

Local Coverage Determination (LCD): YAG Capsulotomy (L37644)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Palmetto GBA	A and B MAC	10111 - MAC A	J - J	Alabama
Palmetto GBA	A and B MAC	10112 - MAC B	J - J	Alabama
Palmetto GBA	A and B MAC	10211 - MAC A	J - J	Georgia
Palmetto GBA	A and B MAC	10212 - MAC B	J - J	Georgia
Palmetto GBA	A and B MAC	10311 - MAC A	J - J	Tennessee
Palmetto GBA	A and B MAC	10312 - MAC B	J - J	Tennessee
Palmetto GBA	A and B and HHH MAC	11201 - MAC A	J - M	South Carolina
Palmetto GBA	A and B and HHH MAC	11202 - MAC B	J - M	South Carolina
Palmetto GBA	A and B and HHH MAC	11301 - MAC A	J - M	Virginia
Palmetto GBA	A and B and HHH MAC	11302 - MAC B	J - M	Virginia
Palmetto GBA	A and B and HHH MAC	11401 - MAC A	J - M	West Virginia
Palmetto GBA	A and B and HHH MAC	11402 - MAC B	J - M	West Virginia
Palmetto GBA	A and B and HHH MAC	11501 - MAC A	J - M	North Carolina
Palmetto GBA	A and B and HHH MAC	11502 - MAC B	J - M	North Carolina

LCD Information

Document Information

LCD ID

L37644

Original Effective Date

For services performed on or after 01/29/2018

LCD Title

YAG Capsulotomy

Revision Effective Date

For services performed on or after 05/28/2020

Proposed LCD in Comment Period

N/A

Revision Ending Date

N/A

Source Proposed LCD

N/A

Retirement Date

N/A

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Notice Period Start Date
12/14/2017

Notice Period End Date
01/28/2018

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CMS National Coverage Policy

Title XVIII of the Social Security Act, §1862 (a)(1)(A) allows coverage and payment for only those services that are considered to be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Title XVIII of the Social Security Act, §1862(a)(7) excludes routine physical examinations.

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Neodymium-doped Yttrium Aluminum Garnet (YAG) laser capsulotomies are performed in cases of opacification of the posterior capsule, generally no less than 90 days following cataract extraction. YAG performed less than 90 days

following cataract extraction should meet both the indications and limitations of this Local Coverage Determination (LCD). The percentage of patients having this procedure varies greatly among ophthalmologists. Diagnosis of functional visual impairment due to capsular opacification is based on clinical judgment regarding one or more of the following:

1. Visual loss and/or symptom of glare (visual acuity 20/30 or worse under Snellen conditions, using contrast sensitivity, or simulated glare testing);
2. Symptoms of decreased contrast;
3. Amount of posterior capsular opacification or;
4. Other possible causes of decreased vision following cataract surgery.

Limitations

This procedure will not be covered within 3 months post cataract surgery unless justified by one of the following indications:

1. Posterior capsular plaque/opacity which cannot be safely removed during primary phacoemulsification cataract procedure
2. Capsular block during which cataract remnants and fluid become trapped within the lens capsule and addressed with YAG laser posterior capsulotomy
3. Contraction of the posterior capsule with displacement of the intraocular lens.

Summary of Evidence

N/A

Analysis of Evidence (Rationale for Determination)

N/A

General Information

Associated Information

Documentation Requirements

1. All coverage criteria must be clearly documented in the patient's medical record and made available to the A/B MAC upon request.
2. The justification for a YAG capsulotomy procedure performed less than 3 months after cataract surgery, as described in the 'Limitations' section of this LCD, should be clearly documented in the medical record.

Sources of Information

Bibliography

American Academy of Ophthalmology. [Cataract in the Adult Eye, Preferred Practice Pattern](#). San Francisco: American Academy of Ophthalmology, 2016. Accessed 4/13/20.

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
05/28/2020	R5	<p>Under Bibliography changes were made to citations to reflect AMA citation guidelines and to update hyperlink. Formatting, punctuation and typographical errors were corrected throughout the LCD. Acronyms were inserted where appropriate throughout the LCD.</p> <p><i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> Provider Education/Guidance
10/24/2019	R4	<p>This LCD is being revised in order to adhere to CMS requirements per chapter 13, section 13.5.1 of the Program Integrity Manual, to remove all coding from LCDs. There has been no change in coverage with this LCD revision. Title XVIII of the Social Security Act, §1833(e) was removed from the CMS National Coverage Policy section of this LCD and placed in the related Billing and Coding: YAG Capsulotomy A56792 article.</p> <p><i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	<ul style="list-style-type: none"> Provider Education/Guidance
08/08/2019	R3	<p>All coding located in the Coding Information section has been moved into the related Billing and Coding: YAG Capsulotomy A56792 and removed from the LCD.</p>	<ul style="list-style-type: none"> Provider Education/Guidance

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		<p>Punctuation and typographical errors were corrected throughout the LCD.</p> <p><i>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i></p>	
02/26/2018	R2	The Jurisdiction "J" Part B Contracts for Alabama (10112), Georgia (10212) and Tennessee (10312) are now being serviced by Palmetto GBA. The notice period for this LCD begins on 12/14/17 and ends on 02/25/18. Effective 02/26/18, these three contract numbers are being added to this LCD. No coverage, coding or other substantive changes (beyond the addition of the 3 Part B contract numbers) have been completed in this revision.	<ul style="list-style-type: none"> Change in Affiliated Contract Numbers
01/29/2018	R1	The Jurisdiction "J" Part A Contracts for Alabama (10111), Georgia (10211) and Tennessee (10311) are now being serviced by Palmetto GBA. The notice period for this LCD begins on 12/14/17 and ends on 01/28/18. Effective 01/29/18, these three contract numbers are being added to this LCD. No coverage, coding or other substantive changes (beyond the addition of the 3 Part A contract numbers) have been completed in this revision.	<ul style="list-style-type: none"> Other

Associated Documents

Attachments

N/A

Related Local Coverage Documents

Article(s)

A56792 - Billing and Coding: YAG Capsulotomy

Related National Coverage Documents

N/A

Public Version(s)

Updated on 05/21/2020 with effective dates 05/28/2020 - N/A

Updated on 10/18/2019 with effective dates 10/24/2019 - 05/27/2020

Keywords

- Yag
- Capsulotomy
- Cataract