

# Phaco-Emulsification Procedure – Cataract Extraction (NCD 80.10)

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[➔ Terms and Conditions](#)

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<p>Related Medicare Advantage Coverage Summary</p> <ul style="list-style-type: none"> <li><a href="#">Vision Services, Therapy and Rehabilitation</a></li> </ul>
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## Policy Summary

[➔ See Purpose](#)

### Overview

Phacoemulsification is a procedure in which an ultrasonic device is used to break up and then remove a cloudy lens, or cataract, from the eye to improve vision. The insertion of an intraocular lens (IOL) usually immediately follows phacoemulsification.

Phacoemulsification restores vision to patients whose vision has become cloudy from cataracts. In the first stages of a cataract, people may notice only a slight cloudiness as it affects only a small part of the lens. As the cataract grows, it blocks more light and vision becomes cloudier. As vision worsens, the surgeon may recommend phacoemulsification to restore clear vision.

### Guidelines

Program reimbursement may be made for necessary services furnished in connection with cataract extraction utilizing the phacoemulsification procedure. Recommendations of authoritative sources in the field of ophthalmology, view phacoemulsification as an accepted procedure for removal of cataracts.

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
66982	Extra capsular 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
66984	Extra capsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification)

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## Diagnosis Codes

See related Local Coverage Determinations

## References

### CMS National Coverage Determinations (NCDs)

[NCD 80.10 Phaco-Emulsification Procedure – Cataract Extraction](#)

Reference NCD Policies

[NCD 80.12 Intraocular Lenses \(IOLs\)](#)

[NCD 10.1 Use of Visual Tests Prior to and General Anesthesia during Cataract Surgery](#)

[NCD 80.8 Endothelial Cell Photography](#)

### CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	Medicare Part A	Medicare Part B
<a href="#">L33558 Cataract Extraction</a>	<a href="#">A56544 Billing and Coding: Cataract Extraction</a>	NGS	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
<a href="#">L33954 Cataract Extraction</a>	<a href="#">A56453 Billing and Coding: Cataract Extraction</a>	CGS	KY, OH	KY, OH
<a href="#">L34203 Cataract Surgery in Adults</a>	<a href="#">A57195 Billing and Coding: Cataract Surgery in Adults</a>	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
<a href="#">L34413 Cataract Surgery</a>	<a href="#">A56613 Billing and Coding: Cataract Surgery</a>	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
	<a href="#">A53047 Billing and Coding: Complex Cataract Surgery: Appropriate Use and Documentation</a>	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
<a href="#">L35091 Cataract Extraction (including Complex Cataract Surgery)</a>	<a href="#">A56615 Billing and Coding: Cataract Extraction (including Complex Cataract Surgery)</a>	Novitas	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
<a href="#">L37027 Cataract Surgery in Adults</a>	<a href="#">A57196 Billing and Coding: Cataract Surgery in Adults</a>	Noridian	AK, AR, ID, MT, ND, OR, SD, UT, WA, WY	AK, AR, ID, MT, ND, OR, SD, UT, WA, WY
N/A	<a href="#">A53916 Dropleess Cataract Surgery</a>	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
N/A	<a href="#">A53918 Dropleess Cataract Surgery</a>	Noridian	AK, AR, ID, MT, ND, OR, SD, UT, WA, WY	AK, AR, ID, MT, ND, OR, SD, UT, WA, WY
L33808 Cataract Extraction Retired 10/29/2019	N/A	First Coast		FL, PR, VI

## CMS Claims Processing Manual

[Chapter 32; § 120.1 Payment for Services and Supplies, § 120.2 Coding and General Billing Requirements](#)

### MLN Matters

[Article MM3927, Implementation of the Centers for Medicare & Medicaid Services \(CMS\) Ruling 05-01 Regarding Presbyopia-Correcting Intraocular Lenses \(IOLs\) for Medicare Beneficiaries](#)

[Article SE13119, Cataract Removal, Part B](#)

### UnitedHealthcare Commercial Policy

[Glaucoma Surgical Treatments](#)

### Other(s)

[Medicare Vision Services Fact Sheet, CMS Website](#)

## Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/01/2021	<b>Template Update</b> <ul style="list-style-type: none"><li>Reformatted policy; transferred content to new template</li></ul>
08/12/2020	<b>Supporting Information</b> <ul style="list-style-type: none"><li>Updated <i>References</i> section to reflect the most current information</li><li>Archived previous policy version MPG243.05</li></ul>

## Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

## Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document\* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

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\*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).