Local Coverage Determination (LCD):
Yag Laser Capsulotomy (L33968)

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**Contractor Information**

<table>
<thead>
<tr>
<th>Contractor Name</th>
<th>Contract Type</th>
<th>Contract Number</th>
<th>Jurisdiction</th>
<th>State(s)</th>
</tr>
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<tbody>
<tr>
<td>First Coast Service Options, Inc.</td>
<td>A and B MAC</td>
<td>09102 - MAC B</td>
<td>J - N</td>
<td>Florida</td>
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<td>First Coast Service Options, Inc.</td>
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<td>09202 - MAC B</td>
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<td>Puerto Rico</td>
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<td>First Coast Service Options, Inc.</td>
<td>A and B MAC</td>
<td>09302 - MAC B</td>
<td>J - N</td>
<td>Virgin Islands</td>
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</tbody>
</table>

**LCD Information**

**Document Information**

- **LCD ID**
  - L33968

- **Original ICD-9 LCD ID**
  - L29311

- **LCD Title**
  - Yag Laser Capsulotomy

- **Proposed LCD in Comment Period**
  - N/A

- **Source Proposed LCD**
  - N/A

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The Code on Dental Procedures and Nomenclature (Code) is published in Current Dental Terminology (CDT). Copyright © American Dental Association. All rights reserved. CDT and CDT-2016 are trademarks of the American Dental Association.
The patient complains of symptoms such as blurred vision, visual distortion and/or glare resulting in reduced ability or inability to carry out activities of daily living due to decreased visual acuity or an increase in glare, particularly under bright light conditions, and/or conditions of night driving.

The eye examination confirms the diagnosis of posterior capsular opacification and excludes other ocular causes of functional impairment by one of the following methods:

- The eye examination should demonstrate decreased light transmission (visual acuity ≤ 20/30 or ≤ 20/25 if the procedure is performed to assist in the diagnosis and treatment of retinal detachment) after other causes of loss of acuity have been ruled out, or

- Additional testing must demonstrate 1) contrast sensitivity testing resulting in a decreased visual acuity by two (2) lines or 2) a decrease of two (2) lines of visual acuity in the glare tester.

This procedure should not be routinely scheduled after cataract surgery and rarely would it be expected to see this procedure performed within four months following cataract surgery. However, if a patient develops a posterior capsular opacification within four months following cataract surgery, Yag laser capsulotomy will be considered medically reasonable and necessary when the documentation demonstrates the following: the patient is experiencing symptoms of blurred vision, visual distortion, and/or glare with associated functional impairments; decreased light transmission (visual acuity < 20/30; and/or contrast sensitivity testing or glare testing resulting in a decreased visual acuity by two (2) lines.

Occasionally, a Yag laser capsulotomy may also be performed to assist in the diagnosis and treatment of retinal detachment; to assist in the diagnosis and treatment of macular disease; to assist in the diagnosis and treatment of diabetic retinopathy; to evaluate the optic nerve head; or to diagnose posterior pole tumors.

Generally, the Yag laser capsulotomy is expected to be performed only once per eye per lifetime of a beneficiary.
Coding Information

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.

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.

99999  Not Applicable

CPT/HCPCS Codes

**Group 1 Paragraph:** N/A

**Group 1 Codes:**

66821  DISCISIION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID); LASER SURGERY (EG, YAG LASER) (1 OR MORE STAGES)

ICD-10 Codes that Support Medical Necessity

**Group 1 Paragraph:** N/A

**Group 1 Codes:**

ICD-10 Codes

<table>
<thead>
<tr>
<th>ICD-10 Codes</th>
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<tr>
<td>H26.40 - H26.413</td>
<td>Unspecified secondary cataract - Soemmering's ring, bilateral</td>
</tr>
<tr>
<td>H26.491 - H26.493</td>
<td>Other secondary cataract, right eye - Other secondary cataract, bilateral</td>
</tr>
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</table>

ICD-10 Codes that DO NOT Support Medical Necessity N/A

ICD-10 Additional Information [Back to Top]

General Information

Associated Information

**Documentation Requirements**

Documentation such as the patient’s medical record should demonstrate very clearly why Yag laser capsulotomy was performed. This should include the results of a visual acuity test and/or a glare test.

If procedure code 66821 is billed within four months of cataract surgery, documentation must be submitted with the claim to determine medical necessity.

**Utilization Guidelines**

It is expected that these services would be performed as indicated by current medical literature and/or standards of practice. When services are performed in excess of established parameters, they may be subject to review for medical necessity.

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Sources of Information and Basis for Decision
FCSO reference LCD number – L29410


**Revision History Information**

N/A

**Associated Documents**

Attachments [Coding guidelines 10/1/2015](#) (PDF - 76 KB )

Related Local Coverage Documents N/A

Related National Coverage Documents N/A

Public Version(s) Updated on 07/01/2014 with effective dates 10/01/2015 - N/A Updated on 03/22/2014 with effective dates 10/01/2015 - N/A

**Keywords**

N/A Read the [LCD Disclaimer](#) Back to Top