Outpatient Facility Coding Alert

Reader Question: Hook in Extracapsular Cataract Removal With 66982

Question: Our ophthalmologist wants me to submit a claim for 66982, along with stretching of the pupil with iris hooks and staining of anterior capsule with vision blue dye. Are there separate codes for those services? Are they bundled?

South Carolina Subscriber

Answer: You can't claim them separately, but the use of iris hooks and blue dye in the anterior chamber will help back up your use of 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).

Key: According to CPT®, "devices or techniques not generally used in routine cataract surgery" distinguish complex cataract surgery from the other codes. The "iris expansion device" (e.g., iris hooks) is one of those devices. Any device or technique to gain access through a miotic pupil would also back up your 66982 claim.

Some Medicare carriers' policies on 66982 also mention the use of dye for visualization of capsulorrhexis as a reason to report the code. Very young patients (who are still in the amblyogenic stage) or weak intraocular support necessitating permanent intraocular sutures also indicate complex cataract removal.

However: Don't report 66982 just because the ophthalmologist encountered a surgical complication, such as the need to perform a vitrectomy. A true complex cataract extraction is prospectively planned based on pre-existing conditions.

Report 66982 only if the ophthalmologist knows preoperatively that the procedure is necessary and meets the requirements of the code descriptor. Documentation in the medical record prior to the surgery will support this decision.