

## Outpatient Facility Coding Alert

### Reader Question: Billing 66982? Follow This Advice

**Question:** In our ASC, we have seen some denials for our 66982 claims. Could you walk us through the proper use of this code?

Georgia Subscriber

**Answer:** The code you mention is 66982 (Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage).

Your first step is to make sure the cataract really is complex and then document it sufficiently.

The surgeon's operative report should clearly state the reasons why the surgery qualifies as complex, but the best way to indicate complexity on your claim is to use the appropriate ICD-10 code(s). Medicare LCDs list a variety of diagnosis codes that justify 66982, so check with your local MAC for the most up-to-date specifics. Note that some payers will require two or more ICD-10 codes.

The following are examples of some of these diagnosis codes that justify 66982:

- H21.221 (Degeneration of ciliary body, right eye)
- H21.222 (Degeneration of ciliary body, left eye)
- H21.261 (Iris atrophy (essential) (progressive), right eye)
- H21.262 (Iris atrophy (essential) (progressive), left eye)
- H21.271 (Miotic pupillary cyst, right eye)
- H21.272 (Miotic pupillary cyst, left eye)
- H21.29 (Other iris atrophy)
- H21.531 (Iridodialysis, right eye)
- H21.532 (Iridodialysis, left eye)
- H21.561 (Pupillary abnormality, right eye).

**Beware:** Don't code every cataract surgery where dye was used to stain the capsule as "complex." The use of dye doesn't always meet 66982's requirements - sometimes it's just an additional surgical step.