

# CATARACT

# Documentation Checklist Tool

Required for all Cataract Services	Yes	No
Did the note include the name, signature and credentials of the person performing the service?		
Does documentation support the modifier billed? RT-right, LT-left, 50-bilateral		

66984 Extracapsular cataract removal with insertion of intraocular lens prosthesis	Yes	No
Is the provider specialty 18 Ophthalmology or (KY) 41 Optometrist?		
Medical history and physical examination completed and documented no more than 30 days before or 24 hours after registration, but prior to surgery?		
Is a comprehensive ophthalmologic exam present?		
Is an operative report present?		
Is there an ophthalmic biometry?		
Does the documentation support the procedure billed as medically necessary?		

66982 Complex Cataract Surgery	Yes	No
Is the provider specialty 18 Ophthalmology or (KY) 41 Optometrist?		
Does documentation support the required diagnoses are present (primary and secondary codes, if applicable)?		
Has a medical history and physical examination been completed and documented no more than 30 days before or 24 hours after registration, but prior to surgery?		
Is a comprehensive ophthalmologic exam present?		
Is an operative report present?		
Is there an ophthalmic biometry?		
Does documentation support impairment in the ability to carry out activities of daily living?		
Does documentation support the patient has a best corrected visual acuity of 20/40 or worse at distant or near; or additional testing showing one of the following: Consensual light testing decreases visual acuity by two lines, or glare testing decreases visual acuity by two lines		
Does the record reflect that the cataract is the primary cause of the decreased visual acuity and/or functional impairment; other diseases such as macular degeneration or diabetic retinopathy have been considered and ruled out? Or, is there documentation of phacomorphic or phacolytic glaucoma? Or, is there documentation that the cataract obscures and adequate view of the fundus which is necessary for monitoring and/or treatment of diseases of the posterior segment of the eye?		
Does documentation support the extraordinary work performed during the intraoperative or postoperative period in a subset of cataract operations including, a miotic pupil which will not dilate sufficiently to allow adequate visualization of the lens in the posterior chamber of the eye and which requires the insertion of 4 iris retractors through 4 additional incisions, the presence of a disease state that procedures lens support structures that are abnormally weak or absent, requiring the need to support the lens implant with permanent intraocular sutures and/or capsular support ring?		
Does the documentation support the procedure billed as medically necessary?		

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66821 Discussion of secondary membranous cataract	Yes	No
Is the documentation supporting opacification of the posterior capsule for the procedure at least 90 days after the cataract surgery?		
If the procedure was done less than 90 days after the cataract surgery does the documentation show significant visual debility, preoperative uveitis, chronic glaucoma, diabetic mellitus or prolonged use of pilocarpine hydrochloride?		
Does the documentation show medical necessity if the capsulotomy is performed more than once on the same time, or a separate episode of care, the rationale and indication are clear?		

### Resources

- IOM 100-02 Chapter 15, Section 30.4 and Chapter 16, Section 10
- IOM 100-03, Chapter 1, Section 10.1, 80.1, and 80.12
- IOM 100-04, Chapter 14, section 40.3 and Chapter 32, Section 120
- LCD: L33954 Cataract Extraction
- LCA: A56453 Billing and Coding: Cataract Extraction
- LCD: L33946 Capsule Opacification Following Cataract Surgery
- LCA: A56493 Billing and Coding: Capsule Opacification Following Cataract Surgery