

## UTILIZATION REVIEW CRITERIA

### YAG Laser iCare Criteria #668.00

#### YAG CAPSULOTOMY – CPT CODE: 66821

##### Criteria:

YAG laser capsulotomy will be considered medically necessary and reasonable if the following criteria are met:

- The patient complains of symptoms such as blurred vision, visual distortion and/or glare resulting in reduced ability or inability to carry out activities of daily living due to decreased visual acuity or an increase in glare, particularly under bright light conditions, and/or conditions of night driving, AND,
- The eye examination confirms the diagnosis of posterior capsular opacification and excludes other ocular causes of functional impairment, AND,
- The eye examination demonstrates a best corrected visual acuity of 20/30 or worse under Snellen conditions, OR,
- Additional testing demonstrates:
  - contrast sensitivity testing resulting in a decreased best corrected visual acuity by two (2) lines, OR,
  - a decrease of two (2) lines of best corrected visual acuity in a glare tester (through an FDA cleared device and setting).

##### Additional Considerations:

- *YAG laser capsulotomy is expected to be performed only once per eye per lifetime.*
- YAG laser capsulotomy should not be routinely scheduled after cataract surgery and not within 90 days post-operatively unless necessary to improve observation in special circumstances which will be evaluated on a case-by-case basis. Special circumstances may include:
  - Posterior capsular plaque/opacity which cannot be safely removed during primary phacoemulsification cataract procedure.
  - Capsular block during which cataract remnants and fluid become trapped within the lens capsule and addressed with YAG laser posterior capsulotomy.
  - Contraction of the posterior capsule with displacement of the intraocular lens.
- YAG laser capsulotomy is considered medically necessary and reasonable if the procedure is needed to visualize the fundus when a concomitant intraocular condition or disease (ex. diabetic retinopathy, retinal detachment, intraocular tumor, etc.) exists that is requiring monitoring or treatment, and the concomitant intraocular condition or disease is unable to be viewed due to posterior capsular opacification.

- YAG capsulotomy scheduled within six weeks after implantation of an IOL will be considered part of the reimbursement of the cataract surgery.

### Documentation Requirements:

- All documentation must be maintained in the patient's medical record and made available upon request. *The provider has a responsibility to maintain a record for possible post payment review.*
- Every page of the record must be legible and include appropriate patient identification information (ex. complete name, date of birth, date of service[s]).
- The documentation must include the legible signature of the physician or non-physician practitioner responsible for and providing the care to the patient.
- Date of cataract surgery. When the cataract surgery date is unknown, an approximate timeline shall be documented (ex. cataract surgery performed two years ago).
- The submitted medical record must support the use of the selected ICD-10-CM code(s). The submitted CPT/HCPCS code must describe the service performed.
- Office notes supplying documentation of complaints or symptomatology for visual disturbances and the effect on activities of daily living.
- Diagnostic test results.
- Documentation of risk, benefits, and alternatives having been explained to the patient and/or the patient's legal guardian.
- Documentation of a statement that the patient desires to proceed with the procedure must be obtained from the patient and/or the patient's legal guardian.
- Pre-operative notes must be signed by the provider that will be performing the procedure.

### Sources:

*Portions of the criteria herein may have been adopted in whole or in part from Local Coverage Determinations as provided by the applicable fiscal intermediary and/or criteria from certain health plan partners.*

- American Academy of Ophthalmology. Cataract in the Adult Eye Preferred Practice Pattern®. San Francisco, CA: AAO; 2021.
- First Coast Service Options, Inc. Local Coverage Determination Reference Article: Billing and Coding: Cataract Extraction (including Complex Cataract Surgery) (A58592). Jacksonville, FL: First Coast; effective July 11, 2021.
- First Coast Service Options, Inc. Local Coverage Determination (LCD): YAG Laser Capsulotomy (L33968). Jacksonville, FL: First Coast; effective January 8, 2019.
- Palmetto GBA. Local Coverage Determination (LCD): YAG Capsulotomy (L37644). Columbia, SC: Palmetto; effective March 10, 2022.

<b>REVIEW AND REVISION HISTORY</b>		
<b>Date</b>	<b>Description</b>	<b>Approver &amp; Title</b>
January 12, 2026	Approval by PAC	Approval by PAC
February 21, 2025	Revised criteria, Approved by PAC approved Via email.	Approved by PAC
February 2025	Administrative revisions (non-clinical)	Dr. Smith Blanc, Director of UM
January 15, 2024	Approval by PAC	Approved by PAC
November 2023	Administrative revisions (non-clinical)	Dr. Smith Blanc, Director of UM
July 17, 2023	Approval by PAC (clinical documentation changes made)	Approved by PAC
January 23, 2023	Approval by PAC	Approved by PAC
January 17, 2022	Approval by PAC	Approved by PAC
January 18, 2021	Approval by PAC	Approved by PAC
January 27, 2020	Approval by PAC	Approved by PAC
October 12, 2020	Approval by PAC	Approved by PAC
April 13, 2020	Approval by PAC	Approved by PAC
January 28, 2019	Approval by PAC	Approved by PAC
January 29, 2018	Approval by PAC	Approved by PAC
January 9, 2017	Approval by PAC	Approved by PAC