

Ophthalmology

A comprehensive illustrated guide to coding
and reimbursement

SAMPLE

2022

optum360coding.com

Contents

Getting Started with Coding Companion	i	Arteries and Veins.....	55
CPT Codes	i	Extracranial Nerves	57
ICD-10-CM.....	i	Eyeball	59
Detailed Code Information	i	Anterior Segment.....	75
Appendix Codes and Descriptions.....	i	Posterior Segment.....	152
CCI Edit Updates	i	Ocular Adnexa	179
Index.....	i	Conjunctiva	238
General Guidelines	i	Operating Microscope.....	276
		Medicine Services.....	277
Ophthalmology Procedures and Services	1	HCPCS.....	338
E/M Services	1	Appendix	339
General Integumentary/Skin	16	Correct Coding Initiative Update	353
Introduction	27	Index.....	401
Repair	28		
Head	44		

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Getting Started with Coding Companion

Coding Companion for Ophthalmology is designed to be a guide to the specialty procedures classified in the CPT® book. It is structured to help coders understand procedures and translate physician narrative into correct CPT codes by combining many clinical resources into one, easy-to-use source book.

The book also allows coders to validate the intended code selection by providing an easy-to-understand explanation of the procedure and associated conditions or indications for performing the various procedures. As a result, data quality and reimbursement will be improved by providing code-specific clinical information and helpful tips regarding the coding of procedures.

CPT Codes

For ease of use, evaluation and management codes related to Ophthalmology are listed first in the *Coding Companion*. All other CPT codes in *Coding Companion* are listed in ascending numeric order. Included in the code set are all surgery, radiology, laboratory, and medicine codes pertinent to the specialty. Each CPT code is followed by its official CPT code description.

Resequencing of CPT Codes

The American Medical Association (AMA) employs a resequenced numbering methodology. According to the AMA, there are instances where a new code is needed within an existing grouping of codes, but an unused code number is not available to keep the range sequential. In the instance where the existing codes were not changed or had only minimal changes, the AMA assigned a code out of numeric sequence with the other related codes being grouped together. The resequenced codes and their descriptions have been placed with their related codes, out of numeric sequence.

CPT codes within the Optum360 *Coding Companion* series display in their resequenced order. Resequenced codes are enclosed in brackets for easy identification.

ICD-10-CM

Overall, the 10th revision goes into greater clinical detail than did ICD-9-CM and addresses information about previously classified diseases, as well as those diseases discovered since the last revision. Conditions are grouped with general epidemiological purposes and the evaluation of health care in mind. New features have been added, and conditions have been reorganized, although the format and conventions of the classification remain unchanged for the most part.

Detailed Code Information

One or more columns are dedicated to each procedure or service or to a series of similar procedures/services. Following the specific CPT code and its narrative, is a combination of features. A sample is shown on page ii. The black boxes with numbers in them correspond to the information on the pages following the sample.

Appendix Codes and Descriptions

Some CPT codes are presented in a less comprehensive format in the appendix. The CPT codes appropriate to the specialty are included in the appendix with the official CPT code description. The codes are presented in numeric order, and each code is followed by an easy-to-understand lay description of the procedure.

The codes in the appendix are presented in the following order:

- HCPCS
- Pathology and Laboratory
- Surgery
- Medicine Services
- Radiology
- Category III

Category II codes are not published in this book. Refer to the CPT book for code descriptions.

CCI Edit Updates

The *Coding Companion* series includes the list of codes from the official Centers for Medicare and Medicaid Services' National Correct Coding Policy Manual for Part B Medicare Contractors that are considered to be an integral part of the comprehensive code or mutually exclusive of it and should not be reported separately. The codes in the Correct Coding Initiative (CCI) section are from version XX.X, the most current version available at press time. The CCI edits are located in a section at the back of the book. Optum360 maintains a website to accompany the Coding Companions series and posts updated CCI edits on this website so that current information is available before the next edition. The website address is <http://www.optum360coding.com/ProductUpdates/>. The 2022 edition password is: XXXXXX22. Log in each quarter to ensure you receive the most current updates. An email reminder will also be sent to you to let you know when the updates are available.

Index

A comprehensive index is provided for easy access to the codes. The index entries have several axes. A code can be looked up by its procedural name or by the diagnoses commonly associated with it. Codes are also indexed anatomically. For example:

67415 Fine needle aspiration of orbital contents

could be found in the index under the following main terms:

Aspiration

Orbital Contents, 67415

OR

Fine Needle Aspiration

Orbital Contents, 67415

OR

Orbital Contents

Aspiration, 67415

General Guidelines

Providers

The AMA advises coders that while a particular service or procedure may be assigned to a specific section, it is not limited to use only by that specialty group (see paragraphs two and three under "Instructions for Use of the CPT Codebook" on page xiv of the CPT Book). Additionally, the procedures and services listed throughout the book are for use by any qualified physician or other qualified health care professional or entity (e.g., hospitals, laboratories, or home health agencies). Keep in mind that there may be other policies or guidance that can affect who may report a specific service.

Supplies

Some payers may allow physicians to separately report drugs and other supplies when reporting the place of service as office or other nonfacility setting. Drugs and supplies are to be reported by the facility only when performed in a facility setting.

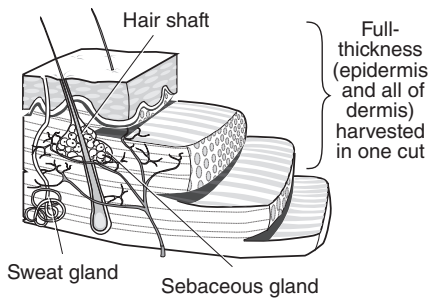
Professional and Technical Component

Radiology and some pathology codes often have a technical and a professional component. When physicians do not own their own equipment and send their patients to outside testing facilities, they should append modifier 26 to the procedural code to indicate they performed only the professional component.

15260-15261

15260 Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less

+ **15261** each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)



Explanation

The physician harvests a full-thickness skin graft from one area of the body and grafts it to an area on the eyelids needing repair. A full-thickness skin graft consists of both the superficial and deeper layers of skin (epidermis and dermis). The resulting surgical wound at the donor site is closed by lifting the remaining skin edges and placing sutures to close directly. Residual adipose tissue is removed from the underside of the graft. The graft is sutured onto the wound bed to cover a defect of the eyelids of no more than 20 sq cm. Report 15261 for each additional 20 sq cm or part thereof.

Coding Tips

Report 15261 in addition to 15260. Preparation of the recipient site is reported separately, see 15004-15005. Repair of the donor site requiring skin grafts or local flaps is to be added as an additional procedure. If significant additional time and effort is documented, append modifier 22 and submit a cover letter and operative report. Local anesthesia is included in these services; however, these procedures may be performed with the patient under general anesthesia.

ICD-10-CM Diagnostic Codes

- C43.111 Malignant melanoma of right upper eyelid, including canthus ✓
- C43.112 Malignant melanoma of right lower eyelid, including canthus ✓
- C44.1121 Basal cell carcinoma of skin of right upper eyelid, including canthus ✓
- C44.1122 Basal cell carcinoma of skin of right lower eyelid, including canthus ✓
- C44.1221 Squamous cell carcinoma of skin of right upper eyelid, including canthus ✓
- C44.1222 Squamous cell carcinoma of skin of right lower eyelid, including canthus ✓
- C44.1321 Sebaceous cell carcinoma of skin of right upper eyelid, including canthus ✓
- C44.1322 Sebaceous cell carcinoma of skin of right lower eyelid, including canthus ✓
- C44.1921 Other specified malignant neoplasm of skin of right upper eyelid, including canthus ✓
- C44.1922 Other specified malignant neoplasm of skin of right lower eyelid, including canthus ✓
- C4A.111 Merkel cell carcinoma of right upper eyelid, including canthus ✓
- C4A.112 Merkel cell carcinoma of right lower eyelid, including canthus ✓

S01.131A Puncture wound without foreign body of right eyelid and periocular area, initial encounter ✓

S01.151A Open bite of right eyelid and periocular area, initial encounter ✓

AMA: 15260 2018,Jan,8; 2017,Jan,8; 2016,Jun,8; 2016,Jan,13; 2015,Jan,16; 2014,Jan,11 15261 2018,Jan,8; 2017,Jan,8; 2016,Jun,8; 2016,Jan,13; 2015,Jan,16; 2014,Jan,11

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
15260	11.64	15.61	1.25	28.5
15261	2.23	3.46	0.3	5.99
Facility RVU	Work	PE	MP	Total
15260	11.64	11.29	1.25	24.18
15261	2.23	1.43	0.3	3.96

	FUD	Status	MUE	Modifiers			IOM Reference	
15260	90	A	1(2)	51	N/A	N/A	N/A	None
15261	N/A	A	6(3)	N/A	N/A	N/A	N/A	

* with documentation

Terms To Know

basal cell carcinoma. Basal cell carcinoma: Abnormal growth of skin cells that arises from the deepest layer of the epidermis and may present as an open sore, red patches, pink growth, or scar. Typically caused by sun exposure, it is one of the most common forms of skin cancer.

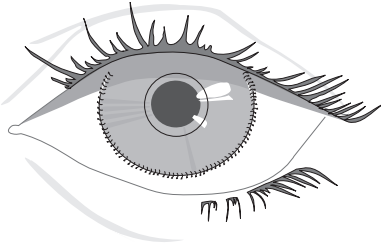
full thickness skin graft. Graft consisting of skin and subcutaneous tissue.

squamous cell carcinoma. Uncontrolled growth of abnormal skin cells that arises from the outer layers of the skin (epidermis) and may present as an open sore. It is characterized by a firm, red nodule, elevated growth with a central depression, or a flat sore with a scaly crust.

65770

65770 Keratoprosthesis

The procedure tries to re-create the anterior chamber of a damaged eye



Explanation

The physician creates a new anterior chamber with a plastic optical implant that replaces a severely damaged cornea that cannot be repaired. Sometimes the corneal prosthesis is sutured to the sclera; other times, extensive damage to the eye requires the implant be sutured to the closed and incised eyelid.

Coding Tips

Code with caution. This procedure is rarely used. Include a cover letter and a copy of the operative report. This procedure is generally performed with a retrobulbar injection rather than general anesthesia. Do not report 65770 with 92025 for computerized corneal topography. Supplies used when providing this procedure may be reported with the appropriate HCPCS Level II code. Check with the specific payer to determine coverage.

ICD-10-CM Diagnostic Codes

- B00.52 Herpesviral keratitis
- B02.33 Zoster keratitis
- B60.13 Keratoconjunctivitis due to Acanthamoeba
- E50.6 Vitamin A deficiency with xerophthalmic scars of cornea
- H16.011 Central corneal ulcer, right eye ✓
- H16.021 Ring corneal ulcer, right eye ✓
- H16.031 Corneal ulcer with hypopyon, right eye ✓
- H16.041 Marginal corneal ulcer, right eye ✓
- H16.051 Mooren's corneal ulcer, right eye ✓
- H16.061 Mycotic corneal ulcer, right eye ✓
- H16.071 Perforated corneal ulcer, right eye ✓
- H16.111 Macular keratitis, right eye ✓
- H16.121 Filamentary keratitis, right eye ✓
- H16.141 Punctate keratitis, right eye ✓
- H16.211 Exposure keratoconjunctivitis, right eye ✓
- H16.221 Keratoconjunctivitis sicca, not specified as Sjogren's, right eye ✓
- H16.231 Neurotrophic keratoconjunctivitis, right eye ✓
- H16.251 Phlyctenular keratoconjunctivitis, right eye ✓
- H16.261 Vernal keratoconjunctivitis, with limbar and corneal involvement, right eye ✓
- H16.311 Corneal abscess, right eye ✓
- H16.321 Diffuse interstitial keratitis, right eye ✓
- H16.331 Sclerosing keratitis, right eye ✓
- H16.421 Pannus (corneal), right eye ✓
- H16.431 Localized vascularization of cornea, right eye ✓
- H16.441 Deep vascularization of cornea, right eye ✓

- H17.01 Adherent leukoma, right eye ✓
- H17.11 Central corneal opacity, right eye ✓
- H18.11 Bullous keratopathy, right eye ✓
- H18.221 Idiopathic corneal edema, right eye ✓
- H18.421 Band keratopathy, right eye ✓
- H18.441 Keratomalacia, right eye ✓
- H18.451 Nodular corneal degeneration, right eye ✓
- H18.511 Endothelial corneal dystrophy, right eye ✓
- H18.521 Epithelial (juvenile) corneal dystrophy, right eye ✓
- H18.531 Granular corneal dystrophy, right eye ✓
- H18.541 Lattice corneal dystrophy, right eye ✓
- H18.551 Macular corneal dystrophy, right eye ✓
- H18.621 Keratoconus, unstable, right eye ✓
- H18.831 Recurrent erosion of cornea, right eye ✓
- L51.1 Stevens-Johnson syndrome
- S05.21XA Ocular laceration and rupture with prolapse or loss of intraocular tissue, right eye, initial encounter ✓
- S05.31XA Ocular laceration without prolapse or loss of intraocular tissue, right eye, initial encounter ✓
- T26.11XA Burn of cornea and conjunctival sac, right eye, initial encounter ✓
- T26.61XA Corrosion of cornea and conjunctival sac, right eye, initial encounter ✓
- T86.8411 Corneal transplant failure, right eye ✓
- T86.8481 Other complications of corneal transplant, right eye ✓

AMA: 65770 2016, Feb, 12; 2014, Jan, 11

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
65770	19.74	18.41	1.41	39.56
Facility RVU	Work	PE	MP	Total
65770	19.74	18.41	1.41	39.56

	FUD	Status	MUE	Modifiers				IOM Reference
65770	90	A	1(2)	51	50	N/A	80	None

* with documentation

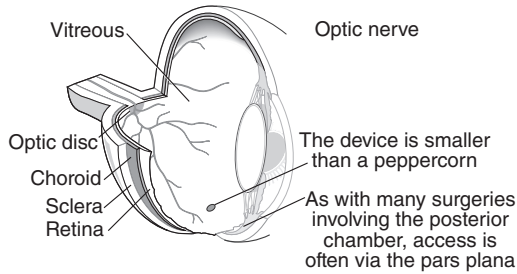
Terms To Know

anterior chamber. Space in the eye located between the cornea and the lens that contains aqueous humor. The anterior chamber is bounded by the sclera and cornea in front and the ciliary body, iris, and pupillary portion of the lens in the back.

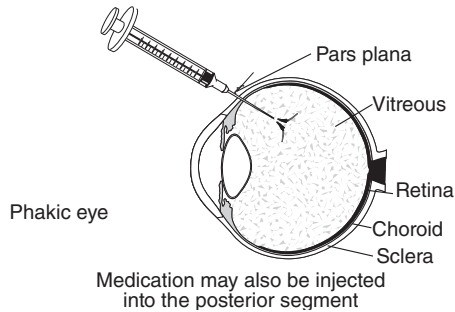
implant. Material or device inserted or placed within the body for therapeutic, reconstructive, or diagnostic purposes.

67027-67028

- 67027** Implantation of intravitreal drug delivery system (eg, ganciclovir implant), includes concomitant removal of vitreous
- 67028** Intravitreal injection of a pharmacologic agent (separate procedure)



The implantation of an intravitreal drug delivery device. A tiny capsule is implanted and attached to the sclera.



Explanation

The physician implants an intravitreal drug delivery system to provide consistent delivery of a drug to an area of the eye affected by disease. Implants are capable of releasing a controlled amount of a specific drug for months, avoiding drug toxicity and other problems associated with prolonged intravenous therapies. Using a scalpel, the physician makes an inferotemporal pars plana incision. Approximately 0.5 milliliter of vitreous is removed. The implant (e.g., ganciclovir or fluocinolone acetonide) in the form of a small pellet is placed through the wound, implanted into the vitreous, and sutured to the sclera. The wound is closed and intraocular pressure is restored. In 67028, the physician introduces medication into the posterior segment via a small syringe. Drops to numb the eye are used prior to needle insertion as well as antibiotic drops after the procedure is complete. This medication administration does not require any sutures.

Coding Tips

Code 67028 is a separate procedure by definition and is usually a component of a more complex service and is not identified separately. When performed alone or with other unrelated procedures/services it may be reported. If performed alone, list the code; if performed with other procedures/services, list the code and append modifier 59 or an X{EPSU} modifier. If vitreous is removed and sent to an outside laboratory for analysis, report 99000 for handling of the specimen. For removal of a previously placed implant, see 67121. Since the drug delivery system works only for a defined period of time, the drug implant may need to be replaced. When a new replacement implant is inserted into another location without removing the previous implant, report 67027. Do not report 67028 with 65800-65815. Supplies used when providing these procedures may be reported with the appropriate HCPCS Level II code. Check with the specific payer to determine coverage.

ICD-10-CM Diagnostic Codes

- E10.3311 Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye ✓
- E10.3511 Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye ✓
- E11.3311 Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye ✓
- E11.3411 Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye ✓
- E11.3511 Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye ✓
- H30.011 Focal chorioretinal inflammation, juxtapapillary, right eye ✓
- H30.021 Focal chorioretinal inflammation of posterior pole, right eye ✓
- H30.031 Focal chorioretinal inflammation, peripheral, right eye ✓
- H30.041 Focal chorioretinal inflammation, macular or paramacular, right eye ✓
- H30.111 Disseminated chorioretinal inflammation of posterior pole, right eye ✓
- H30.121 Disseminated chorioretinal inflammation, peripheral right eye ✓
- H30.131 Disseminated chorioretinal inflammation, generalized, right eye ✓
- H30.891 Other chorioretinal inflammations, right eye ✓
- H34.8310 Tributary (branch) retinal vein occlusion, right eye, with macular edema ✓
- H34.8311 Tributary (branch) retinal vein occlusion, right eye, with retinal neovascularization ✓
- H34.8312 Tributary (branch) retinal vein occlusion, right eye, stable ✓
- H35.3211 Exudative age-related macular degeneration, right eye, with active choroidal neovascularization A ✓
- H35.3212 Exudative age-related macular degeneration, right eye, with inactive choroidal neovascularization A ✓
- H35.3213 Exudative age-related macular degeneration, right eye, with inactive scar A ✓
- H35.81 Retinal edema
- H44.011 Panophthalmitis (acute), right eye ✓
- H44.021 Vitreous abscess (chronic), right eye ✓
- H44.111 Panuveitis, right eye ✓

AMA: 67027 2018,Jan,8; 2018,Feb,3; 2017,Jan,8; 2016,Jan,13; 2016,Feb,12; 2015,Jan,16; 2014,Jan,11 67028 2018,Jan,8; 2018,Feb,3; 2017,Jan,8; 2016,Jan,13; 2016,Feb,12; 2015,Jan,16; 2014,Jan,11

Relative Value Units/Medicare Edits

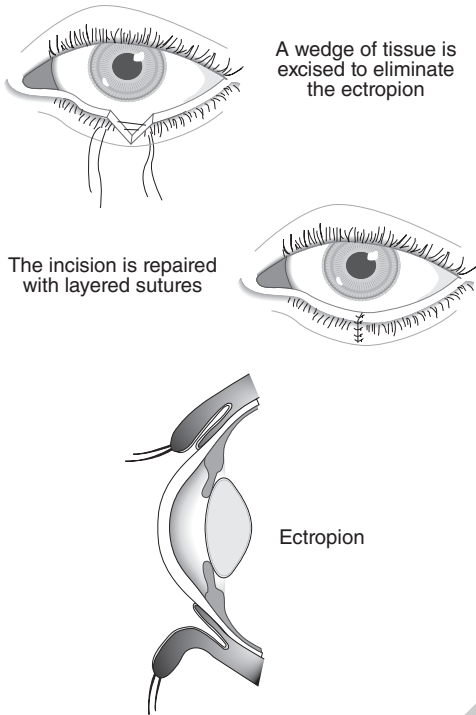
Non-Facility RVU	Work	PE	MP	Total
67027	11.62	11.59	0.86	24.07
67028	1.44	1.31	0.11	2.86
Facility RVU	Work	PE	MP	Total
67027	11.62	11.59	0.86	24.07
67028	1.44	1.24	0.11	2.79

	FUD	Status	MUE	Modifiers				IOM Reference
67027	90	A	1(2)	51	50	62*	80	None
67028	0	A	1(3)	51	50	N/A	N/A	

* with documentation

67916

67916 Repair of ectropion; excision tarsal wedge



A wedge of tissue is excised to eliminate the ectropion

The incision is repaired with layered sutures

Ectropion

Explanation

An ectropion is a turning outward of the margin of the eyelid. The physician administers local anesthetic and the patient's face and eyelid are draped and prepped for surgery. A section of tarsus and conjunctiva in the configuration of a diamond or rhomboid is taken from the posterior or back surface of the lower lid. Incisions are closed with interrupted absorbable sutures to rotate the eyelid margin posteriorly toward the globe.

Coding Tips

Local anesthesia is included in this service and should not be reported separately. This procedure includes the use of the operating microscope (69990). For correction of ectropion with suture only, see 67914. Do not report 67916 with 67961 or 67966 for the same eyelid. For correction of ectropion with cautery, see 67915. Surgical trays, A4550, are not separately reimbursed by Medicare; however, other third-party payers may cover them. Check with the specific payer to determine coverage.

ICD-10-CM Diagnostic Codes

- H02.111 Cicatricial ectropion of right upper eyelid ✓
- H02.112 Cicatricial ectropion of right lower eyelid ✓
- H02.114 Cicatricial ectropion of left upper eyelid ✓
- H02.115 Cicatricial ectropion of left lower eyelid ✓
- H02.121 Mechanical ectropion of right upper eyelid ✓
- H02.122 Mechanical ectropion of right lower eyelid ✓
- H02.124 Mechanical ectropion of left upper eyelid ✓
- H02.125 Mechanical ectropion of left lower eyelid ✓
- H02.131 Senile ectropion of right upper eyelid ▲ ✓
- H02.132 Senile ectropion of right lower eyelid ▲ ✓
- H02.134 Senile ectropion of left upper eyelid ▲ ✓

- H02.135 Senile ectropion of left lower eyelid ▲ ✓
- H02.141 Spastic ectropion of right upper eyelid ✓
- H02.142 Spastic ectropion of right lower eyelid ✓
- H02.144 Spastic ectropion of left upper eyelid ✓
- H02.145 Spastic ectropion of left lower eyelid ✓

AMA: 67916 2018,Jan,8; 2017,Jan,8; 2016,Jan,13; 2016,Feb,12; 2015,Jan,16; 2014,Jan,11

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
67916	5.48	11.24	0.44	17.16
Facility RVU	Work	PE	MP	Total
67916	5.48	6.23	0.44	12.15

	FUD	Status	MUE	Modifiers				IOM Reference
67916	90	A	2(3)	51	50	N/A	N/A	None

* with documentation

Terms To Know

absorbable sutures. Strands used for suture or repair of tissue prepared from collagen or a synthetic polymer and capable of being absorbed by tissue over time.

blepharochalasis. Loss of elasticity and relaxation of skin of the eyelid, thickened or indurated skin on the eyelid associated with recurrent episodes of edema, and intracellular atrophy.

blepharoplasty. Plastic surgery of the eyelids to remove excess fat and redundant skin weighting down the lid. The eyelid is pulled tight and sutured to support sagging muscles.

cauterization. Tissue destruction by means of a hot instrument, an electric current, or a caustic chemical.

cicatricial lagophthalmos. Scarring that results in an eye that cannot be completely closed.

conjunctiva. Mucous membrane lining of the eyelids and covering of the exposed, anterior sclera.

ectropion. Drooping of the lower eyelid away from the eye or outward turning or eversion of the edge of the eyelid, exposing the palpebral conjunctiva and causing irritation.

entropion. Inversion of the eyelid, turning the edge in toward the eyeball and causing irritation from contact of the lashes with the surface of the eye.

incision. Act of cutting into tissue or an organ.

operating microscope. Compound microscope with two or more lens systems or several grouped lenses in one unit that provides magnifying power to the surgeon up to 40X.

posterior. Located in the back part or caudal end of the body.

ptosis. Drooping or displacement of the upper eyelid, caused by paralysis, muscle problems, or outside mechanical forces.

tarsus. Inner connective tissue framework of the eyelids that provides stiffness and shape.

G0168

G0168 Wound closure utilizing tissue adhesive(s) only

Explanation

Wound closure done by using tissue adhesive only, not any kind of suturing or stapling, is reported with this code. Tissue adhesives, such as Dermabond, are materials that are applied directly to the skin or tissue of an open wound to hold the margins closed for healing.

Coding Tips

Code G0168 is reported when a Medicare patient undergoes a superficial repair or closure using a tissue adhesive only. This includes those instances where sutures have been used for the repair of deeper layers and tissue adhesive is used to close the superficial layer. Payment for this service is at the discretion of the carrier.

ICD-10-CM Diagnostic Codes

- S01.111A Laceration without foreign body of right eyelid and periocular area, initial encounter
- S01.112A Laceration without foreign body of left eyelid and periocular area, initial encounter
- S01.121A Laceration with foreign body of right eyelid and periocular area, initial encounter
- S01.122A Laceration with foreign body of left eyelid and periocular area, initial encounter
- S01.131A Puncture wound without foreign body of right eyelid and periocular area, initial encounter
- S01.132A Puncture wound without foreign body of left eyelid and periocular area, initial encounter
- S01.141A Puncture wound with foreign body of right eyelid and periocular area, initial encounter
- S01.142A Puncture wound with foreign body of left eyelid and periocular area, initial encounter
- S01.151A Open bite of right eyelid and periocular area, initial encounter
- S01.152A Open bite of left eyelid and periocular area, initial encounter
- S01.159A Open bite of unspecified eyelid and periocular area, initial encounter

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
G0168	0.31	2.66	0.06	3.03
Facility RVU	Work	PE	MP	Total
G0168	0.31	0.17	0.06	0.54

	FUD	Status	MUE	Modifiers			IOM Reference	
G0168	0	A	2(3)	51	N/A	N/A	N/A	None

* with documentation

Terms To Know

dermis. Skin layer found under the epidermis that contains a papillary upper layer and the deep reticular layer of collagen, vascular bed, and nerves.

epidermis. Outermost, nonvascular layer of skin that contains four to five differentiated layers depending on its body location: stratum corneum, lucidum, granulosum, spinosum, and basale.

laceration. Tearing injury; a torn, ragged-edged wound.

subcutaneous. Below the skin.

superficial. On the skin surface or near the surface of any involved structure or field of interest.

wound. Injury to living tissue often involving a cut or break in the skin.

wound repair. Surgical closure of a wound is divided into three categories: simple, intermediate, and complex. **simple repair:** Surgical closure of a superficial wound, requiring single layer suturing of the skin epidermis, dermis, or subcutaneous tissue. **intermediate repair:** Surgical closure of a wound requiring closure of one or more of the deeper subcutaneous tissue and non-muscle fascia layers in addition to suturing the skin; contaminated wounds with single layer closure that need extensive cleaning or foreign body removal. **complex repair:** Repair of wounds requiring more than layered closure (debridement, scar revision, stents, retention sutures).

70030

70030 Radiologic examination, eye, for detection of foreign body

Explanation

X-rays of the eyes are obtained to determine the location of a foreign body in the eye. After positioning the patient, a one- or two-view x-ray is obtained. Transparent objects such as glass may not be good candidates for x-ray visualization. The physician supervises the procedure and interprets and reports the findings.

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
70030	0.17	0.68	0.02	0.87
Facility RVU	Work	PE	MP	Total
70030	0.17	0.68	0.02	0.87

70140

70140 Radiologic examination, facial bones; less than 3 views

Explanation

X-rays of the facial bones are obtained to determine an injury, fracture, or neoplasm. After positioning the patient, less than three views of the facial bones are obtained. The physician supervises the procedure and interprets and reports the findings.

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
70140	0.19	0.67	0.02	0.88
Facility RVU	Work	PE	MP	Total
70140	0.19	0.67	0.02	0.88

70150

70150 Radiologic examination, facial bones; complete, minimum of 3 views

Explanation

X-rays of the facial bones are obtained to determine an injury, fracture, or neoplasm. After positioning the patient, a complete series of x-rays of the facial bones, with a minimum of three views, is obtained. The physician supervises the procedure and interprets and reports the findings.

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
70150	0.26	1.01	0.02	1.29
Facility RVU	Work	PE	MP	Total
70150	0.26	1.01	0.02	1.29

70170

70170 Dacryocystography, nasolacrimal duct, radiological supervision and interpretation

Explanation

Dacryocystography is the radiographic evaluation of the lacrimal system to localize the site of an obstruction. One cc of a water-soluble contrast medium is injected through the lower canaliculus and x-rays of the excretory system are obtained. The physician supervises the procedure and interprets and reports the findings.

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
70170	0.0	0.0	0.0	0.0
Facility RVU	Work	PE	MP	Total
70170	0.0	0.0	0.0	0.0

70190

70190 Radiologic examination; optic foramina

Explanation

Radiological examination of the optic foramina is useful in the evaluation of trauma, tumors, or foreign bodies. After positioning the patient, the radiologist obtains x-rays of the optic foramina. The physician supervises the procedure and interprets and reports the findings.

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
70190	0.21	0.85	0.02	1.08
Facility RVU	Work	PE	MP	Total
70190	0.21	0.85	0.02	1.08

70200

70200 Radiologic examination; orbits, complete, minimum of 4 views

Explanation

Radiological examination of the orbits is useful in the evaluation of trauma, tumors, or foreign bodies. After positioning the patient, the radiologist obtains a minimum of four x-ray views of the orbits. Standard methods include posteroanterior (PA) exposures from two different positions, lateral views, optic canal projections, and oblique views of each side for comparison. The physician supervises the procedure and interprets and reports the findings.

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
70200	0.28	1.01	0.02	1.31
Facility RVU	Work	PE	MP	Total
70200	0.28	1.01	0.02	1.31

76510

76510 Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter

Explanation

Diagnostic ophthalmic ultrasound, also called echography, is performed to image intraocular anatomy or to differentiate orbital lesions or disease. A-scan is a one-dimensional measurement procedure using high-frequency sound waves introduced into the eye in a straight line. B-scan utilizes sound waves in a two-dimensional scanning procedure to display a two-dimensional image of the internal ocular structures. Through a transducer placed on the eye, high-frequency sound waves are sent through the eye, which reflect back to a receiver, are converted into electrical pulses, and displayed on screen. In quantitative A scan, the resulting single-dimensional image provides information about tissue structure and reflective/sound absorptive properties. B-scan can locate structures in the eye that may be obscured by cataract, hemorrhages, or opacities and provides information as to a lesion's shape, mobility, insertion, or relationship to neighboring structures. This code reports both types of scanning performed in the same patient encounter.

CPT Index

A

Abdomen, Abdominal
Abscess
Incision and Drainage
Skin and Subcutaneous Tissue, 10060-10061
Biopsy
Incisional, 11106-11107
Punch, 11104-11105

Abscess
Eyelid
Incision and Drainage, 67700
Skin
Incision and Drainage, 10060-10061
Complicated, 10061
Multiple, 10061
Simple, 10060
Single, 10060
Puncture Aspiration, 10160

Absolute Neutrophil Count (ANC), 85048

Adhesion, Adhesions
Eye
Corneovitreous, 65880
Incision
Anterior Segment, 65860-65870
Posterior Segment, 65875
Intermarginal
Construction, 67880
Transposition of Tarsal Plate, 67882

Administration
Injection
Intramuscular Antibiotic, 96372
Therapeutic, Diagnostic, Prophylactic
Intra-arterial, 96373
Intramuscular, 96372
Intravenous, 96374-96376
Subcutaneous, 96372

Advanced Life Support
Emergency Department Services, 99281-99285

AFGE, 66020

After Hours Medical Services, 99051-99053, 99060

Ahmed Glaucoma Valve
Insertion, 66180
Removal, 67120
Revision, 66185

ALK (Automated Lamellar Keratoplasty), 65710

Allergy Tests
Eye Allergy, 95060

Allograft Preparation
Cornea, 65757

Amnion
Membrane Placement
for Wound Healing, 65778-65779

Amniotic Membrane
Transplant (AMT), 65780

AMT, 65780

Analgesia, 99151-99157

Analysis
Eye Movement, 0615T

Anatomic
Guide, 3D Printed, 0561T-0562T
Model, 3D Printed, 0559T-0560T

ANC, 85048

Anesthesia
Conscious Sedation, 99151-99157
Sedation
Moderate, 99155-99157
with Independent Observation, 99151-99153
Suture Removal, 15850-15851

Angiography
Fluorescein, 92235
Indocyanine-Green, 92240

Antibiotic Administration
Injection, 96372-96376

Aqueous Shunt
to Extraocular Reservoir, 66179-66180

Aqueous Shunt — *continued*
to Extraocular Reservoir — *continued*
Revision, 66184-66185
to Supraciliary Space, 0474T
without Extraocular Reservoir, 0449T-0450T

Arthroplasty
Intervertebral Disc
Total Replacement, [0376T]

Artificial Eye
Prosthesis
Cornea, 65770
Ocular, 65770, 66983-66985, 92358 [66988]

Aspiration
Cyst
Fine Needle, 10021, 67415 [10004, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012]
Fine Needle, 10021, 67415 [10004, 10005, 10006, 10007, 10008, 10009, 10010, 10011, 10012]
Lens Material, 66840
Orbital Contents, 67415
Vitreous, 67015

Automated Lamellar Keratoplasty (ALK), 65710

Axilla
Skin Graft
Full Thickness, 15240-15241

B

Biometry
Eye, 76516-76519, 92136

Biopsy
Conjunctiva, 68100
Cornea, 65410
Eye Muscle, 67346
Eyelid, [67810]
Lacrimal Gland, 68510
Lacrimal Sac, 68525
Orbit
Exploration, 67400, 67450
Fine Needle Aspiration, 67415
Skin Lesion, 11102-11107

Bleeding Time, 85002

Blepharoplasty, 15820-15823
Ectropion
Excision Tarsal Wedge, 67916
Extensive, 67917
Entropion
Excision Tarsal Wedge, 67923
Extensive, 67924

Blepharoptosis
Repair, 67901-67909
Frontalis Muscle Technique, 67901
with Fascial Sling, 67902
Superior Rectus Technique with Fascial Sling, 67906
Tarsus Levator Resection
Advancement
External Approach, 67904
Internal Approach, 67903

Blepharospasm
Chemodeneration, 64612

Blepharotomy, 67700

Blood
Bleeding Time, 85002
Cell Count
Automated, 85049
Blood Smear, 85007-85008
Complete Blood Count (CBC), 85025-85027
Differential WBC Count, 85004-85007, 85009
Hematocrit, 85014
Hemoglobin, 85018
Hemogram
Added Indices, 85025-85027
Automated, 85025-85027
Manual, 85032
Microhematocrit, 85013
Red Blood Cells, 85032-85041

Blood — *continued*
Cell Count — *continued*
Reticulocyte, 85044-85046
White Blood Cell, 85032, 85048
Hemoglobin
Concentration, 85046
Platelet
Automated Count, 85049
Count, 85008
Manual Count, 85032
Reticulocyte, 85046
Smear
Microscopic Examination, 85007-85008
Test(s)
Panels
Electrolyte, 80051
General Health Panel, 80050
Metabolic Panel, Basic
Basic, 80047-80048
Comprehensive, 80053
Ionized Calcium, 80047
Total Calcium, 80048

Blood-Out Fracture
Orbital Floor, 21385-21395

Bone
Graft
Fracture
Orbit, 21408
Orbit
Blowout Fracture, 21395
Fracture, 21408
Hyperplasia, 21260
Reconstruction, 21256
Repositioning, 21267

Botulinum Toxin
Chemodeneration
Extraocular Muscle, 67345
Facial Muscle, 64612

Brain
Magnetoencephalography, 95965-95967

Brow Ptosis
Repair, 67900
Reduction of Overcorrection, 67909

Burns
Debridement, 16020-16030
Dressing, 16020-16030
Tissue Culture Skin Grafts, 15120-15121

C

Calcium
Ionized
Panel, 80047
Total
Panel, 80048

Caldwell-Luc Procedure(s), 21385
Orbital Floor Blowout Fracture, 21385

Canthopexy
Lateral, 21282
Medial, 21280

Canthoplasty, 67950

Canthorrhaphy, 67880-67882

Canthotomy, 67715

Canthus
Reconstruction, 67950

Capsule
Eye, 66830
Injection, 67515
Tenon's, 67515

Capsulotomy
Eye, 66830

Carbuncle
Incision and Drainage, 10060-10061

Cataract
Discission, 66820-66821
Excision, 66830
Incision, 66820-66821
Laser, 66821
Stab Incision, 66820

Cataract — *continued*
Removal
Extraction
Extracapsular, 66982-66984 [66987, 66988]
Intracapsular, 66983

Cauterization
Chemical
Corneal Epithelium, 65435-65436
Granulation Tissue, 17250
Cornea, 65450
Ectropion, 67915
Entropion, 67922
Everted Punctum, 68705
Iris, 66155
Lacrimal Punctum Closure, 68760
Skin Lesion
Benign, 17000-17004
Malignant, 17280-17286
Pre-malignant, 17000-17004

CBC (Complete Blood Count), 85025-85027

Chalazion
Excision, 67800-67808
Multiple
Different Lids, 67805
Same Lids, 67801
Single, 67800
Under Anesthesia, 67808

Challenge Tests
Cholinesterase Inhibitor, 95857

Cheek
Skin Graft
Full Thickness, 15240-15241
Split, 15120-15121

Chemical
Cauterization
Corneal Epithelium, 65435-65436
Granulation Tissue, 17250

Chemistry Tests
Organ or Disease Oriented Panel
Electrolyte, 80051
General Health Panel, 80050
Metabolic
Basic, 80047-80048
Calcium
Ionized, 80047
Total, 80048
Comprehensive, 80053

Chemocauterization
Corneal Epithelium, 65435
with Chelating Agent, 65436

Chemodeneration
Extraocular Muscle, 67345
Facial Muscle, 64612-64615
Muscle
Extraocular, 67345
Facial, 64612
Neck Muscle, 64615

Chemodermatopathy
Destruction
Benign Lesion, 17110-17111
Malignant Lesion, 17280-17286
Premalignant Lesion, 17000-17004

Chin
Skin Graft
Full Thickness, 15240-15241
Split, 15120-15121

Chloride
Panels
Basic Metabolic, 80047-80048
Comprehensive Metabolic, 80053
Electrolyte, 80051

Cholinesterase Inhibitor Challenge Test, 95857

Choroid
Aspiration, 67015
Destruction
Lesion, 67220-67225
Removal Neovascularization, 67043

Choroidopathy, 67208-67218

Ciliary Body
Cyst
Destruction
Cryotherapy, 66720