

# Local Coverage Article: Billing and Coding: YAG Capsulotomy (A56792)

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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

## Article Information

### General Information

<b>Article ID</b> A56792	<b>Original Effective Date</b> 08/08/2019
<b>Article Title</b> Billing and Coding: YAG Capsulotomy	<b>Revision Effective Date</b> 10/24/2019
<b>Article Type</b> Billing and Coding	<b>Revision Ending Date</b> N/A
<b>AMA CPT / ADA CDT / AHA NUBC Copyright Statement</b> CPT codes, descriptions and other data only are	<b>Retirement Date</b> N/A

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**CMS National Coverage Policy**

Title XVIII of the Social Security Act, §1833(e)

**Article Guidance**

**Article Text:**

The information in this article contains billing, coding or other guidelines that complement the Local Coverage Determination (LCD) for YAG Capsulotomy L37644.

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**Coding Information**

<b>CPT/HCPCS Codes</b>
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**Group 1 Paragraph:**

N/A

**Group 1 Codes:**

CODE	DESCRIPTION
66821	After cataract laser surgery

**CPT/HCPCS Modifiers**

N/A

**ICD-10 Codes that Support Medical Necessity****Group 1 Paragraph:**

N/A

**Group 1 Codes:**

ICD-10 CODE	DESCRIPTION
H26.491 - H26.493	Other secondary cataract, right eye - Other secondary cataract, bilateral
T85.21XA	Breakdown (mechanical) of intraocular lens, initial encounter
T85.29XA	Other mechanical complication of intraocular lens, initial encounter

**ICD-10 Codes that DO NOT Support Medical Necessity****Group 1 Paragraph:**

Any ICD-10-CM code that is not listed in the "**Covered ICD-10 Codes**" section of this article.

**Group 1 Codes:**

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

#### Other Coding Information

N/A

## Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
10/24/2019	R3	This article 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 and incorporate into related Billing and Coding Articles. Regulations regarding billing and coding were removed from the <b>CMS National Coverage Policy</b> section of the related YAG Capsulotomy L37644 LCD and placed in this article.
08/08/2019	R2	All coding located in the <b>Coding Information</b> section has been removed from the related YAG Capsulotomy L37644 and added to this article.
08/08/2019	R1	All coding located in the <b>Coding Information</b> section has been removed from the related YAG Capsulotomy L37644 and added to this article.

## Associated Documents

#### Related Local Coverage Document(s)

LCD(s)

L37644 - YAG Capsulotomy

#### 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 10/15/2019 with effective dates 10/24/2019 - N/A

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## Keywords

- YAG
- Capsulotomy
- Cataract