

# Local Coverage Article: Billing and Coding: Iridotomy by Laser Surgery (A57507)

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## Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
First Coast Service Options, Inc.	A and B MAC	09102 - MAC B	J - N	Florida
First Coast Service Options, Inc.	A and B MAC	09202 - MAC B	J - N	Puerto Rico
First Coast Service Options, Inc.	A and B MAC	09302 - MAC B	J - N	Virgin Islands

## Article Information

### General Information

<b>Article ID</b> A57507	<b>Original Effective Date</b> 10/03/2018
<b>Article Title</b> Billing and Coding: Iridotomy by Laser Surgery	<b>Revision Effective Date</b> N/A
<b>Article Type</b> Billing and Coding	<b>Revision Ending Date</b> N/A
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## **CMS National Coverage Policy**

N/A

## **Article Guidance**

### **Article Text:**

This First Coast Billing and Coding Article for Local Coverage Determination (LCD) L33914 Iridotomy by Laser Surgery provides billing and coding guidance for frequency limitations as well as diagnosis limitations that support diagnosis to procedure code automated denials. However, services performed for any given diagnosis must meet all of the indications and limitations stated in the LCD, the general requirements for medical necessity as stated in CMS payment policy manuals, any and all existing CMS national coverage determinations, and all Medicare payment rules.

Refer to the LCD for reasonable and necessary requirements and limitations.

The redetermination process may be utilized for consideration of services performed outside of the reasonable and necessary requirements in the LCD.

### **Coding Guidelines**

**Notice:** It is not appropriate to bill Medicare for services that are not covered (as described by the entire LCD) as if they are covered. When billing for non-covered services, use the appropriate modifier.

### **Documentation Requirements**

1. All documentation must be maintained in the patient's medical record and made available to the contractor upon request.
2. Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, dates of service[s]). The documentation must include the legible signature of the physician or non-physician practitioner responsible for and providing the care to the patient.
3. The submitted medical record must support the use of the selected ICD-10-CM code(s). The submitted CPT/HCPCS code must describe the service performed.

## Utilization Guidelines

In accordance with CMS Ruling 95-1 (V), utilization of these services should be consistent with locally acceptable standards of practice.

Compliance with the provisions in LCD L33914, Iridotomy by Laser Surgery may be monitored and addressed through post payment data analysis and subsequent medical review audits.

## Coding Information

### CPT/HCPCS Codes

#### Group 1 Paragraph:

N/A

#### Group 1 Codes:

CODE	DESCRIPTION
66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGERY (EG, FOR GLAUCOMA) (PER SESSION)

### CPT/HCPCS Modifiers

N/A

### ICD-10 Codes that Support Medical Necessity

#### Group 1 Paragraph:

The following ICD-10-CM codes support medical necessity and provide limited coverage for CPT codes: 66761.

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.

#### Group 1 Codes:

ICD-10 CODE	DESCRIPTION
H40.031	Anatomical narrow angle, right eye
H40.032	Anatomical narrow angle, left eye
H40.033	Anatomical narrow angle, bilateral
H40.039	Anatomical narrow angle, unspecified eye
H40.061	Primary angle closure without glaucoma damage, right eye
H40.062	Primary angle closure without glaucoma damage, left eye

ICD-10 CODE	DESCRIPTION
H40.063	Primary angle closure without glaucoma damage, bilateral
H40.069	Primary angle closure without glaucoma damage, unspecified eye
H40.1310	Pigmentary glaucoma, right eye, stage unspecified
H40.1311	Pigmentary glaucoma, right eye, mild stage
H40.1312	Pigmentary glaucoma, right eye, moderate stage
H40.1313	Pigmentary glaucoma, right eye, severe stage
H40.1314	Pigmentary glaucoma, right eye, indeterminate stage
H40.1320	Pigmentary glaucoma, left eye, stage unspecified
H40.1321	Pigmentary glaucoma, left eye, mild stage
H40.1322	Pigmentary glaucoma, left eye, moderate stage
H40.1323	Pigmentary glaucoma, left eye, severe stage
H40.1324	Pigmentary glaucoma, left eye, indeterminate stage
H40.1330	Pigmentary glaucoma, bilateral, stage unspecified
H40.1331	Pigmentary glaucoma, bilateral, mild stage
H40.1332	Pigmentary glaucoma, bilateral, moderate stage
H40.1333	Pigmentary glaucoma, bilateral, severe stage
H40.1334	Pigmentary glaucoma, bilateral, indeterminate stage
H40.1390	Pigmentary glaucoma, unspecified eye, stage unspecified
H40.1391	Pigmentary glaucoma, unspecified eye, mild stage
H40.1392	Pigmentary glaucoma, unspecified eye, moderate stage
H40.1393	Pigmentary glaucoma, unspecified eye, severe stage
H40.1394	Pigmentary glaucoma, unspecified eye, indeterminate stage
H40.20X0	Unspecified primary angle-closure glaucoma, stage unspecified
H40.20X1	Unspecified primary angle-closure glaucoma, mild stage
H40.20X2	Unspecified primary angle-closure glaucoma, moderate stage
H40.20X3	Unspecified primary angle-closure glaucoma, severe stage
H40.20X4	Unspecified primary angle-closure glaucoma, indeterminate stage
H40.211	Acute angle-closure glaucoma, right eye
H40.212	Acute angle-closure glaucoma, left eye
H40.213	Acute angle-closure glaucoma, bilateral
H40.219	Acute angle-closure glaucoma, unspecified eye
H40.2210	Chronic angle-closure glaucoma, right eye, stage unspecified

ICD-10 CODE	DESCRIPTION
H40.2211	Chronic angle-closure glaucoma, right eye, mild stage
H40.2212	Chronic angle-closure glaucoma, right eye, moderate stage
H40.2213	Chronic angle-closure glaucoma, right eye, severe stage
H40.2214	Chronic angle-closure glaucoma, right eye, indeterminate stage
H40.2220	Chronic angle-closure glaucoma, left eye, stage unspecified
H40.2221	Chronic angle-closure glaucoma, left eye, mild stage
H40.2222	Chronic angle-closure glaucoma, left eye, moderate stage
H40.2223	Chronic angle-closure glaucoma, left eye, severe stage
H40.2224	Chronic angle-closure glaucoma, left eye, indeterminate stage
H40.2230	Chronic angle-closure glaucoma, bilateral, stage unspecified
H40.2231	Chronic angle-closure glaucoma, bilateral, mild stage
H40.2232	Chronic angle-closure glaucoma, bilateral, moderate stage
H40.2233	Chronic angle-closure glaucoma, bilateral, severe stage
H40.2234	Chronic angle-closure glaucoma, bilateral, indeterminate stage
H40.2290	Chronic angle-closure glaucoma, unspecified eye, stage unspecified
H40.2291	Chronic angle-closure glaucoma, unspecified eye, mild stage
H40.2292	Chronic angle-closure glaucoma, unspecified eye, moderate stage
H40.2293	Chronic angle-closure glaucoma, unspecified eye, severe stage
H40.2294	Chronic angle-closure glaucoma, unspecified eye, indeterminate stage
H40.231	Intermittent angle-closure glaucoma, right eye
H40.232	Intermittent angle-closure glaucoma, left eye
H40.233	Intermittent angle-closure glaucoma, bilateral
H40.239	Intermittent angle-closure glaucoma, unspecified eye
H40.241	Residual stage of angle-closure glaucoma, right eye
H40.242	Residual stage of angle-closure glaucoma, left eye
H40.243	Residual stage of angle-closure glaucoma, bilateral
H40.249	Residual stage of angle-closure glaucoma, unspecified eye
H40.831	Aqueous misdirection, right eye
H40.832	Aqueous misdirection, left eye
H40.833	Aqueous misdirection, bilateral
H40.839	Aqueous misdirection, 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
999x	Not Applicable

### 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.

CODE	DESCRIPTION
99999	Not Applicable

### Other Coding Information

N/A

## Revision History Information

N/A

# Associated Documents

## **Related Local Coverage Document(s)**

LCD(s)

L33914 - Iridotomy by Laser 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)**

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# Keywords

N/A