Phaco-Emulsification Procedure – Cataract Extraction  
(NCD 80.10)

Guideline Number: MPG243.07
Approval Date: August 11, 2021

Overview

Cataract is defined as an opacity or loss of optical clarity of the crystalline lens. Cataract development follows a continuum extending from minimal changes in the crystalline lens to the extreme stage of total opacity. Cataracts may be due to a variety of causes. Age-related cataract (senile cataract) is the most common type found in adults. Other types are pediatric (both congenital and acquired), traumatic, toxic and secondary (meaning the result of another disease process) cataract.

Most cataracts are not visible to the naked eye until they become dense enough (mature or hypermature) to cause blindness. However, a cataract at any stage of development can be observed through a sufficiently dilated pupil using a slit lamp biomicroscope. In settings where this instrument is unavailable (e.g., skilled nursing facility), a direct ophthalmoscope can be used to assess the degree to which the fundus reflectivity (red reflex) is impaired by the ocular media. There is no scientifically proven medical (i.e., non-surgical) treatment for cataracts.

In general, cataract surgery is performed to alleviate visual impairments attributable to lens opacity. There are uncommon situations when lens extraction becomes medically necessary for anatomic rather than optical reasons. These include lens induced angle closure (e.g., microspherophakia) and lens subluxation (e.g., Marfan syndrome). In other situations, cataract extraction might be medically indicated with relatively less opacity because of intolerable optical imbalance. Most commonly, this would be due to surgically induced anisometropia (a significant difference in refractive errors between the eyes) or aniseikonia (a difference in magnification as a result of prior lens extraction in the one eye). Some patients may elect lens removal and replacement primarily for refractive benefits to reduce their dependence on spectacles. Such elective procedures are not medically necessary and are called “refractive lens exchanges” to distinguish them from medically indicated cataract surgery. Finally, advanced cataracts may need to be removed to properly visualize, treat, and monitor retinal disease, apart from the patient’s visual symptoms and potential.

Guidelines

In view of recommendations of authoritative sources in the field of ophthalmology, the subject technique is viewed as an accepted procedure for removal of cataracts. Accordingly, program reimbursement may be made for necessary services furnished in connection with cataract extraction utilizing the phaco-emulsification procedure.
Coverage and Limitations vary by LCD. Refer to the appropriate LCDs for specific individual state coverage guidelines.

### 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.

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>66982</td>
<td>Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-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</td>
</tr>
<tr>
<td>66983</td>
<td>Intracapsular cataract extraction with insertion of intraocular lens prosthesis (1 stage procedure)</td>
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<tr>
<td>66984</td>
<td>Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification) ; without endoscopic cyclophotocoagulation</td>
</tr>
<tr>
<td>66987</td>
<td>Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-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; with endoscopic cyclophotocoagulation</td>
</tr>
<tr>
<td>66988</td>
<td>Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation</td>
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### Diagnosis Codes

See related Local Coverage Determinations/Billing and Coding Articles

### 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**

<table>
<thead>
<tr>
<th>LCD</th>
<th>Article</th>
<th>Contractor</th>
<th>Medicare Part A</th>
<th>Medicare Part B</th>
</tr>
</thead>
<tbody>
<tr>
<td>L33558 Cataract Extraction</td>
<td>A56544 Billing and Coding: Cataract Extraction</td>
<td>NGS</td>
<td>CT, IL, MA, ME, MN, NH, NY, RI, VT, WI</td>
<td>CT, IL, MA, ME, MN, NH, NY, RI, VT, WI</td>
</tr>
<tr>
<td>L33954 Cataract Extraction</td>
<td>A56453 Billing and Coding: Cataract Extraction</td>
<td>CGS</td>
<td>KY, OH</td>
<td>KY, OH</td>
</tr>
<tr>
<td>L34203 Cataract Surgery in Adults</td>
<td>A57195 Billing and Coding: Cataract Surgery in Adults</td>
<td>Noridian</td>
<td>AS, CA, GU, HI, MP, NV</td>
<td>AS, CA, GU, HI, MP, NV</td>
</tr>
</tbody>
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Phaco-Emulsification Procedure – Cataract Extraction (NCD 80.10)
UnitedHealthcare Medicare Advantage Policy Guideline
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Approved 08/11/2021
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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 |
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08/11/2021 | Related Policies  
  - Added reference link to the Medicare Advantage Policy Guideline titled:  
    - Intraocular Lenses (IOLs) (NCD 80.12)  
    - Use of Visual Field Tests Prior to and General Anesthesia during Cataract Surgery (NCD 10.1)  

Policy Summary  
Overview  
- Revised language to indicate:  
  - Cataract is defined as an opacity or loss of optical clarity of the crystalline lens  
    - Cataract development follows a continuum extending from minimal changes in the crystalline lens to the extreme stage of total opacity  
    - Cataracts may be due to a variety of causes:
### Summary of Changes

- Age-related cataract (senile cataract) is the most common type found in adults
- Other types are pediatric (both congenital and acquired), traumatic, toxic, and secondary (meaning the result of another disease process) cataract

  - Most cataracts are not visible to the naked eye until they become dense enough (mature or hypermature) to cause blindness
    - A cataract at any stage of development can be observed through a sufficiently dilated pupil using a slit lamp biomicroscope
    - In settings where this instrument is unavailable (e.g., skilled nursing facility), a direct ophthalmoscope can be used to assess the degree to which the fundus reflectivity (red reflex) is impaired by the ocular media
    - There is no scientifically proven medical (i.e., non-surgical) treatment for cataracts

  - In general, cataract surgery is performed to alleviate visual impairments attributable to lens opacity
    - There are uncommon situations when lens extraction becomes medically necessary for anatomic rather than optical reasons; these include lens induced angle closure (e.g., microspherophakia) and lens subluxation (e.g., Marfan syndrome)
    - In other situations, cataract extraction might be medically indicated with relatively less opacity because of intolerable optical imbalance; most commonly, this would be due to surgically induced anisometropia (a significant difference in refractive errors between the eyes) or aniseikonia (a difference in magnification as a result of prior lens extraction in the one eye)
    - Some patients may elect lens removal and replacement primarily for refractive benefits to reduce their dependence on spectacles; such elective procedures are not medically necessary and are called “refractive lens exchanges” to distinguish them from medically indicated cataract surgery
    - Advanced cataracts may need to be removed to properly visualize, treat, and monitor retinal disease, apart from the patient’s visual symptoms and potential

### Guidelines

- Revised language to indicate:
  - In view of recommendations of authoritative sources in the field of ophthalmology, the subject technique is viewed as an accepted procedure for removal of cataracts; accordingly, program reimbursement may be made for necessary services furnished in connection with cataract extraction utilizing the phaco-emulsification procedure
  - Coverage and Limitations vary by Local Coverage Determination (LCD); refer to the appropriate LCDs for specific individual state coverage guidelines

### Applicable Codes

#### CPT Codes

- Added 66983, 66987, and 66988
- Revised description for 66982 and 66984

#### Diagnosis Codes

- Added instruction to refer to LCDs and/or billing and coding articles for ICD-10 diagnosis codes

### Supporting Information

- Updated References section to reflect the most current information
- Archived previous policy version MPG243.06

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### 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.