Optometry Coding & Billing Alert

Associated Diagnoses

Medicare covers IOL calculation procedures for patients about to undergo cataract surgery. But just listing 366.x (Cataract) as your diagnosis code is likely to get your claim rejected.

Below is a list of specific ICD-9 codes that most carriers recognize as demonstrating medical necessity for both 76519 (Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation) and 92136 (Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation):

- 366.0x Infantile, juvenile and presenile cataract
- 366.13-366.19 Senile cataract
- 366.20 Traumatic cataract, unspecified
- 366.22 Total traumatic cataract
- 366.30 Cataracta complicata, unspecified
- 366.32 Cataract in inflammatory ocular disorders
- 366.33 Cataract with ocular neovascularization
- 366.34 Cataract in degenerative ocular disorders
- 366.41-366.46 Cataract associated with other disorders
- 379.31-379.34 Aphakia and other disorders of lens
- 743.30-743.39 Congenital cataract and lens anomalies
- 996.53 Mechanical complication of prosthetic device; due to ocular lens prosthesis
- V43.1 Lens replaced by other means.

Be sure to check with your own local carrier for specific coverage rules.