<table>
<thead>
<tr>
<th><strong>REIMBURSEMENT POLICY</strong></th>
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<tbody>
<tr>
<td><strong>Policy Name:</strong></td>
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<td><strong>Policy Number:</strong></td>
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<td><strong>Approved By:</strong></td>
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<td><strong>Provider Notice Date:</strong></td>
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<td><strong>Original Effective Date:</strong></td>
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<td><strong>Annual Approval Date:</strong></td>
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<td><strong>Products:</strong></td>
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<td><strong>Page Number(s):</strong></td>
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**Disclaimer**

*Gateway Health’s (Gateway) reimbursement policy is intended to serve only as a general reference resource regarding payment and coverage for the services described. This policy does not constitute medical advice and is not intended to govern and/or otherwise influence medical decisions. Gateway Health reserves the right to use appropriate discretion in reviewing each case, including a review of full details. Meeting the requirements within this policy is not a guarantee of payment. Gateway Health reserves the right to update, replace or discontinue this policy at any time through the provision of a new or updated policy, or through the use of a notification.*

**POLICY STATEMENT:**

The scope of this policy is to outline the payment processing procedures for the removal of cataracts.

Gateway Health delivers quality and affordable healthcare for its members. With more than 20 years of service to the community, Gateway strongly believes in doing things “A better way.” Research shows that with resources and support, people with chronic conditions can improve their health and well-being. In an effort to meet our members’ unique needs, to address the challenges faced by members in accessing medical and social support services, Gateway developed an enhanced healthcare management model called Prospective Care Management (PCM®). This model is a proactive, holistic approach that addresses the Behavioral, Environmental, Economic, Medical, Social and Spiritual (BEEMSSM) issues a member faces that may be barriers to care. Using state of the art techniques, the PCM® model of care helps design a plan to ensure the member receives
the individualized services needed. Gateway asserts that cataracts should only be removed when medically necessary and billed displaying the need through appropriate coding.

Gateway Health reserves the right to perform, but not limited to, a Pre-Adjudication including claim editing on cataract removals. Gateway Health has elected to perform this type of review as opposed to requiring prior authorization at this time. During the Pre-Adjudication editing, providers must indicate a diagnosis secondary to cataract supporting is removal for the claim to pay as well as submit the claim with the appropriate questionnaire.

This policy may be used for additional types of reviews.

This policy applies to all providers unless contractually precluded or superseded by alternate regulation.

DEFINITIONS:

Supporting Diagnosis: A list of diagnoses Gateway Health has identified which allow for the prompt processing of cataract removal claims without requiring prior authorization

Supplemental Assessment Questionnaire: A requirement established by CMS that a beneficiary must complete a questionnaire documenting the need for the surgery. Gateway Health has adopted this best practice for all of its products. Gateway Health has provided a health plan approved form. You may submit an alternate form; however, it may be subject to additional processing time.

PROCEDURES:

A. Review Practices – Gateway Health may employ some or all of the below practices to determine if a cataract removal is eligible for payment:

Pre-Adjudication Review- Gateway Health requires manual submission of Cataract removals (All Group 1 and 2 Procedures from below). Claims will be reviewed by a claims professional or programmatically and:

1. If a claim for cataract removal is billed with a supporting diagnosis demonstrating medical need for removal as listed in the Coverage Determination section and the required supplemental assessment form signed by the beneficiary, the claim will be processed according to the standard claim processing fee schedules and rules

2. If a claim for cataract removal is billed without a supporting diagnosis demonstrating medical need for removal as listed in the Coverage Determination section below and/or the supplemental assessment form signed by the beneficiary, the claim will be denied “Cataract Removal without supporting diagnosis and/or questionnaire is denied”

B. Coverage Determination

Compliance with the provisions in this policy may be monitored and addressed through post payment data analysis and subsequent medical review audits.
**Notice:** It is not appropriate to bill for services that are not covered as if they are covered. When billing for non-covered services, use the appropriate modifier.

Coverage for cataract extraction with Intraocular Lens implant (IOL) is based on services that are reasonable and medically necessary for the treatment of beneficiaries who have a cataract. Cataract patients must have an impairment of visual function due to cataract(s) resulting in the decreased ability to carry out activities of daily living such as reading, viewing television, driving or meeting occupational or vocational expectations, with further annotation of the following bulleted indications:

- The patient has been educated about the risks and benefits of cataract surgery and the alternative to surgery, and has provided informed consent.
- The patient has undergone a formal measure that documents the patient's inability to function satisfactorily due to visual impairment while performing various Activities of Daily Living. The impairment must be documented in a printed form signed by the patient. The questionnaire must be maintained in the patient's medical record and be available upon request.
- Monocular diplopia due to a cataract in the affected eye.
- Worsening angle closure due to increase in size of the crystalline lens.
- A significant cataract in a patient who will be undergoing concurrent surgery in the same eye, such as a trabeculectomy or a corneal transplant when the surgeon deems that the decreased morbidity of single stage surgery is of significant benefit over surgery on separate dates.

**Note:** Gateway Health does not cover routine preoperative screening without substantiated signs or symptoms of disease. When the only diagnosis is cataract(s), Gateway Health does not cover testing other than one comprehensive eye examination (or a combination of brief/intermediate examinations not to exceed the charge of a comprehensive examination) plus an appropriate ultrasound scan, unless otherwise required. The maximum appropriate interval between the preoperative examination and the date of surgery is three months in case there are significant changes in the patient’s health or vision. Patients should be educated to contact the ophthalmologist if they have a change in visual symptoms during the interval between the examination and surgery.

The following tests are generally not indicated in the preoperative workup for cataract surgery. If performed, the indications for their use must be documented in the patient’s medical record:

- Contrast-sensitivity testing.
- Potential vision testing.
- Formal visual fields.
- Fluorescein angiography.
- External photography.
- Corneal pachymetry/specular microscopy.
- Specialized color vision tests.
• Electrophysiologic tests.
• Glasses or visual aids provide satisfactory functional vision.
• The patient’s lifestyle is not compromised by the cataract.
• The patient is unable to undergo surgery because of coexisting medical or ocular conditions.
• The patient does not desire surgery.
• Surgery will not improve visual function.
• A legal consent cannot be obtained.

There are several indications and limitations for use of complex cataract surgery (CPT 66982):

• A miotic pupil that will not dilate sufficiently to allow adequate visualization of the lens in the posterior chamber of the eye and that requires the insertion of four iris retractors through four additional incisions, Beehler expansion device, a Malyugin ring to expand a miotic pupil, a sector iridectomy with subsequent suture repair of iris sphincter, or sphincterotomies created with scissors.
• Pediatric cataract surgery, which may be more difficult intraoperatively because of an anterior capsule that is more difficult to tear, cortex that is more difficult to remove and the need for a primary posterior capsulotomy or capsulorrhexis. Furthermore, there is additional postoperative work associated with pediatric cataract surgery.
• Extraordinary work that may occur during the postoperative period. This is the case with pediatric cases mentioned above and very rarely when there is extreme postoperative inflammation and pain.
• Mature cataract requiring dye for visualization of capsulorrhexis.
• Pre-existing zonular weakness requiring use of capsular tension rings or segments or intraocular suturing of the intraocular lens.

C. Reimbursement Guidelines

In general, in order for a claim for cataract removal to be paid, the claim must be:

- Billed with one of the corresponding CPT codes from Group 1 below AND must be billed with a diagnosis from Group 1 AND be billed with a supporting diagnosis from Group 3 OR
- Billed with one of the corresponding CPT codes from Group 2 AND must be billed with a diagnosis from Group 2 AND be billed with a supporting Diagnosis from Group 3.

1. Group 1 Procedures(CPT/HCPCS Codes) which this policy applies to:
   a. 66840 Removal of lens material
   b. 66850 Removal of lens material
   c. 66852 Removal of lens material
   d. 66920 Extraction of lens
   e. 66940 Extraction of lens
   f. 66982 Cataract surgery complex
   g. 66983 Cataract surg w/iol 1 stage
h. 66984 Cataract surg w/o1 stage

2. **Group 1 Diagnoses:**

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<thead>
<tr>
<th>ICD-10 Code</th>
<th>Description</th>
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<tr>
<td>E08.36*</td>
<td>Diabetes mellitus due to underlying condition with diabetic cataract</td>
</tr>
<tr>
<td>E09.36*</td>
<td>Drug or chemical induced diabetes mellitus with diabetic cataract</td>
</tr>
<tr>
<td>E10.36*</td>
<td>Type 1 diabetes mellitus with diabetic cataract</td>
</tr>
<tr>
<td>E11.36*</td>
<td>Type 2 diabetes mellitus with diabetic cataract</td>
</tr>
<tr>
<td>E13.36*</td>
<td>Other specified diabetes mellitus with diabetic cataract</td>
</tr>
<tr>
<td>H20.20</td>
<td>Lens-induced iridocyclitis, unspecified eye</td>
</tr>
<tr>
<td>H20.21</td>
<td>Lens-induced iridocyclitis, right eye</td>
</tr>
<tr>
<td>H20.22</td>
<td>Lens-induced iridocyclitis, left eye</td>
</tr>
<tr>
<td>H20.23</td>
<td>Lens-induced iridocyclitis, bilateral</td>
</tr>
<tr>
<td>H21.221*</td>
<td>Degeneration of ciliary body, right eye</td>
</tr>
<tr>
<td>H21.222*</td>
<td>Degeneration of ciliary body, left eye</td>
</tr>
<tr>
<td>H21.223*</td>
<td>Degeneration of ciliary body, bilateral</td>
</tr>
<tr>
<td>H21.229*</td>
<td>Degeneration of ciliary body, unspecified eye</td>
</tr>
<tr>
<td>H21.261*</td>
<td>Iris atrophy (essential) (progressive), right eye</td>
</tr>
<tr>
<td>H21.262*</td>
<td>Iris atrophy (essential) (progressive), left eye</td>
</tr>
<tr>
<td>H21.263*</td>
<td>Iris atrophy (essential) (progressive), bilateral</td>
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<tr>
<td>H21.269*</td>
<td>Iris atrophy (essential) (progressive), unspecified eye</td>
</tr>
<tr>
<td>H21.271*</td>
<td>Miotic pupillary cyst, right eye</td>
</tr>
<tr>
<td>H21.272*</td>
<td>Miotic pupillary cyst, left eye</td>
</tr>
<tr>
<td>H21.273*</td>
<td>Miotic pupillary cyst, bilateral</td>
</tr>
<tr>
<td>H21.279*</td>
<td>Miotic pupillary cyst, unspecified eye</td>
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<tr>
<td>H21.29*</td>
<td>Other iris atrophy</td>
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<tr>
<td>H21.531*</td>
<td>Iridodialysis, right eye</td>
</tr>
<tr>
<td>H21.532*</td>
<td>Iridodialysis, left eye</td>
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<tr>
<td>H21.533*</td>
<td>Iridodialysis, bilateral</td>
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<tr>
<td>H21.539*</td>
<td>Iridodialysis, unspecified eye</td>
</tr>
<tr>
<td>H21.561*</td>
<td>Pupillary abnormality, right eye</td>
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<tr>
<td>H21.562*</td>
<td>Pupillary abnormality, left eye</td>
</tr>
<tr>
<td>H21.563*</td>
<td>Pupillary abnormality, bilateral</td>
</tr>
</tbody>
</table>
H21.569* Pupillary abnormality, unspecified eye
H21.81* Floppy iris syndrome
H21.89* Other specified disorders of iris and ciliary body
H21.9* Unspecified disorder of iris and ciliary body
H22* Disorders of iris and ciliary body in diseases classified elsewhere
H25.011* Cortical age-related cataract, right eye
H25.012* Cortical age-related cataract, left eye
H25.013* Cortical age-related cataract, bilateral
H25.019* Cortical age-related cataract, unspecified eye
H25.031* Anterior subcapsular polar age-related cataract, right eye
H25.032* Anterior subcapsular polar age-related cataract, left eye
H25.033* Anterior subcapsular polar age-related cataract, bilateral
H25.039* Anterior subcapsular polar age-related cataract, unspecified eye
H25.041* Posterior subcapsular polar age-related cataract, right eye
H25.042* Posterior subcapsular polar age-related cataract, left eye
H25.043* Posterior subcapsular polar age-related cataract, bilateral
H25.049* Posterior subcapsular polar age-related cataract, unspecified eye
H25.10* Age-related nuclear cataract, unspecified eye
H25.11* Age-related nuclear cataract, right eye
H25.12* Age-related nuclear cataract, left eye
H25.13* Age-related nuclear cataract, bilateral
H25.20* Age-related cataract, morgagnian type, unspecified eye
H25.21* Age-related cataract, morgagnian type, right eye
H25.22* Age-related cataract, morgagnian type, left eye
H25.23* Age-related cataract, morgagnian type, bilateral
H25.811* Combined forms of age-related cataract, right eye
H25.812* Combined forms of age-related cataract, left eye
H25.813* Combined forms of age-related cataract, bilateral
H25.819* Combined forms of age-related cataract, unspecified eye
H25.89* Other age-related cataract
H25.9* Unspecified age-related cataract
H26.001* Unspecified infantile and juvenile cataract, right eye
H26.002* Unspecified infantile and juvenile cataract, left eye
H26.003*  Unspecified infantile and juvenile cataract, bilateral
H26.009*  Unspecified infantile and juvenile cataract, unspecified eye
H26.011*  Infantile and juvenile cortical, lamellar, or zonular cataract, right eye
H26.012*  Infantile and juvenile cortical, lamellar, or zonular cataract, left eye
H26.013*  Infantile and juvenile cortical, lamellar, or zonular cataract, bilateral
H26.019*  Infantile and juvenile cortical, lamellar, or zonular cataract, unspecified eye
H26.031*  Infantile and juvenile nuclear cataract, right eye
H26.032*  Infantile and juvenile nuclear cataract, left eye
H26.033*  Infantile and juvenile nuclear cataract, bilateral
H26.039*  Infantile and juvenile nuclear cataract, unspecified eye
H26.041*  Anterior subcapsular polar infantile and juvenile cataract, right eye
H26.042*  Anterior subcapsular polar infantile and juvenile cataract, left eye
H26.043*  Anterior subcapsular polar infantile and juvenile cataract, bilateral
H26.049*  Anterior subcapsular polar infantile and juvenile cataract, unspecified eye
H26.051*  Posterior subcapsular polar infantile and juvenile cataract, right eye
H26.052*  Posterior subcapsular polar infantile and juvenile cataract, left eye
H26.053*  Posterior subcapsular polar infantile and juvenile cataract, bilateral
H26.059*  Posterior subcapsular polar infantile and juvenile cataract, unspecified eye
H26.061*  Combined forms of infantile and juvenile cataract, right eye
H26.062*  Combined forms of infantile and juvenile cataract, left eye
H26.063*  Combined forms of infantile and juvenile cataract, bilateral
H26.069*  Combined forms of infantile and juvenile cataract, unspecified eye
H26.09*   Other infantile and juvenile cataract
H26.101*  Unspecified traumatic cataract, right eye
H26.102*  Unspecified traumatic cataract, left eye
H26.103*  Unspecified traumatic cataract, bilateral
H26.109*  Unspecified traumatic cataract, unspecified eye
H26.111*  Localized traumatic opacities, right eye
H26.112*  Localized traumatic opacities, left eye
H26.113*  Localized traumatic opacities, bilateral
H26.119*  Localized traumatic opacities, unspecified eye
H26.121*  Partially resolved traumatic cataract, right eye
H26.122*  Partially resolved traumatic cataract, left eye
H26.123* Partially resolved traumatic cataract, bilateral
H26.129* Partially resolved traumatic cataract, unspecified eye
H26.131* Total traumatic cataract, right eye
H26.132* Total traumatic cataract, left eye
H26.133* Total traumatic cataract, bilateral
H26.139* Total traumatic cataract, unspecified eye
H26.20* Unspecified complicated cataract
H26.211* Cataract with neovascularization, right eye
H26.212* Cataract with neovascularization, left eye
H26.213* Cataract with neovascularization, bilateral
H26.219* Cataract with neovascularization, unspecified eye
H26.221* Cataract secondary to ocular disorders (degenerative) (inflammatory), right eye
H26.222* Cataract secondary to ocular disorders (degenerative) (inflammatory), left eye
H26.223* Cataract secondary to ocular disorders (degenerative) (inflammatory), bilateral
H26.229* Cataract secondary to ocular disorders (degenerative) (inflammatory), unspecified eye
H26.30* Drug-induced cataract, unspecified eye
H26.31* Drug-induced cataract, right eye
H26.32* Drug-induced cataract, left eye
H26.33* Drug-induced cataract, bilateral
H26.8* Other specified cataract
H27.10* Unspecified dislocation of lens
H27.111* Subluxation of lens, right eye
H27.112* Subluxation of lens, left eye
H27.113* Subluxation of lens, bilateral
H27.119* Subluxation of lens, unspecified eye
H27.121* Anterior dislocation of lens, right eye
H27.122* Anterior dislocation of lens, left eye
H27.123* Anterior dislocation of lens, bilateral
H27.129* Anterior dislocation of lens, unspecified eye
H27.131* Posterior dislocation of lens, right eye
H27.132* Posterior dislocation of lens, left eye
H27.133* Posterior dislocation of lens, bilateral
H27.139* Posterior dislocation of lens, unspecified eye
H28* Cataract in diseases classified elsewhere
H57.00* Unspecified anomaly of pupillary function
H57.01* Argyll Robertson pupil, atypical
H57.02* Anisocoria
H57.03* Miosis
H57.04* Mydriasis
H57.051* Tonic pupil, right eye
H57.052* Tonic pupil, left eye
H57.053* Tonic pupil, bilateral
H57.059* Tonic pupil, unspecified eye
H57.09* Other anomalies of pupillary function
H57.9* Unspecified disorder of eye and adnexa
Q12.1* Congenital displaced lens
Q12.2* Coloboma of lens
Q12.4* Spherophakia
Q12.8* Other congenital lens malformations
Q13.0* Coloboma of iris
Q13.1* Absence of iris
Q13.2* Other congenital malformations of iris


*Note: Use H21.221-H21.223, or H21.229 if the operative note indicates permanent intraocular suture or a capsular support ring was employed to place the IOL in a stable position.

*Note: Use H21.531-H21.533, or H21.539 if the operative note indicates a capsular support ring was
employed or an endocapsular support ring was used to partially occlude the pupil.


*Note: Use H25.011-H25.013, H25.019, H25.811-H25.813, H25.819, H25.89 if the operative note indicates the use of micro iris hooks inserted through four separate corneal incisions, Beehler or similar expansion device, multiple sphincterotomies created with scissors, sector iridotomy with suture repair of iris sphincter, the IOL implant was supported by using permanent intraocular sutures or a capsular support ring, or an endocapsular ring was used to partially occlude the pupil.

OR

Use this code when Trypan Blue or isocyanine green is employed to enhance visualization.

*Note: Use H25.89 if the operative note indicates dye was used to stain the anterior capsule.

*Note: Use H25.20, H25.21, H25.22, or H25.23 with H40.89, phacolytic glaucoma or dye staining of the anterior capsule.

*Note: Use H26.111-H26.113, H26.119, H26.131-H26.133, H26.139, if the operative note indicates the use of micro iris hooks inserted through four separate corneal incisions, Beehler or similar expansion device, multiple sphincterotomies created with scissors, sector iridotomy with suture repair of iris sphincter, the IOL implant was supported by using permanent intraocular suture or a capsular support ring was employed.

*Note: Use H26.20 if the operative note indicates the use of micro iris hooks inserted through four separate corneal incisions, Beehler or similar expansion device, multiple sphincterotomies created with scissors, sector iridotomy with suture repair of iris sphincter, IOL implant was supported by using permanent intraocular sutures, a capsular support ring was employed, or a primary posterior
capsulorrhexis was performed.

*Note: Use H28 if the operative note or postoperative records indicate an extraordinary amount of work was involved in the preoperative or postoperative care.

*Note: Use H27.10, H27.111-H27.113, H27.119, H27.121-H27.123, H27.129, H27.131-H27.133, H27.139, Q12.1, Q12.2, Q12.4, or Q12.8 if the operative note indicates the IOL was supported by using permanent intraocular sutures or a capsular support ring was employed.

*Note: Use H57.00-H57.04, H57.051-H57.053, H57.059, H57.09 or H57.9 if the operative note indicates the use of micro iris hooks inserted through four separate incisions, Beehler or similar expansion device, multiple sphincterotomies created with scissors, sector iridotomy with suture repair of iris sphincter, or an artificial prosthetic iris was placed in the eye.

*Note: Use Q13.1 if the operative note indicates the IOL was supported in the eye by using permanent intraocular sutures, a capsular support ring was employed or an endocapsular ring was used to partially occlude the pupil.

3. **Group 2 Procedures(CPT/HCPCS Codes) which this policy applies to:**
   - 66840 Removal of lens material
   - 66850 Removal of lens material
   - 66852 Removal of lens material
   - 66920 Extraction of lens
   - 66940 Extraction of lens
   - 66983 Cataract surg w/iol 1 stage
   - 66984 Cataract surg w/iol 1 stage

4. **Group 2 Diagnosis**

<table>
<thead>
<tr>
<th>ICD-10 Code</th>
<th>Description</th>
</tr>
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<tr>
<td>E08.36</td>
<td>Diabetes mellitus due to underlying condition with diabetic cataract</td>
</tr>
<tr>
<td>E09.36</td>
<td>Drug or chemical induced diabetes mellitus with diabetic cataract</td>
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<tr>
<td>E10.36</td>
<td>Type 1 diabetes mellitus with diabetic cataract</td>
</tr>
<tr>
<td>E11.36</td>
<td>Type 2 diabetes mellitus with diabetic cataract</td>
</tr>
<tr>
<td>E13.36</td>
<td>Other specified diabetes mellitus with diabetic cataract</td>
</tr>
<tr>
<td>H25.011</td>
<td>Cortical age-related cataract, right eye</td>
</tr>
<tr>
<td>H25.012</td>
<td>Cortical age-related cataract, left eye</td>
</tr>
<tr>
<td>H25.013</td>
<td>Cortical age-related cataract, bilateral</td>
</tr>
<tr>
<td>H25.019</td>
<td>Cortical age-related cataract, unspecified eye</td>
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</tbody>
</table>
H25.031  Anterior subcapsular polar age-related cataract, right eye
H25.032  Anterior subcapsular polar age-related cataract, left eye
H25.033  Anterior subcapsular polar age-related cataract, bilateral
H25.039  Anterior subcapsular polar age-related cataract, unspecified eye
H25.041  Posterior subcapsular polar age-related cataract, right eye
H25.042  Posterior subcapsular polar age-related cataract, left eye
H25.043  Posterior subcapsular polar age-related cataract, bilateral
H25.049  Posterior subcapsular polar age-related cataract, unspecified eye
H25.091  Other age-related incipient cataract, right eye
H25.092  Other age-related incipient cataract, left eye
H25.093  Other age-related incipient cataract, bilateral
H25.099  Other age-related incipient cataract, unspecified eye
H25.10   Age-related nuclear cataract, unspecified eye
H25.11   Age-related nuclear cataract, right eye
H25.12   Age-related nuclear cataract, left eye
H25.13   Age-related nuclear cataract, bilateral
H25.20   Age-related cataract, morgagnian type, unspecified eye
H25.21   Age-related cataract, morgagnian type, right eye
H25.22   Age-related cataract, morgagnian type, left eye
H25.23   Age-related cataract, morgagnian type, bilateral
H25.811  Combined forms of age-related cataract, right eye
H25.812  Combined forms of age-related cataract, left eye
H25.813  Combined forms of age-related cataract, bilateral
H25.819  Combined forms of age-related cataract, unspecified eye
H25.89   Other age-related cataract
H25.9    Unspecified age-related cataract
H26.001  Unspecified infantile and juvenile cataract, right eye
H26.002  Unspecified infantile and juvenile cataract, left eye
H26.003  Unspecified infantile and juvenile cataract, bilateral
H26.009  Unspecified infantile and juvenile cataract, unspecified eye
H26.011  Infantile and juvenile cortical, lamellar, or zonular cataract, right eye
H26.012  Infantile and juvenile cortical, lamellar, or zonular cataract, left eye
H26.013  Infantile and juvenile cortical, lamellar, or zonular cataract, bilateral
H26.019 Infantile and juvenile cortical, lamellar, or zonular cataract, unspecified eye
H26.031 Infantile and juvenile nuclear cataract, right eye
H26.032 Infantile and juvenile nuclear cataract, left eye
H26.033 Infantile and juvenile nuclear cataract, bilateral
H26.039 Infantile and juvenile nuclear cataract, unspecified eye
H26.041 Anterior subcapsular polar infantile and juvenile cataract, right eye
H26.042 Anterior subcapsular polar infantile and juvenile cataract, left eye
H26.043 Anterior subcapsular polar infantile and juvenile cataract, bilateral
H26.049 Anterior subcapsular polar infantile and juvenile cataract, unspecified eye
H26.051 Posterior subcapsular polar infantile and juvenile cataract, right eye
H26.052 Posterior subcapsular polar infantile and juvenile cataract, left eye
H26.053 Posterior subcapsular polar infantile and juvenile cataract, bilateral
H26.059 Posterior subcapsular polar infantile and juvenile cataract, unspecified eye
H26.061 Combined forms of infantile and juvenile cataract, right eye
H26.062 Combined forms of infantile and juvenile cataract, left eye
H26.063 Combined forms of infantile and juvenile cataract, bilateral
H26.069 Combined forms of infantile and juvenile cataract, unspecified eye
H26.09 Other infantile and juvenile cataract
H26.101 Unspecified traumatic cataract, right eye
H26.102 Unspecified traumatic cataract, left eye
H26.103 Unspecified traumatic cataract, bilateral
H26.109 Unspecified traumatic cataract, unspecified eye
H26.111 Localized traumatic opacities, right eye
H26.112 Localized traumatic opacities, left eye
H26.113 Localized traumatic opacities, bilateral
H26.119 Localized traumatic opacities, unspecified eye
H26.121 Partially resolved traumatic cataract, right eye
H26.122 Partially resolved traumatic cataract, left eye
H26.123 Partially resolved traumatic cataract, bilateral
H26.129 Partially resolved traumatic cataract, unspecified eye
H26.131 Total traumatic cataract, right eye
H26.132 Total traumatic cataract, left eye
H26.133 Total traumatic cataract, bilateral
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>H26.139</td>
<td>Total traumatic cataract, unspecified eye</td>
</tr>
<tr>
<td>H26.20</td>
<td>Unspecified complicated cataract</td>
</tr>
<tr>
<td>H26.211</td>
<td>Cataract with neovascularization, right eye</td>
</tr>
<tr>
<td>H26.212</td>
<td>Cataract with neovascularization, left eye</td>
</tr>
<tr>
<td>H26.213</td>
<td>Cataract with neovascularization, bilateral</td>
</tr>
<tr>
<td>H26.219</td>
<td>Cataract with neovascularization, unspecified eye</td>
</tr>
<tr>
<td>H26.221</td>
<td>Cataract secondary to ocular disorders (degenerative)</td>
</tr>
<tr>
<td></td>
<td>(inflammatory), right eye</td>
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<td>H26.222</td>
<td>Cataract secondary to ocular disorders (degenerative)</td>
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<td>(inflammatory), left eye</td>
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<td>H26.223</td>
<td>Cataract secondary to ocular disorders (degenerative)</td>
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<tr>
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<td>(inflammatory), bilateral</td>
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<tr>
<td>H26.229</td>
<td>Cataract secondary to ocular disorders (degenerative)</td>
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<td>(inflammatory), unspecified eye</td>
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<tr>
<td>H26.231</td>
<td>Glaucomatous flecks (subcapsular), right eye</td>
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<td>H26.232</td>
<td>Glaucomatous flecks (subcapsular), left eye</td>
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<td>H26.233</td>
<td>Glaucomatous flecks (subcapsular), bilateral</td>
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<tr>
<td>H26.239</td>
<td>Glaucomatous flecks (subcapsular), unspecified eye</td>
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<td>H26.30</td>
<td>Drug-induced cataract, unspecified eye</td>
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<td>H26.31</td>
<td>Drug-induced cataract, right eye</td>
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<td>H26.32</td>
<td>Drug-induced cataract, left eye</td>
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<tr>
<td>H26.33</td>
<td>Drug-induced cataract, bilateral</td>
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<tr>
<td>H26.40</td>
<td>Unspecified secondary cataract</td>
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<tr>
<td>H26.411</td>
<td>Soemmering's ring, right eye</td>
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<td>H26.412</td>
<td>Soemmering's ring, left eye</td>
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<td>H26.413</td>
<td>Soemmering's ring, bilateral</td>
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<td>H26.419</td>
<td>Soemmering's ring, unspecified eye</td>
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<tr>
<td>H26.491</td>
<td>Other secondary cataract, right eye</td>
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<td>H26.492</td>
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<td>H26.493</td>
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<td>H26.499</td>
<td>Other secondary cataract, unspecified eye</td>
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<td>H26.8</td>
<td>Other specified cataract</td>
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<td>H26.9</td>
<td>Unspecified cataract</td>
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<td>H28</td>
<td>Cataract in diseases classified elsewhere</td>
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<td>H40.89</td>
<td>Other specified glaucoma</td>
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<tr>
<td>H53.2</td>
<td>Diplopia</td>
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<tr>
<td>H59.021</td>
<td>Cataract (lens) fragments in eye following cataract surgery, right eye</td>
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H59.022  Cataract (lens) fragments in eye following cataract surgery, left eye
H59.023  Cataract (lens) fragments in eye following cataract surgery, bilateral
H59.029  Cataract (lens) fragments in eye following cataract surgery, unspecified eye

ICD-10 Codes that DO NOT Support Medical Necessity

**Group 1 Paragraph:** All those not listed under the "ICD-10 Codes that Support Medical Necessity" section of this policy will be denied.

**Group 1 Codes:** N/A

5. **Group 3 Gateway Health Supporting Diagnosis**
   a. ICD10
      i. H53.2 Diplopia
      ii. H53.71 Glare
      iii. H53.8 Blurring, Visual
      iv. H53.9 Unspecified Visual Disturbance
      v. H54.0-H54.8 Low vision-Blindness
      vi. H54.7 Unspecified Visual Loss
      vii. H54.7 Decrease Vision
      viii. H57.8 Other specified disorders of eye and adnexa (when used for difficulty/angled closing eye due to thickening of lens)

D. Exception Review

**Prospective Review Process** is available for claims which do not meet the above Reimbursement Policy Billing Guidelines, where practitioners assert the removal of the cataract is medically necessary. Practitioners and facilities may bill their initial claims with medical records to have their claims reviewed pre-payment to determine medical necessity prior to the claim being processed. The practitioner or facility may attach the complete record to the claim and the claim requesting medical review and records will be pended for clinical review to determine if the services provided are for an appropriate medical condition. If the claim is determined to not meet medical criteria after medical record review, the respective explanation of payment (remittance advice) will provide an appropriate denial and appeal rights.

**Policy Source(s)**

- Local Coverage Determination (LCD): Cataract Extraction (including Complex Cataract Surgery) (L35091)
- Medicare Claims Processing Manual – Pub. 100-04, Chapter 32, §120.
- Correct Coding Initiative – Medicare Contractor Beneficiary and Provider Communications Manual – Pub. 100-09, Chapter 5.
• Social Security Act (Title XVIII) Standard References, Sections:
  ◦ 1861(s)(1) Physicians’ Services.
  ◦ 1861(s)(2)(A) Incident To Physician’s Professional Service.
  ◦ 1861(s)(2)(B) Incident To Physician’s Professional Service furnished to Hospital Outpatients.
  ◦ 1861(s)(8) Eyeglasses or Contact Lenses Furnished after Cataract Surgery With Insertion of IOL.
  ◦ 1862(a)(1)(D) Investigational or Experimental.
  ◦ 1862(a)(7) Refractive Eye Examinations.
  ◦ 1832(a)(2)(F) ASC Surgical Services.
  ◦ 1833(t)(1)(B)(iii) Implantable Items Covered in Hospital Outpatient Departments.
  ◦ 1833(e) Incomplete Claim.

Exclusions: Gateway Health may exclude the following conditions from this Reimbursement Policy:
  • None

Policy Revision History:

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<th>Revision Date</th>
<th>Changes Made</th>
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<td>3/17/2016</td>
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