



**UM-CDG-094 YAG Capsulotomy**

**Approved By:  
Director, Health Services**

**Effective Date:  
10/16/2025**

***This Policy applies to all SECUR affiliates, associates, and subsidiaries.***

Approved by Courtney Gonzales, Director of Health Services on behalf of the Utilization Management Committee.

## **PURPOSE**

This coverage determination guideline serves to address Yttrium Aluminum Garnet (YAG) laser capsulotomy, a non-invasive ophthalmic procedure used to treat posterior capsule opacification (PCO), a common complication that can occur after cataract surgery. PCO happens when the thin, clear membrane (posterior capsule) that holds the artificial lens implant in place becomes cloudy over time, leading to blurred or diminished vision. During the procedure, a focused YAG laser is used to create a small opening in the cloudy capsule, allowing light to pass through clearly to the retina and restoring vision. The procedure is typically performed in an outpatient setting, is painless, and usually requires only topical anesthesia. It provides rapid improvement in vision with minimal recovery time and a low risk of complications.

For SECUR Health Plan members, National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) will be applied to requests when applicable. SECUR Health Plan Coverage Determination Guidelines (CDG) will be utilized in the absence of an appropriate NCD and/or LCD.

## **DEFINITIONS**

**None**

## **POLICY**

SECUR Health Plan recognizes Neodymium-doped Yttrium Aluminum Garnet (YAG) laser capsulotomies are performed in cases of opacification of the posterior capsule, generally no less than 90 days following cataract extraction. YAG performed less than 90 days following cataract extraction should meet both the indications and limitations of this Local Coverage Determination (LCD). The percentage of patients having this procedure varies greatly among ophthalmologists. Diagnosis of functional visual impairment due to capsular opacification is based on clinical judgment regarding 1 or more of the following:

1. Visual loss and/or symptom of glare (visual acuity 20/30 or worse under Snellen conditions, using contrast sensitivity, or simulated glare testing);
2. Symptoms of decreased contrast;
3. Amount of posterior capsular opacification or;
4. Other possible causes of decreased vision following cataract surgery.

**Limitations**

This procedure will not be covered within 3 months post cataract surgery unless justified by 1 of the following indications:

1. Posterior capsular plaque/opacity which cannot be safely removed during primary phacoemulsification cataract procedure
2. Capsular block during which cataract remnants and fluid become trapped within the lens capsule and addressed with YAG laser posterior capsulotomy
3. Contraction of the posterior capsule with displacement of the intraocular lens.

**References:**

1. American Academy of Ophthalmology. [Cataract in the Adult Eye, Preferred Practice Pattern](#). San Francisco: American Academy of Ophthalmology, 2016. Accessed 2/1/22.
2. Local Coverage Determination (LCD) L37644, YAG Capsulotomy, <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=37644>

