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Does Commercial Reimbursement Recognize Cataract Surgery Complexity?

Purpose: Medicare pays a higher professional but no additional facility fee for complex (66982) versus standard (66984) cataract surgery, and prior work shows it fails to offset added costs. Whether commercial insurers reward complexity is unknown. This study measured the within-contract differential between these codes from one national commercial insurer.

Methods: Cross-sectional analysis of Cigna's national Transparency in Coverage (TiC) files from August 2026. An AI-generated Python script extracted negotiated professional and facility rates for complex (66982) and standard (66984) cataract surgery, excluding percentage and per-diem entries. Rates were matched within each negotiated contract (same network, billing class, and provider-group set) to allow for within-contract comparisons. For each matched contract, the 66982 rate minus the 66984 rate was calculated. Differentials were summarized as median and interquartile range (IQR), separately for professional and facility fees, and compared with published Medicare incremental reimbursement.

Results: Nearly all contracts priced both codes, producing 197,638 professional (99.3%) and 53,877 facility (99.2%) matched pairs. The median professional differential was \$249 (IQR \$172–\$344), roughly a 37% premium for complex surgery; 66982 was priced higher in 84.2% of contracts and identical in 15.4%. In contrast, the median facility differential was \$0 (IQR \$0–\$0), with rates identical in 96.5% of contracts, higher for 66982 in 2.7%, and lower in 0.8%. Medicare similarly pays \$207 more in professional but \$0 more in facility reimbursement for complex cataract surgery.

Conclusion: In a national commercial insurer, complex cataract surgery earned a substantial professional premium but no additional facility reimbursement, mirroring Medicare's flat facility payment structure. Ophthalmologists can use these findings to petition Medicare and commercial payers for facility fee reimbursement that is adjusted for surgical complexity.