

YAG LASER CAPSULOTOMY 66821	Original Effective Date:	11/26/2013
	Most Recent Review Date:	08/25/2023
	Latest Revision Date:	05/28/2019

Scope: Guidance applies to YAG laser capsulotomy. The Neodymium laser is used for posterior capsulotomies for posterior capsule opacification which generally occurs after cataract surgery.

Approval Process:

A. Non-clinical medical team approval authority for codes listed below:

CPT	
66821	Dissection of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (e.g. YAG laser)(one or more stages)
ICD-10	
H26.40 – H26.413	Unspecified secondary cataract - Soemmering's ring, bilateral
H26.491- H26.493	Other secondary cataract, right eye - Other secondary cataract, bilateral

Primary:

- After Cataract, reduced visual acuity (blurred vision, visual distortion, and/or glare) adversely impacting activities of daily living (ADLs)
- Visual acuity <20/30 or, < 20/25 if performed to assist in the diagnosis and treatment of retina disease, after other causes of decreased vision have been ruled out

B. Medical necessity for conditions not listed above require medical director determination

Coverage: Benefit coverage is specific to the member's benefit plan

Medically Necessary:

Coding:

CPT	
66821	DISSECTION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID); LASER SURGERY (EG, YAG LASER)(ONE OR MORE STAGES)

ICD-10	
H40.009	PRE-GLAUCOMA, UNSPECIFIED
E13.39	DIABETES MELLITUS WITH MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
E13.311	BACKGROUND DIABETIC RETINOPATHY
E13.351	PROLIFERTIVE DIABETIC RETINOPATHY
H35.30	MACULAR DEGENERATION (SENILE) OF RETINA, UNSPECIFIED
H35.31	NON-EXUDATIVE SENILE MACULAR DEGENERATION OF RETINA
H35.32	EXUDATIVE SENILE MACULAR DEGENERATION OF RETINA
H3.359	CYSTOID MACULAR DEGENERATION OF RETINA
H35.379	MACULAR PUCKERING OF RETINA
H35.81	RETINAL EDEMA
H21.40	ADHESIONS AND DISRUPTIONS OF PUPILLARY MEMBRANES
H40.019	OPEN ANGLE WITH BORDERLINE GLAUCOMA FINDINGS, LOW RISK
H40.039	ANATOMICAL NARROW ANGLE BORDERLINE GLAUCOMA
H40.059	OCULAR HYPERTENSION
H40.10X0	OPEN-ANGLE GLAUCOMA, UNSPECIFIED
H40.11X0	PRIMARY OPEN ANGLE GLAUCOMA
H40.1290	LOW TENSION OPEN-ANGLE GLAUCOMA
H40.20X0	PRIMARY ANGLE-CLOSURE GLAUCOMA, UNSPECIFIED
H40.2290	CHRONIC ANGLE-CLOSURE GLAUCOMA
H26.059	POSTERIOR SUBCAPSULAR POLAR NONSENILE CATARACT
H25.9	SENILE CATARACT, UNSPECIFIED
H25.89	PSEUDOEXFOLIATION OF LENS CAPSULE
H25.039	ANTERIOR SUBCAPSULAR POLAR SENILE CATARACT
H25.049	POSTERIOR SUBCAPSULAR POLAR SENILE CATARACT
H25.019	CORTICAL SENILE CATARACT
H25.10	SENILE NUCLEAR SCLEROSIS
H25.89	TOTAL OR MATURE CATARACT
H25.819	OTHER AND COMBINED FORMS OF SENILE CATARACT
H26.20	CATARACT COMPLICATA, UNSPECIFIED
H26.499	OTHER AFTER-CATARACT, NOT OBSCURING VISION
H26.9	UNSPECIFIED CATARACT
H53.8	OTHER SPECIFIED VISUAL DISTURBANCES
H54.7	UNSPECIFIED VISUAL LOSS
H17.9	CORNEAL OPACITY, UNSPECIFIED
H17.10	CENTRAL OPACITY OF CORNEA
H04.129	TEAR FILM INSUFFICIENCY, UNSPECIFIED
H43.819	VITREOUS DEGENERATION
H43.399	OTHER VITREOUS DEGENERATION
H43.319	VITREOUS MEMBRANES AND STRANDS

H27.00	APHAKIA
Q12.0	CONGENITAL CAPSULAR AND SUBCAPSULAR CATARACT
T85.29XA	MECHANICAL COMPLICATION DUE TO OCULAR LENS PROSTHESIS
Z96.1	LENS REPLACED BY OTHER MEANS
Z98.49	POSTSURGICAL CATARACT EXTRACTION STATUS

Summary of Revisions:

Date	Revision
5/28/2019	Updated LCD link and ICD-10 codes
7/9/2018	Removed ICD-9s
8/7/2015	Added ICD-10s

References:

To search Center for Medicare and Medicaid Services (CMS), Regulations and Guidance; [Regulations & Guidance - Centers for Medicare & Medicaid Services, http://www.cms.gov/Regulations-and-Guidance/Regulations-and-Guidance.html](http://www.cms.gov/Regulations-and-Guidance/Regulations-and-Guidance.html); 08/01/2013

To search CMS National Coverage Determinations (NCDs); [National Coverage Determinations \(NCDs\) Alphabetical Index http://www.cms.gov/medicare-coverage-database/indexes/ncd-alphabetical-index.aspx](http://www.cms.gov/medicare-coverage-database/indexes/ncd-alphabetical-index.aspx); 08/01/2013

Local Coverage Determinations (LCS) for YAG LASER CAPSULOTOMY for services performed on or after 10/01/2015: <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33968&ver=3&DocID=L33968&bc=AAAAABAAAA&>

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