

Unusual Cataract Cases: What Claim Would You Submit?

Cataract surgery does not always go as planned. Would you know how to code for these surgical surprises?

Dropped Lens Was Referred

Surgery. A patient had a hypermature cataract in her right eye. During surgery, VisionBlue (trypan blue) was used for the capsulotomy, but some of the lens dropped. A mechanical anterior vitrectomy was performed, but no intraocular lens (IOL) was placed. The patient was referred to a retina specialist for removal of the remaining lens material and IOL placement. What claim should the first practice submit?

Coding. Without removal of the hypermature lens, the only billable procedure is the vitrectomy: CPT code 67010–RT *Removal of vitreous, anterior approach (open sky technique or limbal incision); subtotal removal with mechanical vitrectomy*. Use ICD-10 code H43.21 *Crystalline deposits in vitreous body, right eye*.

Dislocated IOL

Surgery. A patient has a dislocated IOL in his left eye. He needs either a scleral fixation or an exchange with an anterior chamber IOL, depending on intraoperative findings. What codes should be submitted?

Coding. If you need to reposition (with scleral fixation), use CPT code

66825 *Reposition of intraocular lens prosthesis, requiring an incision (separate procedure)*. Here are your ICD-10 options: H27.122 *Anterior dislocation of lens, left eye* or H27.132 *Posterior dislocation of lens, left eye* and/or T85.22XA *Displacement of IOL, initial encounter*.

If you exchange the IOL, use CPT code 66986 *Exchange of intraocular lens* and ICD-10 code T85.21XA *Breakdown (mechanical) of intraocular lens, initial encounter*. If you are the original cataract surgeon and this occurs during the postop period, append modifier –78. You would not begin a new global period, and your payment will be reduced by the postoperative allowed amount.

Unexpected Refractive Error

Surgery. When a patient has an unexpected refractive error after cataract surgery, can the practice code for an IOL exchange, or is the patient responsible for payment?

Coding. CPT code 66986 *Exchange of IOL* would be appropriate and payable by insurance. The 2017 *Coding Coach: The Complete Ophthalmic Coding Reference's* listing for this code states, “For a variety of reasons, the physician may need to remove an existing IOL and replace it with a new one. Dislocation of the lens, incorrect power, or a problematic lens may be the reason.”

If the exchange is performed within

Coding Resources

Two new cataract coding products are available at aao.org/store.

eLearning Course: Complete Guide to Documenting and Coding Cataract Surgery (#0120408V).

This 60-minute interactive course covers premium IOLs, femtosecond laser, droplens and complex cataract surgeries, what can and can't be charged out-of-pocket to patients, combined cases with glaucoma and retina, and surgical complications.

2017 Ophthalmic Coding: Learn to Code Cataract and Anterior Segment (#0120398V): This downloadable PDF module assists you in coding for testing services and surgical procedures of the anterior segment. Topics include CPT codes for anterior segment, ICD-10 descriptions, femtosecond laser guidelines for billing, cataract surgery documentation requirements, and more.

To review the full range of coding products, go to aao.org/coding/products.

the global period of the cataract surgery, append modifier –78, as this is an unplanned return to the operating room. Do not begin a new global period. The payment will be reduced by 20%.



MORE ONLINE. For a case about a lens that spontaneously dislocated into the vitreous, find this article at aao.org/eyenet.

BY KRISTIN CARTER, MD, AAOE BOARD MEMBER AND ACADEMY HEALTH POLICY AND CARRIER ADVISORY COMMITTEE MEMBER, AND SUE VICCHIRILLI, COT, OCS, DIRECTOR OF CODING AND REIMBURSEMENT.