

Local Coverage Article: Dropless Cataract Surgery (A53916)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	01111 - MAC A	J - E	California - Entire State
Noridian Healthcare Solutions, LLC	A and B MAC	01112 - MAC B	J - E	California - Northern
Noridian Healthcare Solutions, LLC	A and B MAC	01182 - MAC B	J - E	California - Southern
Noridian Healthcare Solutions, LLC	A and B MAC	01211 - MAC A	J - E	American Samoa Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	A and B MAC	01212 - MAC B	J - E	American Samoa Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	A and B MAC	01311 - MAC A	J - E	Nevada
Noridian Healthcare Solutions, LLC	A and B MAC	01312 - MAC B	J - E	Nevada
Noridian Healthcare Solutions, LLC	A and B MAC	01911 - MAC A	J - E	American Samoa California - Entire State Guam Hawaii Nevada Northern Mariana Islands

Article Information

General Information

Article ID

Original Effective Date

A53916

10/01/2015

Article Title

Droplless Cataract Surgery

Revision Effective Date

10/01/2015

Article Type

Article

Revision Ending Date

N/A

AMA CPT / ADA CDT / AHA NUBC Copyright Statement

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Retirement Date

N/A

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Article Guidance

Article Text:

Noridian Healthcare Solutions has become aware of a relatively new technique where a retrozonular or intravitreal injection of compounded antibiotics and or steroids are administered at the conclusion of cataract surgery (CPT 66984 or 66982 or related codes) as a means of reducing or eliminating the need for post-operative topical

medications ("droplless" cataract surgery).

Noridian states that such injections are integral to the surgery being performed and are bundled with the cataract surgery code for both the physician and facility. Therefore, billing either Medicare or the patient for these services separately is not appropriate. Furthermore, because they are considered integral to and bundled with these codes, it is inappropriate to include such services when performed as a separately itemized part of a "package" related to the insertion of a premium intraocular lens.

There may be rare cases where services represented by intravitreal injection code (67028) and a drug code (J-series) need to be provided in the contralateral eye. In such cases the surgical code and the injection and drug codes should be appended with either a RT or a LT to reflect which eye the cataract surgery was performed on and which eye received the injection. Do not use modifier -59 in such cases as the claim will deny.

Coding Information

CPT/HCPCS Codes

N/A

ICD-10 Codes that Support Medical Necessity

N/A

ICD-10 Codes that DO NOT Support Medical Necessity

N/A

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.

N/A

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.

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
10/01/2015	R2	Article converted to Billing and Coding. No change is coverage was made.
10/01/2015	R1	This coverage article effective 10/1/15 combines JEA A53915 into the JEB A53916 Article so that both JEA and JEB contract numbers will have the same final Medicare Coverage Database (MCD) Article number of A53916

Associated Documents

Related Local Coverage Document(s)

N/A

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 09/29/2020 with effective dates 10/01/2015 - N/A

Updated on 03/12/2018 with effective dates 10/01/2015 - N/A

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Keywords

N/A