Local Coverage Article: 
Dropless Cataract Surgery (A53915)

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**Contractor Information**

<table>
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<tr>
<th>Contractor Name</th>
<th>Contract Type</th>
<th>Contract Number</th>
<th>Jurisdiction</th>
<th>State(s)</th>
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<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>01111 - MAC A</td>
<td>California - Entire State</td>
<td>American Samoa, Guam, Hawaii, Northern Mariana Islands, Nevada, American Samoa, California - Entire State, Guam, Hawaii, Nevada, Northern Mariana Islands</td>
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<td>Noridian Healthcare Solutions, LLC</td>
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**Article Information**

**General Information**

**Article ID**
A53915

**Article Title**
Dropless Cataract Surgery

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Article Guidance

Article Text:

Noridian Healthcare Solutions has become aware of a relatively new technique where a retrozonular or intravitreal injection of compounded antibiotics and or steroids are administered at the conclusion of cataract surgery (CPT 66984 or 66982 or related codes) as a means of reducing or eliminating the need for post-operative topical medications ("dropless" cataract surgery).

Noridian states that such injections are integral to the surgery being performed and are bundled with the cataract surgery code for both the physician and facility. Therefore, billing either Medicare or the patient for these services separately is not appropriate. Furthermore, because they are considered integral to and bundled with these codes, it is inappropriate to include such services when performed as a separately itemized part of a "package" related to the insertion of a premium intraocular lens.

There may be rare cases where services represented by intravitreal injection code (67028) and a drug code (J-series) need to be provided in the contralateral eye. In such cases the surgical code and the injection and drug codes should be appended with either a RT or a LT to reflect which eye the cataract surgery was performed on and which eye received the injection. Do not use modifier -59 in such cases as the claim will deny.

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 article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article 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 article, 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 article should be assumed to apply equally to all Revenue Codes.

N/A

CPT/HCPCS Codes N/A

ICD-10 Codes that are Covered N/A

ICD-10 Codes that are Not Covered N/A