



Cataract Extraction

5/26/2022





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Objectives

- After the session, attendees will better understand Medicare's coverage of cataract surgery
- Information regarding medical necessity and documentation guidelines will be better understood

Agenda

- Review of Cataract Extraction LCD L33558 & Billing/Coding Article A56544
- Medical necessity and documentation guidelines
- Coding and billing tips
- Documentation examples
- References
- Q&A

Cataract Extraction

Indications & Limitations

- Covered when one or more conditions or circumstances exist
 - 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

Indications & Limitations

- 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/ocular health

Indications & Limitations

- High probability of accelerating cataract development as a result of a concomitant or subsequent procedure and treatments
- Intolerable anisometropia or aniseikonia uncorrectable with glasses/contact lenses that exists as a result of lens extraction in the first eye (despite satisfactorily corrected monocular visual acuity)

Visual Acuity

- A specific Snellen visual acuity alone can neither rule in/out need for surgery
- Should be recorded and considered in context of patient's visual impairment and other ocular findings

Bilateral Eye Surgery

- Documentation must support medical necessity for each procedure performed
 - Discuss benefit, risk and timing of second eye surgery after evaluating results from first eye surgery
 - Immediate, sequential, bilateral surgery has advantages and disadvantages - must be carefully weighed and discussed

Diagnosis Codes that Support Medical Necessity

- Use of ICD-10-CM codes listed in billing and coding article does not assure coverage of service
- Service must be reasonable and necessary in the specific case
- Must meet the criteria specified in the related LCD

Coding - Group 1

- These CPT codes should be billed with an ICD-10-CM diagnosis code from Group 1

CODE	DESCRIPTION
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/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)
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); without endoscopic cyclophotocoagulation
66988	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (EG, irrigation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation

Complex Cataract Extraction

- CPT codes 66982 and 66987
 - Procedure should require devices or techniques not generally used in routine cataract surgery
 - See examples in billing and coding article

Coding – Group 2

- In addition to reporting one of the ICD-10-CM diagnosis codes in Group 1, the appropriate ICD-10-CM code(s) from the ICD-10-CM diagnosis codes in Group 2, should be reported

CODE	DESCRIPTION
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; without endoscopic cyclophotocoagulation
66987	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; with endoscopic cyclophotocoagulation

Physicians Who Furnish *Part* of the Global Surgical Package

Comanagement

- When physicians agree on transfer of care during the global period - the following modifiers are used
 - Modifier 54 (surgical care only) must be appended to code for operative date
 - Modifier 55 (postoperative management only) must be appended for any postoperative care dates
 - Both bills for surgical care and postoperative care will contain same DOS and surgical procedure code, with services distinguished by use of appropriate modifier

Comanagement

- Indicated only
 - When the operating surgeon is going on leave immediately after surgery
 - Beneficiary cannot travel distance to surgeons office for postop care
 - When patient voluntarily wishes to be followed postoperatively by another provider
 - Surgery performed in a remote part of the country

Comanagement

- Will not be covered if
 - Operating surgeon is available to manage other patients
 - Surgeon follows the patient postoperatively but splits the fee with another provider
 - If a physician demands to manage the postop care and refuses to make referrals to providers who will not agree to split the global surgery payment

Coding Guidelines

- If a transfer of postop care occurs, the receiving physician cannot bill for any part of the global service until he/she has provided at least one face-to-face service
and
- Both claims for the surgical service and postop care should indicate that date of transfer in Item 19

Coding Guidelines

- Both the surgeon and physician providing postoperative care must keep a copy of a written transfer agreement in the beneficiary's medical record
 - Must include the date which the care is assumed and must be signed by both physicians
- The medical record must note the patient was informed of this transfer of care and that the patient gave consent

Physicians Who Furnish the *Full* Global Surgical Package

Physicians Who Furnish the Full Global Surgery Package

- One physician performs all the services
 - Preop, surgery and postop
- Bill the appropriate CPT code with no modifier
- Different physicians within the same group participate in the care of the patient, the group should bill the entire global package

Billing Tips

Billing Tips

- May be subject to NCCI edits
- Name & NPI number of referring physician must be on claim
- Claims without valid diagnosis code will be returned
- Diagnosis code must describe patient's condition
- Use anatomic modifiers
 - LT (left)
 - RT (right)

Cataract Extraction

- When cataract extraction is necessary to affect an unimpeded view of the fundus for proper management of patients with disease of the posterior segment of the eye(s)
 - Bill appropriate cataract diagnosis code as primary diagnosis code
 - Bill posterior segment disease as secondary diagnosis code

National Correct Coding Initiative



NCCI

- Prevent improper payment when incorrect code combinations are reported
- Prevent improper payments when services are reported with incorrect units of service
- Correct Coding Edits table and Mutually Exclusive Edits table have been combined into one table and include PTP code pairs that should not be reported together for a number of reasons explained in the Coding Policy Manual

NCCI

- According to NCCI, Chapter 8, Section D #3
 - Cataract removal codes are mutually exclusive of each other and can only be billed once for the same eye
 - CPT codes describing cataract extraction (66830-66984) are mutually exclusive of one another, providers may not report multiple codes for the same eye even if more than one technique is used or more than one code could be applicable
 - Only one code from this CPT code range may be reported for an eye
 - [Medicare NCCI 2022 Coding Policy Manual](#)

NCCI

- Many procedure codes cannot be reported together because they are mutually exclusive of each other
 - Mutually exclusive procedures cannot reasonably be performed at the same anatomic site or same patient encounter
 - Example
 - The repair of an organ that can be performed by two different methods. Only one method can be chosen to repair the organ
 - A service that can be reported as an “initial” service or a “subsequent” service

PTP Coding Edits

Column 1	Column 2	*=in existence prior to 1996	Effective Date	Deletion Date	Modifier 0=not allowed 1=allowed 9=not applicable	PTP Edit Rationale
66984	66840		20121001	*	1	Mutually exclusive procedures
66984	66920		20121001	*	1	Mutually exclusive procedures
66984	66983		20121001	*	1	Mutually exclusive procedures
66988	66840		20200101	*	1	Mutually exclusive procedures
66988	66920		20200101	*	1	Mutually exclusive procedures
66988	66983		20200101	*	1	Mutually exclusive procedures
66982	66852		20010701	*1		More extensive procedure
66982	66920		20010701	*1		More extensive procedure
66852	66840		20121001	*	1	Mutually exclusive procedures
66852	66850		20121001	*	1	Mutually exclusive procedures
66852	66920		20121001	*	1	Mutually exclusive procedures
66852	66930		20121001	*	1	Mutually exclusive procedures
66852	66940		20121001	*	1	Mutually exclusive procedures
66852	66983		20121001	*	1	Mutually exclusive procedures
66852	66984		20121001	*	1	Mutually exclusive procedures
66852	66988		20200101	*	1	Mutually exclusive procedures

[Procedure to Procedure \(PTP\) edit table](#)

Examples

1. Provider billed and received reimbursement for code 66852-LT modifier and also 66984-LT. Since these codes are mutually exclusive of one another, only one code should have been reimbursed. Per the NCCI Policy Manual CPT codes describing cataract extraction, (66830-66984) are mutually exclusive of one another. Only one code from this CPT code range may be reported for an eye. Therefore Medicare recovered payment for CPT code 66984.
2. Provider billed and received reimbursement for two units of code 66984-RT modifier. Since cataract removal can only occur once per eye for the same date of service this would be an overpayment. Medicare would adjust the units down to one unit for this claim line.

Correct Billing of Cataract Removal

- Only one unit per eye can be billed
- Recovery auditors have identified overpayments associated with outpatient hospital providers billing more than one unit of cataract removal for the same eye/same DOS
- CPT codes describing cataract extraction (66830-66984) are mutually exclusive of one another
 - may not report multiple codes for same eye even if more than one technique is used or more than one code could be applicable
- Only one code from this CPT code range may be reported for an eye

CCI Edits

- Most recent NCCI Manual is available in "Downloads" section of [National Correct Coding Initiative Edits](#) on CMS website

Documentation

Documentation Requirements

- Documentation must fully support medical necessity and should include, but is not limited to
 - Relevant medical history
 - Physical examination, and
 - Results of pertinent diagnostic tests or procedures

Documentation Requirements

- If extraction performed due to anisometropia
 - Document patient's subjective complaints
 - Indicate anisometropia is present by determination of refractive error in both eyes after first cataract surgery, if applicable
- If extraction is performed in order to visualize the fundus
 - The disease being treated must appear in the medical record, and
 - Necessity for visualization must be described

Documentation Examples



Poor Documentation

- Op report included statement that the indication for surgery was “visually significant cataract affecting ADLs”
- There is very limited history and exam which states “decreased vision due to cataracts” but no documentation of visual complaints by the patient or any mention of signs/symptoms that are causing the patient to seek treatment
- No comments on how issues are affecting the ability to perform ADLs
- There were no vision test results included

Poor Documentation

- History and exam states that overall visual acuity with glasses is blurry, has lots of glare even on a sunny day
- Needs to use magnifier to read
- No visual exam with test results show other eye diseases have been ruled out for vision issues
- No mention of possibility of new Rx in glasses would not help

Good Documentation

- History and exam included with vision test results
- Patient complaining they are having trouble driving and reading due to decreased vision or vision issues
- Noticing progressively worsening vision
- Correction with Rx is not 20/20 and glare test further decreases vision

Good Documentation

- Visit note states that the patient c/o progressively worsening vision, being very light sensitive and bothered by glare
- Now having a harder time with nighttime driving due to the oncoming headlights and sunlight is also becoming more bothersome
- Patient notices issues with reading for a long period of time
- Glare testing decreases vision to 20/150 in each eye - other test results included
- Other eye issues ruled out

References and Resources



Resources

- [LCD L33558 Cataract Extraction](#)
- [Billing and Coding Article A56544 Cataract Extraction](#)
- [The NCCI Policy Manual, Chapter 8, Section D](#)
- [Proper Billing of Surgical Comanagement \(Modifiers 54 and 55\)](#)
- [CMS Internet-Only-Manual, Publication 100-04, Medicare Claims Processing Manual, Chapter 12, Section 40.2](#)

Thank You!

- Follow-up email
 - Attendees will be provided a Medicare University Course Code
- Questions?

