

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



The Medicare Billing Certificate Program for Part B Providers' Web-Based Training Program (C00164) is revised and is now available. This WBT is designed to provide education on Part B of the Medicare program. It includes required web-based training courses and readings and a helpful list of resources. Upon successful completion of this program, you will receive a certificate in Medicare billing for Part B providers from the Centers for Medicare & Medicaid Services. To access the WBT, go to <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/index.html> and click on "Web-Based Training Courses" under "Related Links" at the bottom of the web page.

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Cataract Removal, Part B

Provider Types Affected

This MLN Matters® Article Special Edition (SE) article is intended for physicians and providers who bill Medicare contractors for cataract removal services performed for Medicare beneficiaries.

What You Need to Know

Recovery Auditors conduct claim reviews of cataract removal billing codes. The Centers for Medicare & Medicaid Services (CMS) policy dictates that cataract removal can only occur once per eye. Remember that Current Procedural Terminology (CPT) codes for cataract removal are mutually exclusive and they can only be used one time for each eye.

Background

The Centers for Medicare & Medicaid Services (CMS) is publishing this article to remind providers of the correct billing for cataract removal. Only one unit per eye can be billed. Cataract removal can only occur

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once per eye. CMS Recovery Auditors have identified overpayments associated to outpatient hospital providers billing more than one unit of cataract removal for the same eye for the same date of service.

According to the “National Correct Coding Initiative (NCCI) Policy Manual for Medicare Services,” Chapter 8, Section D #3, cataract removal codes are mutually exclusive of each other and can only be billed once for the same eye. Because CPT codes describing cataract extraction (66830-66984) are mutually exclusive of one another, providers may not report multiple codes for the same eye even if more than one technique is used or more than one code could be applicable. Only one code from this CPT code range may be reported for an eye.

Codes Involved with Definition of Each Code:

CPT Code	Definition of CPT Code
CPT 66830	REMOVAL OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID) WITH CORNEO-SCLERAL SECTION, WITH OR WITHOUT IRIDECTOMY (IRIDOCAPSULOTOMY, IRIDOCAPSULECTOMY)
CPT 66840	REMOVAL OF LENS MATERIAL; ASPIRATION TECHNIQUE, 1 OR MORE STAGES
CPT 66850	REMOVAL OF LENS MATERIAL; PHACOFRAGMENTATION TECHNIQUE (MECHANICAL OR ULTRASONIC) (EG, PHACOEMULSIFICATION), WITH ASPIRATION
CPT 66852	REMOVAL OF LENS MATERIAL; PARS PLANA APPROACH, WITH OR WITHOUT VITRECTOMY
CPT 66920	REMOVAL OF LENS MATERIAL; INTRACAPSULAR
CPT 66930	REMOVAL OF LENS MATERIAL; INTRACAPSULAR, FOR DISLOCATED LENS
CPT 66940	REMOVAL OF LENS MATERIAL; EXTRACAPSULAR (OTHER THAN 66840, 66850, 66852)
CPT 66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION)
CPT 66983	INTRACAPSULAR CATARACT EXTRACTION WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE)
CPT 66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION)

Case Studies

Recovery Auditors presented the following examples to illustrate this policy:

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Example 1: For Date of Service (DOS) 10/20/09 the provider billed and received reimbursement for code 66852 LT modifier and also 66984 LT modifier. Since these codes are mutually exclusive of one another only one code should have been reimbursed. Per the NCCI Policy Manual CPT codes describing cataract extraction (66830-66984) are mutually exclusive of one another. Only one code from this CPT code range may be reported for an eye. Therefore Medicare recovered payment for CPT code 66984.

Example 2: For DOS 11/23/10 the provider billed and received reimbursement for 2 units of code 66984 RT modifier. Since cataract removal can only occur once per eye for the same date of service this would be an overpayment. Medicare would adjust the units down to 1 unit for this claim line.

Additional Information

The most recent NCCI Manual is available in the "Downloads" section of <http://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index.html> on the CMS website.

If you have any questions, please contact your Medicare contractor at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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