

# Clinical Policy: Cataract Extraction

Reference Number: CP.VP.08

Last Review Date: 08/2025

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## Description

A cataract is any opacity of the lens whether it is a small local opacity or a diffuse general loss of transparency. To be clinically significant, the cataract must cause a significant reduction in visual acuity or functional impairment. This policy describes the medical necessity requirements for cataract extraction.

*For complex cataract extraction, see policy CP.VP.12 Complex Cataract Extraction.*

## Policy/Criteria

- I. It is the policy of health plans affiliated with Centene Corporation® (Centene) and Envolve Vision, Inc.® (Envolve) that cataract extraction is **medically necessary** for the following indications:
  - A. Patient complaint of blurred vision and meaningful functional impairment due to cataract.
    1. If the patient's best corrected visual acuity is 20/50 or worse due to cataract, then functional impairment will be assumed.
    2. If the patient's best corrected Snellen acuity is 20/40 or clearer, the patient must have a specific functional impairment. Contrast sensitivity and/or glare results indicating a reduction in visual acuity on low or medium intensity should support cataract findings.
  - B. Lens induced diseases such as uveitis, phacomorphic or phacolytic glaucoma, which requires lens extraction, or existing concomitant ocular disease such as diabetic retinopathy.
- II. It is the policy of Centene and Envolve that cataract extraction is **not medically necessary** for the following indications:
  - A. Refractive lens exchange to correct refractive error in an otherwise functional lens.
  - B. Premium intraocular lens (IOL) to correct refractive error when cataract surgery is medically necessary.
  - C. Same day bilateral cataract surgery, as both the patient and surgeon need sufficient time to assess the results of the first-eye surgery to determine the clinical need and appropriate timing for the surgery on the second eye. Sufficient time should have elapsed to evaluate and treat early postoperative complications.

## Background

A cataract is an opacification of the lens that leads to measurably decreased visual acuity and/or functional disability as perceived by the patient. Cataracts may occur as a result of aging or secondary to heredity factors, trauma, inflammation, metabolic or nutritional disorders, or radiation. Age-related cataracts are the most common. Classifications for the three most common types of cataracts are defined below:

1. Nuclear sclerotic cataract (NSC) is the most common type, especially in the elderly, with yellowing and sclerosis of the lens nucleus that gradually causes a decrease in vision.

2. Posterior subcapsular cataract (PSC) typically involves a central white haziness in the posterior aspects of the lens. When this type of cataract is within the visual axis, symptoms can be prominent and disabling. These cataracts can progress rapidly over a short period of time.
3. Cortical cataracts (CC) usually involve cuneiform or spoke-like white opacities. When these opacities approach the visual axis, symptoms of decrease in vision and glare can be significant.

Clinical evaluation prior to cataract surgery is critical to success of the procedures. Therefore, an ocular examination must be performed in the office within three months prior to the planned surgery. The exam should include the following elements:

1. Patient history including patient's assessment of functional status
2. Best-corrected Snellen acuity and manifest refraction
3. Measurement of intra-ocular pressure
4. Assessment of pupillary function
5. External examination
6. Slit lamp examination including grading of cataract
7. Dilated examination of the fundus
8. Thorough medical history and physical examination as deemed appropriate for the planned anesthesia and surgery

The postoperative examination should contain the following elements:

1. Assessment of visual functions with each visit
2. Measurement of intra-ocular pressure and slit lamp examination with each visit
3. In the absence of improved visual acuity, history should be taken directly from the patient in order to assess the impact of the surgery on the patient's vision, function, and activities
4. A dilated exam of the fundus to include the peripheral retina at least once during the postoperative period, preferably within 90 days to 6 months from date of surgery

Prior to performing surgery on the second eye, the patient's first eye should have a stable post-operative manifest refraction and the patient should perceive improved function. The patient and the ophthalmologist should discuss the benefits, risks and timing of the second-eye surgery when they have an opportunity to evaluate the results of the surgery on the first eye.

Consistent with the Preferred Practice Patterns of the American Academy of Ophthalmology, it is recommended that all patients have their best manifest refraction dispensed after first-eye cataract surgery. This will allow patients to assess their visual outcome in a best-corrected state (OU) before proceeding immediately with an elective procedure in the contra-lateral eye. If persistent visual difficulties are noted after the patient has received a best-corrected refraction and glasses prescribed, then consideration can then be given for proceeding with surgery in the contra-lateral eye.

### **Coding Implications**

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informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT® Codes	Description
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification); without endoscopic cyclophotocoagulation

**ICD-10-CM Diagnosis Codes that Support Coverage Criteria**

+ Indicates a code requiring an additional character

ICD-10-CM Code	Description
E08.36	Diabetes mellitus due to underlying condition with diabetic cataract
E09.36	Drug or chemical induced diabetes mellitus with diabetic cataract
E10.36	Type 1 diabetes mellitus with diabetic cataract
E11.36	Type 2 diabetes mellitus with diabetic cataract
H25.011	Cortical age-related cataract, right eye
H25.012	Cortical age-related cataract, left eye
H25.013	Cortical age-related cataract, bilateral
H25.031	Anterior subcapsular polar age-related cataract, right eye
H25.032	Anterior subcapsular polar age-related cataract, left eye
H25.033	Anterior subcapsular polar age-related cataract, bilateral
H25.041	Posterior subcapsular polar age-related cataract, right eye
H25.042	Posterior subcapsular polar age-related cataract, left eye
H25.043	Posterior subcapsular polar age-related cataract, bilateral
H25.091	Other age-related incipient cataract, right eye
H25.092	Other age-related incipient cataract, left eye
H25.093	Other age-related incipient cataract, bilateral
H25.11	Age-related nuclear cataract, right eye
H25.12	Age-related nuclear cataract, left eye
H25.13	Age-related nuclear cataract, bilateral
H25.21	Age-related cataract, morgagnian type, right eye
H25.22	Age-related cataract, morgagnian type, left eye
H25.23	Age-related cataract, morgagnian type, bilateral
H25.811	Combined forms of age-related cataract, right eye
H25.812	Combined forms of age-related cataract, left eye
H25.813	Combined forms of age-related cataract, bilateral
H26.011	Infantile and juvenile cortical, lamellar, or zonular cataract, right eye
H26.012	Infantile and juvenile cortical, lamellar, or zonular cataract, left eye
H26.013	Infantile and juvenile cortical, lamellar, or zonular cataract, bilateral
H26.031	Infantile and juvenile nuclear cataract, right eye
H26.032	Infantile and juvenile nuclear cataract, left eye
H26.033	Infantile and juvenile nuclear cataract, bilateral
H26.041	Anterior subcapsular polar infantile and juvenile cataract, right eye

ICD-10-CM Code	Description
H26.042	Anterior subcapsular polar infantile and juvenile cataract, left eye
H26.043	Anterior subcapsular polar infantile and juvenile cataract, bilateral
H26.051	Posterior subcapsular polar infantile and juvenile cataract, right eye
H26.052	Posterior subcapsular polar infantile and juvenile cataract, left eye
H26.053	Posterior subcapsular polar infantile and juvenile cataract, bilateral
H26.061	Combined forms of infantile and juvenile cataract, right eye
H26.062	Combined forms of infantile and juvenile cataract, left eye
H26.063	Combined forms of infantile and juvenile cataract, bilateral
H26.111	Localized traumatic opacities, right eye
H26.112	Localized traumatic opacities, left eye
H26.113	Localized traumatic opacities, bilateral
H26.121	Partially resolved traumatic cataract, right eye
H26.122	Partially resolved traumatic cataract, left eye
H26.123	Partially resolved traumatic cataract, bilateral
H26.131	Total traumatic cataract, right eye
H26.132	Total traumatic cataract, left eye
H26.133	Total traumatic cataract, bilateral
H26.211	Cataract with neovascularization, right eye
H26.212	Cataract with neovascularization, left eye
H26.213	Cataract with neovascularization, bilateral
H26.221	Cataract secondary to ocular disorders (degenerative) (inflammatory), right eye
H26.222	Cataract secondary to ocular disorders (degenerative) (inflammatory), left eye
H26.223	Cataract secondary to ocular disorders (degenerative) (inflammatory), bilateral
H26.231	Glaucomatous flecks (subcapsular), right eye
H26.232	Glaucomatous flecks (subcapsular), left eye
H26.233	Glaucomatous flecks (subcapsular), bilateral
H26.31	Drug-induced cataract, right eye
H26.32	Drug-induced cataract, left eye
H26.33	Drug-induced cataract, bilateral
H26.411	Soemmering's ring, right eye
H26.412	Soemmering's ring, left eye
H26.413	Soemmering's ring, bilateral
Q12.0	Congenital cataract
Q12.1	Congenital displaced lens
Q12.2	Coloboma of lens
Q12.4	Spherophakia
Q12.8	Other congenital lens malformations

Reviews, Revisions, and Approvals	Date	Approval Date
Original approval date	12/2019	12/2019
Converted to new template; Combined clinical policies on cataract extraction and second eye cataract extraction	04/2020	06/2020
Annual Review; Updated references	12/2020	12/2020
Annual Review	12/2021	01/2022
Annual Review; Updated references	11/2022	12/2022
Annual Review	11/2023	12/2023
Annual Review	11/2024	12/2024
Annual Review	08/2025	10/2025

**References**

1. American Academy of Ophthalmology Cataract and Anterior Segment Panel, Preferred Practice Panel® Guidelines, Cataract in the Adult Eye, San Francisco, CA, American Academy of Ophthalmology, 2021, <https://www.aaof.org/preferred-practice-pattern/cataract-in-adult-eye-ppp-2021-in-press>
2. National Institute for Health and Care Excellence (UK). Cataracts in adults: management. London: National Institute for Health and Care Excellence (UK); 2017 Oct. (NICE Guideline, No. 77.) Available from: <https://www.ncbi.nlm.nih.gov/books/NBK464182>
3. Medical Advisory Secretariat. Intraocular lenses for the treatment of age-related cataracts: an evidence-based analysis. Ont Health Technol Assess Ser. 2009;9(15):1-62. Epub 2009 Oct 1.
4. Iroku-Malize T, Kirsch S. Eye Conditions in Older Adults: Cataracts. FP Essent. 2016 Jun;445:17-23.

**Important Reminder**

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

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**Note: For Medicaid members,** when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

**Note: For Medicare members,** to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <https://www.cms.gov> for additional information.

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