

Clinical Policy: Complex Cataract Extraction

Reference Number: CP.VP.12

Last Review Date: 08/2025

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Description

The primary indication for cataract surgery is meaningful functional impairment due to cataract that would likely improve when the cataract is removed. For cataract surgery to be considered complex, the procedure must require devices or techniques not generally used in routine cataract surgery or must be performed on patients in the amblyogenic developmental age. This policy describes the medical necessity requirements for complex cataract extraction.

Note: For non-complex cataract extraction, see *CP.VP.08 Cataract Extraction*.

Policy/Criteria

- I. It is the policy of health plans affiliated with Centene Corporation® (Centene) and Envolve Vision, Inc.® (Envolve) that complex cataract surgery is **medically necessary** for the following indications:
 - A. One or more of the following conditions must be met:
 1. Patient complaint of blurred vision and meaningful functional impairment due to cataract. (Note: If the patient's best corrected visual acuity is 20/50 or worse due to cataract, then functional impairment will be assumed. 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.)
 2. Lens induced diseases such as uveitis, phacomorphic or phacolytic glaucoma, which requires lens extraction, or existing concomitant ocular disease such as diabetic retinopathy.
 - B. One or more of the following conditions must be met:
 1. Small or bound pupil requiring four quadrant iris retractors
 2. Pediatric cataract surgery (with or without implant) requiring primary capsulotomy and anterior vitrectomy
 3. Use of capsular fixation devices or lens fixation sutures because of pre-operative zonular or capsular insufficiency.
 4. Hypermature lenses requiring conversion from phacoemulsification procedures to extracapsular procedure.
 5. Preoperative trauma or previous surgery resulting in major iris distortion or scarring and/or vitreous present in the anterior segment preoperatively.
 6. Obvious preoperative phacodonesis
 7. Lens subluxation of any type (Marfan's, homocystinuria, etc.)
 8. Acute or emergency lens extractions related to lens-induced uveitis, lens induced glaucoma, or phacomorphic glaucoma.
 9. History of previous chronic or currently active uveitis requiring extensive follow-up post cataract surgery with complicated medical regimens to control postoperative inflammatory response.
 10. Cataract associated with other severe ocular abnormalities-PHPV, ROP, etc.

II. It is the policy of health plans affiliated with Centene Corporation® (Centene) and Envolve Vision, Inc.® (Envolve) that routine use of capsular stain or the use of capsular stain without meeting and identifying the criteria listed above for medical necessity of complex surgical technique does not meet criteria for cataract surgery coded as ‘complex’.

Background

The American Medical Association (AMA) created the complex cataract surgery code (CPT 66982) in 2001 to compensate physicians for the additional pre-operative, intra-operative, and post-operative work and increased risk management associated with certain difficult clinical scenarios involving cataract extraction (with or without IOL implantation) encountered in ophthalmic practice. Examples of situations in which complex measures are required in performing cataract extraction are as follows:

- Use of iris expansion devices - typically four-quadrant iris hooks. A miotic pupil which will not dilate sufficiently to allow adequate visualization of the lens in the posterior chamber of the eye and which requires the insertion of iris retractors through additional incisions, mechanical expansion of the pupil, a sector iridectomy with subsequent suture repair of iris sphincter, use of a Malyugian ring and multiple iris sphincterotomies created with scissors. This situation is most commonly encountered in Intraoperative Floppy Iris Syndrome (ICD-9 364.81), as a result of Tamsulosin (Flomax) use or medications with similar side effects.
- Cataract extraction performed in the face of capsular or zonular insufficiency requiring suture support for the intraocular lens or endocapsular rings. The presence of a disease state that produces lens support structures that are abnormally weak or absent. This requires the need to support the lens implant with permanent intraocular sutures, or when a capsular support ring may be necessary to allow secure placement of an intraocular lens.
- Pediatric cataract surgery (with or without IOL implantation), usually requiring primary posterior capsulorrhexis or anterior vitrectomy, and associated with complex postoperative refractive rehabilitation in amblyogenic patients. Pediatric cataract surgery that may be more difficult intraoperatively due to an anterior capsule which is more difficult to tear, cortex which is more difficult to remove, and the need for a primary posterior capsulotomy or capsulorrhexis.

In the three examples listed above it is clear there is substantial departure from "normal technique" requiring increased intraoperative work and intraoperative manipulation.

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2025, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for 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
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (e.g., irrigation and

CPT® Codes	Description
	aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g., iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; 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
H26.042	Anterior subcapsular polar infantile and juvenile cataract, left eye
H26.043	Anterior subcapsular polar infantile and juvenile cataract, bilateral

ICD-10-CM Code	Description
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
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Reviews, Revisions, and Approvals	Date	Approval Date
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Annual Review; Updated references	12/2020	12/2020
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Annual Review; Updated references	11/2022	12/2022
Annual Review	11/2023	12/2023
Annual Review	11/2024	12/2024
Updated policy to exclude the use of capsular stain as independent criteria for complex level cataract surgery.	08/2025	10/2025

References

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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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