Fact Sheet: What Is Billable in Traditional Cataract Surgery?

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YES, THE FOLLOWING ARE BILLABLE IN TRADITIONAL CATARACT SURGERY

• The examination to determine the need for surgery
• The pre-surgical refraction if the practice determines it as appropriate
• Ultrasound or biometry. Either CPT code 76519 Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation or 92136 Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation
  o May only be payable to the surgeon depending on the payer
• A history and physical examination
  o CMS no longer requires an H&P prior to surgery
  o Each facility will determine for themselves the timing and extent of the H&P required for outpatient procedures
• CPT code 76512 Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed nonquantitative A-scan)
  o For patients with dense cataracts which preclude visualization of the posterior segment of the eye including the vitreous or retina
• CPT code 92025 Computerized corneal topography, unilateral or bilateral, with interpretation and report
  o With the diagnosis of burn, corrosion degeneration, dystrophy, ectasia, edema, irregular astigmatism, keratoconus, keratopathy, laceration, opacities, pterygium and/or ulcer
• Correction of patient’s natural astigmatism
• ORA for post refractive patients
• The final refraction

NO, THESE ARE NOT BILLABLE (IE, NO ADDITIONAL CHARGES FOR THE PAYER/PATIENT)

• The technique used to remove the natural lens per CMS rulings 05-01 and 153R
• Dropless cataract surgery
• Monovision or blended vision
• Any other additional screening or rule-out test