response to CMS Change Request 10901. The Coding Section has been reordered and new sections for CPT/HCPCS Modifiers and Other Coding Information have been added.

Associated Documents

Related Local Coverage Document(s)

LCD(s)

L35091 - Cataract Extraction (including Complex Cataract Surgery)

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

N/A

Other URL(s)

N/A

Public Version(s)

Updated on 01/10/2020 with effective dates 01/01/2020 - N/A

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Keywords

N/A