

Local Coverage Article: Dropleas Cataract Surgery (A53915)

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Contractor Information

Contractor Name	Contract Type	Contract Number	Jurisdiction	State(s)
Noridian Healthcare Solutions, LLC	A and B MAC	01111 - MAC A	J - E	California - Entire State American Samoa
Noridian Healthcare Solutions, LLC	A and B MAC	01211 - MAC A	J - E	Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	A and B MAC	01311 - MAC A	J - E	Nevada American Samoa California - Entire State
Noridian Healthcare Solutions, LLC	A and B MAC	01911 - MAC A	J - E	Guam Hawaii Nevada Northern Mariana Islands

[Back to Top](#)

Article Information

General Information

Article ID
A53915

Original Article Effective Date
10/01/2015

Article Title
Dropleas Cataract Surgery

Revision Effective Date
N/A

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Revision Ending Date
N/A

Retirement Date
N/A

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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 ("droplless" 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. [Back to Top](#)

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

[Back to Top](#)

Revision History Information

N/A [Back to Top](#) **Related Local Coverage Document(s)** N/A

Related National Coverage Document(s) N/A

Statutory Requirements URL(s) N/A

Rules and Regulations URL(s) N/A

CMS Manual Explanations URL(s) N/A

Other URL(s) N/A

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Keywords

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