

MEDICARE REIMBURSEMENT FOR YAG LASER CAPSULOTOMY

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QUESTION: What is YAG laser capsulotomy performed with Nidek's [YC-200](#)?

ANSWER: During extracapsular cataract surgery, the posterior shell of the lens is preserved. If the posterior capsule later develops opacities that reduce visual acuity, a YAG laser is used to cut the capsule and/or the adjacent hyaloid membrane to restore clear vision.

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QUESTION: What are the indications for YAG capsulotomy?

ANSWER: Medicare coverage policies are similar and require the following in the medical record.

- A decreased ability to carry out activities of daily living due to decreased vision (frequently documented by a [questionnaire](#))
- Decreased best-correct visual acuity of 20/30 or worse **or** a decrease of 2 lines of visual acuity demonstrated on a glare test (with a complaint of glare)
- Other eye diseases have been excluded as the primary cause of visual disability

Common diagnoses include ICD-10-CM codes in the H26.4- series (*After-cataract, Soemmering's Ring*), and may include T85.2- (*Other mechanical complication of other ocular prosthetic devices, implants*). Check your local coverage policies for details and specific guidance.

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QUESTION: What CPT code describes this procedure?

ANSWER: Use CPT 66821, "*Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (one or more stages)*".

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QUESTION: How much does Medicare allow for 66821?

ANSWER: The 2025 national Medicare fee schedule allowable amounts are:

Surgeon (in office)	\$320
Surgeon (in facility)	\$299
ASC facility fee	\$295
HOPD facility fee	\$549

The specific allowable amount is adjusted by local indices. Other payers set their own rates, which may differ significantly from the Medicare-published fee schedules.

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QUESTION: How should this procedure be documented in the medical record?

ANSWER: The indications for YAG laser capsulotomy should be clearly identified in the notes for the exam prior to the surgery. Regardless of the place of service (office, ASC or hospital), a consent and operative note are expected. The key components of the operative report are:

- Indications
- Pre-op instructions and pre-op medications
- Type of laser (only FDA approved lasers are appropriate)
- Laser setting: wavelength, power setting
- Treatment details: size and number of applications, duration of laser, placement of spots, operated eye
- Discharge instructions

A [sample operative report](#) suitable for documenting YAG laser capsulotomy is available on Corcoran Consulting Group's website.

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QUESTION: Is reimbursement made for YAG capsulotomy performed in the global surgery period of cataract?

ANSWER: Sometimes. Most Medicare contractors allow payment for this procedure on the same eye if the visual criteria are met, but expect it to happen rarely. For Medicare beneficiaries, YAG laser capsulotomy following cataract surgery occurs in most patients over a 3 year period. This rate has slowly declined over the past decades as surgical techniques and IOL materials improved.

The location where the YAG is performed affects the answer. Related surgical procedures performed *in the office* during the global period are considered part of postoperative care and are not separately billable. Procedures requiring a return to the operating room are reimbursed in the postoperative period; claims are submitted with modifier 78. Note that a dedicated laser suite in the surgeon's office is considered an operating room in this context ([MCPM, Ch 12, §40.1B](#)).

Recently, there has been increased frequency of early YAG capsulotomy in patients who receive presbyopia-correcting IOLs (P-C IOL). Oftentimes, the patient is symptomatic yet does not meet the requirements for YAG outlined in Medicare's policies. These laser surgeries are not covered. The upgrade package for the premium IOL includes payment for this service.

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QUESTION: Is 66821 used to report YAG laser of the anterior capsule or to remove specks from the surface of the IOL?

ANSWER: No. CPT 66821 is specifically defined as treatment on the "*opacified posterior lens capsule and/or anterior hyaloid*". There is no specific code to identify procedures on the anterior capsule or IOL. Use CPT 66999 (unlisted procedure, anterior segment) to describe these services.

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QUESTION: If we need to repeat YAG capsulotomy within 90 days on the same eye, is it covered?

ANSWER: Yes, but it is not paid separately. Infrequently, the capsular opening is not large enough following an initial YAG, or constricts slightly during the postoperative period, and the surgeon will perform a second procedure to remedy it. This is considered a continuation of the initial, failed, treatment. Because 66821 includes the descriptor, "*one or more stages*", repeat lasers are covered as part of the surgeon's global surgery fee for the original procedure so no additional payment is made within the postop period.

Keep in mind that Medicare-paid treatment of complications during the cataract global period could negatively impact your MIPS cost score.

If the repeat procedure is performed in an ASC or HOPD, separate payment is made for the facility fee because these facilities do not have global fees.

8

QUESTION: Is 66821 used to report YAG laser of the anterior capsule or to remove specks from the surface of the IOL?

ANSWER: No. CPT 66821 is specifically defined as treatment on the "*opacified posterior lens capsule and/or anterior hyaloid*". There is no specific code to identify procedures on the anterior capsule or IOL. Use CPT 66999 (unlisted procedure, anterior segment) to describe these services.

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QUESTION: What other therapies is the YC-200/200 S Plus used for?

ANSWER: The YC-200/200 S Plus is a combo YAG/SLT/Green Adaptor laser that, in addition to YAG capsulotomy, also performs selective laser trabeculoplasty (SLT) and laser peripheral iridotomy (LPI). Those procedures are addressed separately.

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