## (ㄹ) P) PAPC

Your essential illustrated coding guide for ophthalmology \& optometry, including CPT, HCPCS Level II, tips, CPT ${ }^{\circledR}$ to ICD-10-CM Cross References, NCCI edits, and RVU information

## CODERS' SPECIALTY GUIDE

# Ophthalmology <br> \& Optometry 



2024

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## +10004

Fine needle aspiration biopsy, without imaging guidance; each additional lesion (List separately in addition to code for primary procedure)

## Clinical Responsibility

With the patient properly prepared and anesthetized (typically with local anesthesia) and following FNA of an initial lesion, the provider inserts a needle, such as an 18 - to 25 -gauge needle with an attached syringe, into an additional suspicious lesion or area of tissue and withdraws cells, tissue, or fluid for laboratory analysis. The provider may make several passes to obtain an adequate specimen. The provider then sends the aspirate to the pathology lab for analysis.

## Coding Tips

For FNA of an initial lesion using imaging guidance, see 10005 (ultrasound), 10007 (fluoroscopy), 10009 (CT), and 10011 (MRI) and $+10006,+10008,+10010$ and +10012 for each additional lesion respectively.

## Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$43.62, Non Facility: $\$ 52.34$, OPPS Facility: $\$ 27.91$, OPPS Non Facility: \$27.91
RVU Facility Work RVU: 0.80, PE RVU: 0.34 , Malpractice RVU: 0.11, Total RVU: 1.25
RVU Non-Facility Work RVU: 0.80, PE RVU: 0.59, Malpractice RVU: 0.11, Total RVU: 1.50

Indicators Preoperative: 0.00 , Intraoperative: 0.00 , Postoperative: 0.00 , Total RVU: 0, Global Period: ZZZ, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 3
Modifier Allowances $22,52,53,58,59,76,77,78,79,80,81,82,99$, AQ, AR, AS, GA, GC, GZ, LT, PD, Q6, QJ, RT, SC, XE, XP, XS, XU

## CCI Alerts (version 27.3)

$0213 T^{1}, 0216 T^{1}, 10012^{1}, 10035^{1}, 19281^{1}, 19283^{1}, 19285^{1}, 19287^{1}$, $36000^{1}, 36410^{1}, 36591^{0}, 36592^{0}, 61650^{1}, 62324^{1}, 62325^{1}, 62326^{1}$, $62327^{1}, 64415^{1}, 64416^{1}, 64417^{1}, 64450^{1}, 64454^{1}, 64486^{1}, 64487^{1}$, $64488^{1}, 64489^{1}, 64490^{1}, 64493^{1}, 76000^{1}, 76380^{1}, 76942^{1}, 76998^{1}$, $77001^{1}, 77002^{1}, 77012^{1}, 77021^{11}, 96360^{1}, 96365^{1}, 96372^{11}, 96374^{1}$, $96375^{1}, 96376^{1}, 96377^{1}, 96523^{\circ}$, J2001 $^{1}$

## ICD-10 CrossRef

C00.3, C01, C02.9, C04.1, C06.9, C07, C08.0, C12, C13.9, C15.9, C22.0-C22.4, C22.7, C22.8, C32.1, C32.8, C34.30-C34.32, C43.20-C43.22, C43.30-C43.39, C43.51-C43.59, C43.60-C43.62, C46.0, C50.011-C50.019, C50.111-C50.119, C50.211-C50.219, C50.411-C50.419, C50.811-C50.819, C50.911-C50.919, C51.9, C76.0, C76.1, C77.0, C77.3, C79.2, C79.81, C79.89, C79.9, C82.50, C82.51, C82.55, C82.59, C83.31-C83.35, C84.90, C84.91, C84.95, C84.99, C84.A0, C84.A1, C84.A5, C84.A9, C84.Z0, C84.Z1, C84.Z5, C84.Z9, C85.10, C85.11, C85.15, C85.19, C85.20, C85.21, C85.25, C85.29, C85.80, C85.81, C85.85, C85.89, C85.90, C85.91, C85.95,

C85.99, C86.0, C86.4, C88.8, C94.40-C94.42, C94.6, D03.20-D03.22, D03.30, D03.39, D03.51-D03.59, D03.60-D03.62, D05.00-D05.02, D05.10-D05.12, D05.80-D05.82, D05.90-D05.92, D11.0-D11.9, D17.0, D17.1, D17.20-D17.24, D17.30, D17.39, D17.72, D17.79, D17.9, D19.7, D21.0, D22.5, D22.70-D22.72, D23.5, D23.70-D23.72, D36.0, D36.7, D37.030-D37.039, D44.0-D44.2, D44.9, D47.1, D47.2, D47.9, D47.Z9, D48.0-D48.2, D48.60-D48.62, D48.7, D48.9, D49.0-D49.7, D49.9, D64.9, D75.9, D78.01, D78.02, D78.21, D78.22, D89.2, E01.0-E01.2, E03.4, E03.9, E04.0-E04.9, E06.0, E07.89, E07.9, E35, E36.01, E36.02, E65, E78.71, E89.820-E89.823, G97.31, G97.32, G97.51, G97.52, G97.63, G97.64, H66.10-H66.13, H69.80-H69.83, H93.8X1-H93.8X9, H94.80-H94.83, H95.21, H95.22, H95.41, H95.42, H95.53, H95.54, I42.0-I42.5, I42.8, I42.9, I70.235, I70.245, I70.335, I70.345, I70.435, I70.445, I70.535, I70.545, I70.635, I70.645, I70.735, I70.745, I82.91, I88.1-I88.9, I89.8, I97.410-I97.418, I97.42, 197.610-I97.618, I97.622, I97.640-I97.648, J95.61, J95.62, J95.830, J95.831, J95.862, J95.863, J98.4, K11.20-K11.23, K11.3-K11.6, K11.9, K91.61, K91.62, K91.840, K91.841, K91.870-K91.873, L02.31, L02.415, L02.416, L02.419, L02.91, L03.115, L03.116, L03.119, L03.125, L03.126, L03.129, L03.317, L03.327, L03.90, L03.91, L57.0, L76.01, L76.02, L76.21, L76.22, L76.31-L76.34, L97.501-L97.504, L97.509, L97.511-L97.514, L97.519, L97.521-L97.524, L97.529, L98.3, L98.7, M54.2, M70.20-M70.22, M71.30, M77.10-M77.12, M79.4, M81.0, M96.810, M96.811, M96.830, M96.831, M96.840-M96.843, N60.01-N60.09, N60.11-N60.19, N61.0, N62, N63.0, N63.10-N63.15, N63.20-N63.25, N63.31, N63.32, N63.41, N63.42, N64.1, N64.4, N99.61, N99.62, N99.820, N99.821, N99.840-N99.843, Q18.0-Q18.9, Q87.2, Q87.3, Q87.5, Q87.81, Q87.89, Q89.2, Q89.8, R13.0, R13.10, R18.8, R19.02, R20.8, R20.9, R22.0-R22.2, R22.30-R22.33, R22.40-R22.43, R22.9, R29.4, R59.0-R59.9, R68.89, R69, R90.0, R92.1, R92.8, R99, S90.421D, S90.422D, S90.423D, S90.424D, S90.425D, S90.426D, S90.521D, S90.522D, S90.529D, S90.821D, S90.822D, S90.829D, S90.869A, Y84.4, Z00.6, Z12.89, Z85.21, Z85.3, Z85.6, Z86.79

## 10005

Fine needle aspiration biopsy, including ultrasound guidance; first lesion

## Clinical Responsibility

With the patient properly prepared and anesthetized (typically with local anesthesia), the provider inserts a needle, such as an 18to 25 -gauge needle with an attached syringe, under ultrasound imaging guidance into a suspicious lesion or area of tissue and withdraws cells, tissue, or fluid for laboratory analysis. The provider may make several passes to obtain an adequate specimen. The provider then sends the aspirate to the pathology lab for analysis.

## Coding Tips

Report +10006 for each additional lesion in addition to the primary code 10005.

For FNA of an initial lesion using other types of imaging guidance, see 10007 (fluoroscopy), 10009 (CT), and 10011 (MRI) and +10008, +10010 and +10012 for each additional lesion respectively.

RVU Facility Work RVU: 1.81, PE RVU: 0.67, Malpractice RVU: 0.19, Total RVU: 2.67
RVU Non-Facility Work RVU: 1.81, PE RVU: 7.06, Malpractice RVU: 0.19, Total RVU: 9.06

Indicators Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: XXX, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 1
Modifier Allowances $22,51,52,53,58,59,76,77,78,79,80,81,82$, 99, AQ, AR, AS, GA, GC, GZ, LT, PD, Q6, QJ, RT, SC, XE, XP, XS, XU

## CCI Alerts (version 27.3)

$0213 T^{1}, 0216 \mathrm{~T}^{1}, 10004^{1}, 10005^{1}, 10006^{1}, 10010^{1}, 10011^{1}, 10012^{1}$, 10021¹, $10035^{1}, 11102^{1}, 11103^{1}, 11104^{1}, 11105^{1}, 11106^{1}, 11107^{1}$, 19281¹, 19283¹, 19285 ${ }^{1}, 19287^{1}, 36000^{1}, 36410^{1}, 36591^{0}, 36592^{0}$, $61650^{1}, 62324^{1}, 62325^{1}, 62326^{1}, 62327^{1}, 64415^{1}, 64416^{1}, 64417^{1}$, $64450^{1}, 64454^{1}, 64486^{1}, 64487^{1}, 64488^{1}, 64489^{1}, 64490^{1}, 64493^{1}$, $76000^{1}, 76380^{1}, 76942^{1}, 76998^{1}, 77001^{1}, 77002^{1}, 77012^{1}, 77021^{11}$, $96360^{11}, 96365^{1}, 96372^{11}, 96374^{1}, 96375^{1}, 96376^{1}, 96377^{1}, 96523^{0}$, J2001 ${ }^{1}$

## ICD-10 CrossRef

C00.3, C01, C02.9, C04.1, C06.9, C07, C08.0, C12, C13.9, C15.9, C22.0-C22.4, C22.7, C22.8, C32.1, C32.8, C34.30-C34.32, C43.20-C43.22, C43.30-C43.39, C43.51-C43.59, C43.60-C43.62, C46.0, C50.011-C50.019, C50.111-C50.119, C50.211-C50.219, C50.411-C50.419, C50.811-C50.819, C50.911-C50.919, C51.9, C76.0, C76.1, C77.0, C77.3, C79.2, C79.81, C79.89, C79.9, C81.00-C81.09, C81.10-C81.19, C81.20-C81.29, C81.30-C81.39, C81.40-C81.49, C81.70-C81.79, C81.90-C81.99, C82.00-C82.09, C82.10-C82.19, C82.20-C82.29, C82.30-C82.39, C82.40-C82.49, C82.50-C82.59, C82.60-C82.69, C82.80-C82.89, C82.90-C82.99, C83.00-C83.09, C83.10-C83.19, C83.30-C83.39, C83.50-C83.59, C83.70-C83.79, C83.80-C83.89, C83.90-C83.99, C84.40-C84.49, C84.60-C84.69, C84.70-C84.79, C84.76, C84.77, C84.78, C84.79, C84.90-C84.99, C84.A0-C84.A9, C84.Z0-C84.79, C85.10-C85.19, C85.20-C85.29, C85.80-C85.89, C85.90-C85.99, C86.0-C86.5, C88.4, C88.8, C91.50-C91.52, C94.40-C94.42, C94.6, D03.20-D03.22, D03.30, D03.39, D03.51-D03.59, D03.60-D03.62, D05.00-D05.02, D05.10-D05.12, D05.80-D05.82, D05.90-D05.92, D11.0-D11.9, D17.0, D17.1, D17.20-D17.24, D17.30, D17.39, D17.72, D17.79, D17.9, D19.7, D21.0, D22.5, D22.70-D22.72, D23.5, D23.70-D23.72, D36.0, D36.7, D37.030-D37.039, D44.0-D44.2, D44.9, D47.1, D47.2, D47.9, D47.Z9, D48.1, D48.2, D48.60-D48.62, D48.7, D48.9, D49.0-D49.7, D49.9, D64.9, D75.9, D78.01, D78.02, D78.21, D78.22, D89.2, E01.0-E01.2, E03.4, E03.9, E04.0-E04.9, E06.0, E07.89, E07.9, E35, E36.01, E36.02, E65, E78.71, E89.820-E89.823, G97.31, G97.32, G97.51, G97.52, G97.63, G97.64, H66.10-H66.13, H69.80-H69.83, H93.8X1-H93.8X9, H94.80-H94.83, H95.21, H95.22, H95.41, H95.42, H95.53, H95.54, I42.0-I42.5, I42.8, I42.9, I70.235, I70.245, I70.335, I70.345, I70.435, I70.445, I70.535, I70.545, I70.635, I70.645, I70.735, I70.745, I82.91, I88.1-I88.9, I89.8, I97.410-I97.418, I97.42, 197.610-197.618, I97.622, I97.640-197.648, J95.61, J95.62, J95.830, J95.831, J95.862, J95.863, J98.4, K11.20-K11.23, K11.3-K11.6, K11.9, K91.61, K91.62, K91.840, K91.841, K91.870-K91.873, L02.31, L02.415, L02.416, L02.419, L02.91, L03.115, L03.116, L03.119, L03.125, L03.126, L03.129, L03.317, L03.327, L03.90, L03.91, L57.0, L76.01, L76.02, L76.21, L76.22, L76.31-L76.34, L97.501-L97.504, L97.509, L97.511-L97.514, L97.519, L97.521-L97.524, L97.529, L98.3, L98.7, M71.30, M79.4, M96.810, M96.811, M96.830,

M96.831, M96.840-M96.843, N60.01-N60.09, N60.11-N60.19, N61.0, N62, N63.0, N63.10-N63.15, N63.20-N63.25, N63.31, N63.32, N63.41, N63.42, N64.1, N99.61, N99.62, N99.820, N99.821, N99.840-N99.843, R18.8, R19.02, R20.8, R20.9, R22.0-R22.2, R22.30-R22.33, R22.40-R22.43, R22.9, R59.0-R59.9, R90.0, R92.1, R92.8, S14.111A-S14.111S, S14.112A-S14.112S, S14.113A-S14.113S, S14.114A-S14.114S, S14.115A-S14.115S, S14.116A-S14.116S, S14.117A-S14.117S, S14.118A-S14.118S, S14.119A-S14.119S, S14.151A-S14.151S, S14.152A-S14.152S, S14.153A-S14.153S, S14.154A-S14.154S, S14.155A-S14.155S, S14.156A-S14.156S, S14.157A-S14.157S, S14.158A-S14.158S, S14.159A-S14.159S, S24.111A-S24.111S, S24.112A-S24.112S, S24.113A-S24.113S, S24.114A-S24.114S, S24.119A-S24.119S, S24.151A-S24.151S, S24.152A-S24.152S, S24.153A-S24.153S, S24.154A-S24.154S, S24.159A-S24.159S, S34.111A-S34.111S, S34.112A-S34.112S, S34.113A-S34.113S, S34.114A-S34.114S, S34.115A-S34.115S, S34.119A-S34.119S, S34.121A-S34.121S, S34.122A-S34.122S, S34.123A-S34.123S, S34.124A-S34.124S, S34.125A-S34.125S, S34.129A-S34.129S, S90.869A, Y84.4, Z00.6, Z12.89, Z85.21, Z85.3, Z85.6, Z85.71, Z85.72

## +10008

Fine needle aspiration biopsy, including fluoroscopic guidance; each additional lesion (List separately in addition to code for primary procedure)

## Clinical Responsibility

With the patient properly prepared and anesthetized (typically with local anesthesia) and following FNA of an initial lesion, the provider inserts a needle, such as an 18 - to 25 -gauge needle with an attached syringe, under fluoroscopic imaging guidance into an additional suspicious lesion or area of tissue and withdraws cells, tissue, or fluid for laboratory analysis. The provider may make several passes to obtain an adequate specimen. The provider then sends the aspirate to the pathology lab for analysis.

## Coding Tips

For FNA of an initial lesion using other types of imaging guidance, see 10005 (ultrasound), 10009 (CT), and 10011 (MRI) and +10006, +10010 and +10012 for each additional lesion respectively.

For FNA without imaging guidance, report 10021 for the initial lesion and +10004 for each additional lesion.

## Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$59.32, Non Facility: $\$ 167.84$, OPPS Facility: $\$ 41.17$, OPPS Non Facility: \$41.17
RVU Facility Work RVU: 1.18, PE RVU: 0.41, Malpractice RVU: 0.11, Total RVU: 1.70
RVU Non-Facility Work RVU: 1.18, PE RVU: 3.52, Malpractice RVU: 0.11, Total RVU: 4.81

Indicators Preoperative: 0.00 , Intraoperative: 0.00 , Postoperative: 0.00, Total RVU: 0, Global Period: ZZZ, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 2

## 11640

Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less

## Clinical Responsibility

After appropriate preparation and local anesthesia, a margin of healthy tissue is identified and outlined with a marking pen. The provider makes a full-thickness incision through the skin. He excises (cuts out) the entire lesion including the margins previously outlined. All margins are cleaned, bleeding is controlled, and the wound is closed with sutures. The lesion may be sent to a laboratory for further evaluation or a frozen section performed and additional excision of margins performed if needed.

The provider performs this excision on a malignant lesion, such as melanoma, squamous cell carcinoma, or basal cell carcinoma, with excision diameter of 0.5 cm or less, including the margins, from the face, ears, eyelids, nose, lips.

Malignant lesions are locally invasive, can destroy healthy tissue as they grow, and can possibly metastasize (spread from one body part to another).

## Coding Tips

For the same procedure on a lesion with a diameter of 0.6 to 1.0 cm, see 11641.

For the same procedure on a lesion with a diameter of 1.1 to 2.0 cm, see 11642.

For the same procedure on a lesion with a diameter of 2.1 to 3.0 cm, see 11643.

For the same procedure on a lesion with a diameter of 3.1 to 4.0 cm, see 11644.

For the same procedure on a lesion with a diameter of over 4.0 cm , see 11646.

If a provider excises multiple lesions of different diameters, apply modifier 59, Distinct procedural service, to the code for the second lesion.

If the provider performs a second excision on the same lesion area because the pathology report came back with positive margins during the global period of the first excision, you will need to append modifier 58 to the second procedure. You should append modifier 58 when a procedure or service is planned or anticipated at the time of the original procedure (staged), and is more extensive than the original procedure.

Also, be sure to use the same malignant diagnosis again, even if the most recent excision shows no cancer cells in the specimen.

## Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$128.06, Non Facility: $\$ 211.80$, OPPS Facility: $\$ 58.27$, OPPS Non Facility: \$58.27

RVU Facility Work RVU: 1.67, PE RVU: 1.79, Malpractice RVU: 0.21, Total RVU: 3.67
RVU Non-Facility Work RVU: 1.67, PE RVU: 4.19, Malpractice RVU: 0.21, Total RVU: 6.07

Indicators Preoperative: 10.00, Intraoperative: 80.00, Postoperative: 10.00, Total RVU: 100, Global Period: 010, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 2
Modifier Allowances $22,51,52,53,54,55,56,58,59,76,77,78,79$, 99, AQ, AR, E1, E2, E3, E4, GA, GC, GJ, GR, KX, LT, PD, Q5, Q6, QJ, RT, XE, XP, XS, XU

## CCI Alerts (version 27.3)

 11004 ${ }^{1}, 11005^{1}, 11006^{1}, 11042^{1}, 11043^{1}, 11044^{1}, 11045^{1}, 11046^{1}$, $11047^{1}, 11102^{1}, 11104^{1}, 11106^{1}, 11900^{1}, 11901^{1}, 12001^{1}, 12002^{1}$, $12004^{1}, 12005^{1}, 12006^{1}, 12007^{1}, 12011^{1}, 12013^{1}, 12014^{1}, 12015^{1}$, $12016^{1}, 12017^{1}, 12018^{1}, 17000^{1}, 17004^{1}, 17250^{1}, 17262^{1}, 17263^{1}$, $17264^{1}, 17266^{1}, 17272^{1}, 17273^{1}, 17274^{1}, 17276^{1}, 17281^{1}, 17282^{1}$, 17283¹, $17284^{1}, 17286^{1}, 36000^{1}, 36400^{1}, 36405^{1}, 36406^{1}, 36410^{1}$, $36420^{1}, 36425^{1}, 36430^{1}, 36440^{1}, 36591^{0}, 36592^{0}, 36600^{1}, 36640^{1}$, $41826^{1}, 41827^{1}, 42107^{1}, 43752^{1}, 51701^{1}, 51702^{1}, 51703^{1}, 62320^{\circ}$, $62321^{\circ}, 62322^{\circ}, 62323^{\circ}, 62324^{\circ}, 62325^{\circ}, 62326^{\circ}, 62327^{\circ}, 64400^{\circ}$, $64405^{\circ}, 64408^{\circ}, 64415^{\circ}, 64416^{\circ}, 64417^{0}, 64418^{0}, 64420^{\circ}, 64421^{0}$, $64425^{\circ}, 64430^{\circ}, 64435^{\circ}, 64445^{\circ}, 64446^{\circ}, 64447^{\circ}, 64448^{\circ}, 64449^{\circ}$, $64450^{1}, 64451^{\circ}, 64454^{1}, 64461^{\circ}, 64462^{\circ}, 64463^{\circ}, 64479^{\circ}, 64480^{\circ}$, $64483^{\circ}, 64484^{\circ}, 64486^{\circ}, 64487^{\circ}, 64488^{\circ}, 64489^{\circ}, 64490^{\circ}, 64491^{\circ}$, $64492^{\circ}, 64493^{\circ}, 64494^{\circ}, 64495^{\circ}, 64505^{\circ}, 64510^{\circ}, 64517^{\circ}, 64520^{\circ}$, $64530^{\circ}, 67810^{1}, 69990^{\circ}, 92012^{1}, 92014^{1}, 93000^{1}, 93005^{1}, 93010^{1}$, $93040^{1}, 93041^{1}, 93042^{1}, 93318^{1}, 93355^{1}, 94002^{1}, 94200^{1}, 94680^{1}$, $94681^{1}, 94690^{1}, 95812^{1}, 95813^{1}, 95816^{1}, 95819^{1}, 95822^{1}, 95829^{1}$, $95955^{1}, 96360^{1}, 96361^{1}, 96365^{1}, 96366^{1}, 96367^{1}, 96368^{1}, 96372^{1}$, $96374^{1}, 96375^{1}, 96376^{1}, 96377^{1}, 96523^{0}, 97597^{1}, 97598^{1}, 97602^{1}$, 99155º, $99156^{\circ}, 99157^{0}, 99211^{11}, 99212^{1}, 99213^{1}, 99214^{1}, 99215^{1}$, 992171, $99211^{1}, 99219^{1}, 99220^{1}, 99221^{1}, 99222^{1}, 99223^{1}, 99231^{11}$, 99232¹, $99233^{1}, 99234^{1}, 99235^{11}, 99236^{1}, 99238^{1}, 99239^{11}, 99241^{11}$, 99242 ${ }^{1}, 99243^{1}, 99244^{1}, 99245^{1}, 99251^{1}, 99252^{1}, 99253^{1}, 99254^{1}$, 99255¹, $99291^{1}, 99292^{1}, 99304^{1}, 99305^{1}, 99306^{1}, 99307^{1}, 99301^{1}$, 99309¹, 99310¹, 99315¹, $99316^{1}, 99334^{1}, 99335^{1}, 99336^{1}, 99337^{11}$, 99347¹, 99348¹, $99349^{1}, 99350^{11}, 99374^{11}, 99375^{1}, 99377^{1}, 99378^{11}$, $99446^{\circ}, 99447^{\circ}, 99448^{\circ}, 99449^{\circ}, 99451^{\circ}, 99452^{\circ}, 99495^{\circ}, 99496^{\circ}$, G0168', G0463', G0471 ${ }^{1}$, J0670¹, J2001 ${ }^{1}$

## ICD-10 CrossRef

C00.0-C00.9, C14.8, C43.0, C43.10, C43.111, C43.112, C43.121, C43.122, C43.20-C43.22, C43.30-C43.39, C44.00-C44.09, C44.101, C44.1021, C44.1022, C44.1091, C44.1092, C44.111, C44.1121, C44.1122, C44.1191, C44.1192, C44.121, C44.1221, C44.1222, C44.1291, C44.1292, C44.131, C44.1321, C44.1322, C44.1391, C44.1392, C44.191, C44.1921, C44.1922, C44.1991, C44.1992, C44.201-C44.209, C44.211-C44.219, C44.221-C44.229, C44.291-C44.299, C44.300-C44.309, C44.310-C44.319, C44.320-C44.329, C44.390-C44.399, C47.0, C49.0, C4A.0, C4A.10, C4A.111, C4A.112, C4A.121, C4A.122, C4A.20-C4A.22, C4A.30C4A.39, C76.0, D00.00-D00.08, D03.0, D03.10, D03.111, D03.112, D03.121, D03.122, D03.20-D03.22, D03.30, D03.39, D04.0, D04.10, D04.111, D04.112, D04.121, D04.122, D04.20-D04.22, D04.30, D04.39, H01.00A, T81.40XA-T81.40XS, Z86.007

## 65091

Evisceration of ocular contents; without implant

## Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider makes an incision at the limbus using a surgical blade and excises the cornea with curved scissors. He then removes the intraocular contents using an evisceration spoon and closes the scleral wound with sutures. He applies antibiotic drops. He closes Tenon's capsule and the conjunctiva in separate overlying layers.

## Coding Tips

A provider may fit and place an orbital conformer, a placeholder for the missing eye, under general anesthesia. How to code this depends on the situation in which you are placing the orbital conformer. If you are placing the conformer as part of an enucleation or evisceration procedure, you would not bill separately for the procedure as it would be included in the surgical code. Because an orbital conformer is a temporary implant, when billing the surgical procedure, you would select the code that states in its description without an implant. The two code choices would be 65091 and 65101, Enucleation of eye, without implant. When placing a permanent implant, use the code that includes an implant to report the service. If you are placing the conformer for the repair of symblepharon, which is an adhesion between conjunctival surfaces that may be caused by inflammation, trauma, or previous surgery, you should use 68340, Repair of symblepharon; division of symblepharon, with or without insertion of conformer or contact lens.

For the same service with placement of an implant, see 65093.

## Illustration



## Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$743.57, Non Facility: \$743.57, OPPS Facility: \$253.32, OPPS Non Facility: \$253.32
RVU Facility Work RVU: 7.26, PE RVU: 13.51, Malpractice RVU: 0.54, Total RVU: 21.31
RVU Non-Facility Work RVU: 7.26, PE RVU: 13.51, Malpractice RVU: 0.54, Total RVU: 21.31

Indicators Preoperative: 10.00, Intraoperative: 70.00, Postoperative: 20.00, Total RVU: 100, Global Period: 090, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 1
Modifier Allowances $22,47,50,51,52,53,54,55,56,58,59,62,63$, $76,77,78,79,80,81,82,99, A Q, A R, A S, C R, E T, G A, G C, G J, G R, K X$, LT, PD, Q5, Q6, QJ, RT, XE, XP, XS, XU

## CCI Alerts (version 27.3)

 12006', 12007¹, 12011¹, 12013¹, 12014¹, 12015', 12016¹, 12017¹,
 12037¹, $12041^{1}, 12042^{1}, 12044^{1}, 12045^{1}, 12046^{1}, 12047^{1}, 12051^{1}$, $12052^{1}, 12053^{1}, 12054^{1}, 12055^{1}, 12056^{1}, 12057^{1}, 13100^{1}, 13101^{1}$, $13102^{1}, 13120^{1}, 13121^{1}, 13122^{1}, 13131^{1}, 13132^{1}, 13133^{1}, 13151^{1}$, $13152^{1}, 13153^{1}, 36000^{1}, 36400^{1}, 36405^{1}, 36406^{1}, 36410^{1}, 36420^{1}$, $36425^{1}, 36430^{1}, 36440^{1}, 36591^{\circ}, 36592^{\circ}, 36600^{1}, 36640^{1}, 43752^{1}$, $51701^{1}, 51702^{1}, 51703^{1}, 62320^{\circ}, 62321^{\circ}, 62322^{0}, 62323^{\circ}, 62324^{\circ}$, $62325^{\circ}, 62326^{\circ}, 62327^{\circ}, 64400^{\circ}, 64405^{\circ}, 64408^{\circ}, 64415^{\circ}, 64416^{\circ}$, $64417^{\circ}, 64418^{\circ}, 64420^{\circ}, 64421^{\circ}, 64425^{\circ}, 64430^{\circ}, 64435^{\circ}, 64445^{\circ}$, $64446^{\circ}, 64447^{\circ}, 64448^{\circ}, 64449^{\circ}, 64450^{\circ}, 64451^{\circ}, 64454^{\circ}, 64461^{\circ}$, $64462^{\circ}, 64463^{\circ}, 64479^{\circ}, 64480^{\circ}, 64483^{\circ}, 64484^{\circ}, 64486^{\circ}, 64487^{\circ}$, $64488^{\circ}, 64489^{\circ}, 64490^{\circ}, 64491^{\circ}, 64492^{\circ}, 64493^{\circ}, 64494^{\circ}, 64495^{\circ}$, $64505^{\circ}, 64510^{\circ}, 64517^{\circ}, 64520^{\circ}, 64530^{\circ}, 67500^{1}, 69990^{\circ}, 92012^{1}$, 92014 ${ }^{1}, 92018^{1}, 92019^{1}, 93000^{1}, 93005^{1}, 93010^{1}, 93040^{1}, 93041^{1}$, $93042^{1}, 93311^{1}, 93355^{1}, 94002^{1}, 94200^{1}, 94680^{1}, 94681^{1}, 94690^{1}$, $95812^{1}, 95813^{11}, 95816^{1}, 95819^{1}, 95822^{1}, 95829^{1}, 95955^{11}, 96360^{11}$, $96361^{1}, 96365^{1}, 96366^{1}, 96367^{1}, 96368^{1}, 96372^{1}, 96374^{1}, 96375^{1}$, 96376', $96377^{1}, 96523^{\circ}, 99155^{\circ}, 99156^{\circ}, 99157^{\circ}, 99211^{1}, 99212^{1}$, 99213¹, 99214 ${ }^{1}, 99215^{1}, 99217^{1}, 99218^{1}, 99219^{1}, 99220^{1}, 9922^{11}$, 99222¹, 99223¹, 99231¹, 99232¹, 99233¹, 99234¹, 99235¹, 99236¹, 99238¹, 992391, $99241^{1}, 99242^{1}, 99243^{1}, 99244^{1}, 99245^{1}, 99251^{11}$, 99252¹, 99253¹, 99254¹, 99255¹, 99291¹, 99292¹, 99304¹, 99305¹, 99306¹, $99303^{1}, 99308^{1}, 99309^{1}, 99310^{1}, 99315^{11}, 99316^{1}, 99334^{1}$, 99335¹, 99336¹, $99337^{1}, 99347^{1}, 99348^{11}, 99349^{1}, 99350^{11}, 99374^{1}$, 99375¹, $99377^{1}, 99378^{1}, 99446^{\circ}, 99447^{\circ}, 99448^{\circ}, 99449^{\circ}, 99451^{\circ}$,


## ICD-10 CrossRef

H21.331-H21.339, H33.121-H33.129, H44.001-H44.009, H44.011-H44.019, H44.121-H44.129, H44.511-H44.519, H44.521-H44.529, S05.20XA, S05.21XA, S05.22XA, S05.40XA, S05.41XA, S05.42XA, S05.50XA, S05.51XA, S05.52XA

## CCI Alerts (version 27.3)

0213T ${ }^{0}, 0^{2} 16 \mathrm{~T}^{0}$, 0596T $^{1}$, 0597T $^{1}, 11000^{1}, 11001^{1}, 11004^{1}, 11005^{1}$, 11006', 11042¹, $11043^{1}, 11044^{1}, 11045^{1}, 11046^{1}, 11047^{1}, 12001^{1}$, $12002^{1}, 12004^{1}, 12005^{1}, 12006^{1}, 12007^{1}, 12011^{1}, 12013^{1}, 12014^{1}$, 12015¹, 12016¹, 12017 ${ }^{1}, 12018^{1}, 12020^{1}, 12021^{1}, 12031^{11}, 12032^{1}$, $12034^{1}, 12035^{1}, 12036^{1}, 12037^{1}, 12041^{1}, 12042^{1}, 12044^{1}, 12045^{1}$,
 12057¹, 13100¹, 13101¹, 13102¹, 13120́, 13121¹, 13122¹, 13131¹, $13132^{1}, 13133^{1}, 13151^{1}, 13152^{1}, 13153^{1}, 36000^{1}, 36400^{1}, 36405^{1}$, $36406^{1}, 36410^{1}, 36420^{1}, 36425^{1}, 36430^{1}, 36440^{1}, 36591^{10}, 36592^{0}$, $36600^{1}, 36640^{1}, 43752^{1}, 51701^{1}, 51702^{1}, 51703^{1}, 62320^{\circ}, 62321^{0}$, $62322^{\circ}, 62323^{\circ}, 62324^{0}, 62325^{\circ}, 62326^{\circ}, 62327^{\circ}, 64400^{\circ}, 64405^{\circ}$, $64408^{\circ}, 64415^{\circ}, 64416^{\circ}, 64417^{\circ}, 64418^{\circ}, 64420^{\circ}, 64421^{\circ}, 64425^{\circ}$, $64430^{\circ}, 64435^{\circ}, 64445^{\circ}, 64446^{\circ}, 64447^{\circ}, 64448^{\circ}, 64449^{\circ}, 64450^{\circ}$, $64451^{\circ}, 64454^{\circ}, 64461^{\circ}, 64462^{\circ}, 64463^{\circ}, 64479^{\circ}, 64480^{\circ}, 64483^{\circ}$, $64484^{\circ}, 64486^{\circ}, 64487^{\circ}, 64488^{\circ}, 64489^{\circ}, 64490^{\circ}, 64491^{\circ}, 64492^{\circ}$, $64493^{\circ}, 64494^{\circ}, 64495^{\circ}, 64505^{\circ}, 64510^{\circ}, 64517^{\circ}, 64520^{\circ}, 64530^{\circ}$, $65800^{1}, 65865^{1}, 65870^{1}, 65875^{1}, 67500^{1}, 69990^{\circ}, 92012^{1}, 92014^{1}$, $92018^{1}, 92019^{1}, 93000^{1}, 93005^{1}, 93010^{1}, 93040^{1}, 93041^{11}, 93042^{1}$, $93311^{1}, 93355^{1}, 94002^{1}, 94200^{1}, 94680^{1}, 94681^{1}, 94690^{1}, 95812^{1}$, 95813¹, $95816^{11}, 95819^{1}, 95822^{1}, 95829^{11}, 95955^{1}, 96360^{11}, 96361^{11}$, $96365^{1}, 96366^{11}, 96367^{1}, 96368^{1}, 96372^{1}, 96374^{1}, 96375^{11}, 96376^{1}$, 963771, $96523^{\circ}, 97597^{1}, 97598^{1}, 97602^{1}, 99155^{\circ}, 99156^{\circ}, 99157^{\circ}$, 99211¹, $99212^{1}, 99213^{1}, 99214^{1}, 99215^{1}, 99217^{1}, 99218^{11}, 99219^{1}$, 99220¹, $99221^{11}, 99222^{1}, 99223^{1}, 99231^{11}, 99232^{1}, 99233^{11}, 99234^{1}$, 99235¹, 99236¹, 99238¹, $99239^{1}, 99241^{11}, 99242^{1}, 99243^{11}, 99244^{1}$, 99245¹, 99251¹, 99252¹, 99253¹, 99254¹, 99255¹, 99291¹, 99292¹, 99304¹, 99305¹, 99306¹, 993071, $99308^{1}, 99309^{1}, 99310^{1}, 99315^{1}$, 99316¹, $99334^{1}, 99335^{1}, 99336^{1}, 99337^{1}, 99347^{1}, 99348^{1}, 99349^{1}$, 99350́, $99374^{11}, 99375^{1}, 99377^{1}, 99378^{1}, 99446^{0}, 99447^{0}, 99448^{0}$, $99449^{\circ}, 99451^{\circ}$, $99452^{\circ}$, $99495^{\circ}$, $99496^{\circ}$, G0463 ${ }^{1}$, G0471 ${ }^{1}$, J0670 ${ }^{1}$, J2001 ${ }^{1}$

## ICD-10 CrossRef

G97.31, G97.32, H11.33, H21.00-H21.03, H21.1X1-H21.1X9, H21.551-H21.559, H34.10-H34.13, H43.10-H43.13, H59.111-H59.119, H59.121-H59.129, H59.311-H59.319, H59.321-H59.329, H59.331-H59.339, H59.341-H59.349, H59.351-H59.359

## 66020

Injection, anterior chamber of eye (separate procedure); air or liquid

## Clinical Responsibility

When the patient is appropriately prepped and anesthetized, the provider inserts a needle into the eye. He gently injects a liquid or a small air bubble in the anterior chamber of the eye. He then removes the needle.

## Coding Tips

Because this is a separate procedure, you should report the service only when it is not integral to the performance of a larger procedure at the same time.

For the same service involving medication, see 66030, Injection, anterior chamber of eye separate procedure; medication.

## Illustration



## Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$131.90, Non Facility: \$202.73, OPPS Facility: \$57.22, OPPS Non Facility: \$57.22
RVU Facility Work RVU: 1.64, PE RVU: 2.01, Malpractice RVU: 0.13, Total RVU: 3.78
RVU Non-Facility Work RVU: 1.64, PE RVU: 4.04, Malpractice RVU: 0.13, Total RVU: 5.81

Indicators Preoperative: 10.00, Intraoperative: 80.00, Postoperative: 10.00, Total RVU: 100, Global Period: 010, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 1
Modifier Allowances $22,47,50,51,52,54,55,56,58,59,63,76,77$, 78, 79, 99, AQ, AR, CR, ET, GA, GC, GJ, GR, KX, LT, PD, Q5, Q6, QJ, RT, XE, XP, XS, XU

## CCI Alerts (version 27.3)

 $12006^{1}, 12007^{1}, 12011^{1}, 12013^{1}, 12014^{1}, 12015^{1}, 12016^{1}, 12017^{1}$, $12018^{1}, 12020^{1}, 12021^{1}, 12031^{1}, 12032^{1}, 12034^{1}, 12035^{1}, 12036^{1}$, 120371, 12041¹, 12042 ${ }^{1}, 12044^{1}, 12045^{1}, 12046^{1}, 12047^{1}, 12051^{1}$, $12052^{1}, 12053^{1}, 12054^{1}, 12055^{1}, 12056^{1}, 12057^{1}, 13100^{1}, 13101^{1}$, $13102^{1}, 13120^{1}, 13121^{1}, 13122^{1}, 13131^{1}, 13132^{1}, 13133^{1}, 13151^{1}$, $13152^{1}, 13153^{1}, 36000^{1}, 36400^{1}, 36405^{1}, 36406^{1}, 36410^{1}, 36420^{1}$, $36425^{1}, 36430^{1}, 36440^{1}, 36591^{\circ}, 36592^{\circ}, 36600^{1}, 36640^{1}, 43752^{1}$, $51701^{1}, 51702^{1}, 51703^{1}, 62320^{\circ}, 62321^{\circ}, 62322^{\circ}, 62323^{\circ}, 62324^{\circ}$, $62325^{\circ}, 62326^{\circ}, 62327^{\circ}, 64400^{\circ}, 64405^{\circ}, 64408^{\circ}, 64415^{\circ}, 64416^{\circ}$, $64417^{\circ}, 64418^{\circ}, 64420^{\circ}, 64421^{\circ}, 64425^{\circ}, 64430^{\circ}, 64435^{\circ}, 64445^{\circ}$, $64446^{\circ}, 64447^{\circ}, 64448^{\circ}, 64449^{\circ}, 64450^{\circ}, 64451^{\circ}, 64454^{\circ}, 64461^{\circ}$, $64462^{\circ}, 64463^{\circ}, 64479^{\circ}, 64480^{\circ}, 64483^{\circ}, 64484^{\circ}, 64486^{\circ}, 64487^{\circ}$, $64488^{\circ}, 64489^{\circ}, 64490^{\circ}, 64491^{\circ}, 64492^{\circ}, 64493^{\circ}, 64494^{\circ}, 64495^{\circ}$, $64505^{\circ}, 64510^{\circ}, 64517^{\circ}, 64520^{\circ}, 64530^{\circ}, 67500^{\prime}, 69990^{\circ}, 92012^{1}$, $92014^{1}, 92018^{1}, 92019^{1}, 93000^{1}, 93005^{1}, 93010^{1}, 93040^{1}, 93041^{11}$, $93042^{1}, 93318^{1}, 93355^{1}, 94002^{1}, 94200^{1}, 94680^{1}, 94681^{11}, 94690^{1}$, $95812^{1}, 95813^{11}, 95816^{1}, 95819^{1}, 95822^{1}, 95829^{1}, 95955^{11}, 96360^{11}$,

H33.041-H33.049, H33.051-H33.059, H33.199, H33.20-H33.23, H33.301-H33.309, H33.311-H33.319, H33.321-H33.329, H33.331-H33.339, H33.40-H33.43, H33.8, H35.171-H35.179, H35.33, H35.70, H35.711-H35.719, H35.721-H35.729, H35.731-H35.739, H40.031-H40.039, H40.89, H43.10-H43.13, H43.20-H43.23, H43.391-H43.399, H43.811-H43.819, H44.001-H44.009, H44.011-H44.019, H44.021-H44.029, H44.20-H44.23, H44.2A1H44.2A9, H44.2B1-H44.2B9, H44.2C1-H44.2C9, H44.2D1H44.2D9, H44.2E1-H44.2E9, H44.601-H44.609, H44.611-H44.619, H44.621-H44.629, H44.651-H44.659, H44.711-H44.719, H44.721-H44.729, H44.751-H44.759, H47.031-H47.039, H47.10, H47.321-H47.329, H47.331-H47.339, H53.021-H53.029, H57.03, H57.10-H57.13, H57.89, H57.9, H59.021-H59.029, H59.40-H59.43, Q11.0-Q11.2, Q12.0-Q12.9, Q14.0, Q15.0, Y77.19, Z01.020

## 76512

Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)

## Clinical Responsibility

Ophthalmic ultrasound, also known as ocular echography, is when the provider uses high-frequency sound waves to examine the eye structure and diagnose the disorder. B-scan ultrasound, also known as bright scan, uses high frequency sound waves to provide a cross sectional, two-dimensional view of the eye structure. It is very helpful for diagnosing retinal detachment, vitreous bleeding, tumors, or foreign bodies in the eye socket. A-scan ultrasound uses high frequency sound waves to provide one-dimensional information of the eye structures. It helps in measuring the tissue thickness and the eye length. In this diagnostic procedure, the provider uses the B-scan with or without a non-qualitative A-scan ultrasound to examine the eye structures. The provider places the small probe directly on the eye following application of topical anesthesia. He then applies the sound waves using this probe, which in turn produces the echoes creating images of eye structures on screen.

## Coding Tips

If you are reporting only the physician's interpretation for the radiology service, you should append professional component modifier 26 to the radiology code.

If you are reporting only the technical component for the radiology service, you would append modifier TC to the radiology code. Note, however, that payer policy may exempt hospitals from appending modifier TC because the hospital's portion is inherently technical.

Do not append a professional or technical modifier to the radiology code when reporting a global service in which one provider renders both the professional and technical components.

You should report 76512 when the provider performs the B-scan with or without a non-qualitative A-scan ultrasound superimposed.

Use 76510 when the provider performs both a B-scan and quantitative A -scan during the same patient-provider encounter.

Use 76511 when the provider performs only A-scan.

## Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: \$49.90, Non Facility: $\$ 49.90$, OPPS Facility: $\$ 140.27$, OPPS Non Facility: \$140.27
RVU Facility Work RVU: 0.56, PE RVU: 0.85 , Malpractice RVU: 0.02 , Total RVU: 1.43
RVU Non-Facility Work RVU: 0.56 , PE RVU: 0.85 , Malpractice RVU: 0.02, Total RVU: 1.43

Indicators Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: XXX, Radiology Diagnostic Test: 99, Code Status: A, PC/TC Indicator: 1, Endoscopic Base Code: None, MUE: 2
Modifier Allowances 22, 26, 50, 51, 52, 59, 76, 77, 79, 80, 81, 82, 99 , AQ, AR, AS, CR, ET, GA, GC, GJ, GR, KX, LT, PD, Q5, Q6, QJ, RT, TC, XE, XP, XS, XU

## CCI Alerts (version 27.3)

$36591^{0}, 36592^{0}, 76511^{0}, 76529^{1}, 76942^{1}, 76983^{1}, 76998^{1}, 96523^{0}$, $99446^{1}, 99447^{1}, 99448^{1}, 99449^{1}, 99451^{1}, 99452^{1}, \mathrm{~J}^{1} 2001^{1}$

## ICD-10 CrossRef

A18.59, C69.00-C69.02, C69.10-C69.12, C69.20-C69.22, C69.30-C69.32, C69.40-C69.42, C69.50-C69.52, C69.60-C69.62, C69.80-C69.82, C69.90-C69.92, C79.89, C79.9, D18.09, D31.00-D31.02, D31.10-D31.12, D31.20-D31.22, D31.30-D31.32, D31.40-D31.42, D31.50-D31.52, D31.60-D31.62, D31.90-D31.92, E08.36, E09.36, E10.36, E11.36, E13.36, H05.00, H05.011-H05.019, H05.021-H05.029, H05.031-H05.039, H05.041-H05.049, H05.10, H05.111-H05.119, H05.121-H05.129, H05.20, H05.211-H05.219, H05.221-H05.229, H05.231-H05.239, H05.241-H05.249, H05.251-H05.259, H05.261-H05.269, H05.30, H05.311-H05.319, H05.321-H05.329, H05.331-H05.339, H05.341-H05.349, H05.351-H05.359, H05.401-H05.409, H05.411-H05.419, H05.421-H05.429, H05.50-H05.53, H05.811-H05.819, H05.821-H05.829, H05.89, H05.9, H15.031-H15.039, H17.00-H17.03, H17.10-H17.13, H17.811-H17.819, H17.821-H17.829, H17.89, H17.9, H18.10-H18.13, H18.20, H18.211-H18.219, H18.221-H18.229, H18.231-H18.239, H18.421-H18.429, H21.00-H21.03, H25.011-H25.019, H25.031-H25.039, H25.041-H25.049, H25.091-H25.099, H25.10-H25.13, H25.20-H25.23, H25.811-H25.819, H25.89, H25.9, H26.001-H26.009, H26.011-H26.019, H26.031-H26.039, H26.041-H26.049, H26.051-H26.059, H26.061-H26.069, H26.09, H26.101-H26.109, H26.111-H26.119, H26.121-H26.129, H26.131-H26.139, H26.20, H26.211-H26.219, H26.221-H26.229, H26.231-H26.239, H26.30-H26.33, H26.40, H26.411-H26.419, H26.491-H26.499, H26.8, H26.9, H28, H31.401-H31.409, H31.411-H31.419, H31.421-H31.429, H31.8, H32, H33.001-H33.009, H33.011-H33.019, H33.021-H33.029, H33.031-H33.039, H33.041-H33.049, H33.051-H33.059, H33.199, H33.20-H33.23, H33.301-H33.309, H33.311-H33.319, H33.321-H33.329, H33.331-H33.339, H33.40-H33.43, H33.8, H35.70, H35.711-H35.719, H35.721-H35.729, H35.731-H35.739, H40.031-H40.039, H43.10-H43.13, H43.20-H43.23, H43.391-H43.399, H43.811-H43.819, H44.001-H44.009, H44.011-H44.019, H44.021-H44.029, H44.20-H44.23, H44.2A1H44.2A9, H44.2B1-H44.2B9, H44.2C1-H44.2C9, H44.2D1H44.2D9, H44.2E1-H44.2E9, H44.611-H44.619, H44.621-H44.629,

## 0207T

Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral

## Clinical Responsibility

The provider uses an automated system to withdraw the secretions from meibomian glands. A typical system has two components, a disposable ocular component and a handheld control system. Another name for the system is an eyelid thermal pulsation system. When the patient is topically anesthetized, the provider uses the ocular disposable part of the automated system to apply heat and graded pressure to the outer parts of the upper and lower eyelids. Heating warms the secretions in the meibomian glands, making it easier for automated manipulation at the base to move the secretions in the direction of the gland orifices for evacuation.

## Coding Tips

Use 0207T for a unilateral condition. Bill the code twice, use modifiers RT/LT, or use modifier 50 for both eyes, based on payer preference.

## Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: $\$ 0.00$, Non Facility: $\$ 0.00$, OPPS Facility: $\$ 0.00$, OPPS Non Facility: $\$ 0.00$ RVU Facility Work RVU: 0.00 , PE RVU: 0.00 , Malpractice RVU: 0.00 , Total RVU: 0.00
RVU Non-Facility Work RVU: 0.00, PE RVU: 0.00, Malpractice RVU: 0.00, Total RVU: 0.00

Indicators Preoperative: 0.00 , Intraoperative: 0.00 , Postoperative: 0.00 , Total RVU: 0, Global Period: XXX, Radiology Diagnostic Test: 99, Code Status: C, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 2
Modifier Allowances $22,52,59,79,80,81,82, \mathrm{AS}, \mathrm{GY}, \mathrm{GZ}, \mathrm{KX}, \mathrm{LT}, \mathrm{Q} 6$, RT, XE, XP, XS, XU

## CCI Alerts (version 27.3)

 $36410^{1}, 36420^{1}, 36425^{1}, 36430^{1}, 36440^{1}, 36591^{\circ}, 36592^{0}, 36600^{1}$, $36640^{1}, 43752^{1}, 51701^{1}, 51702^{1}, 51703^{1}, 61650^{1}, 62320^{0}, 62321^{0}$, $62322^{\circ}, 62323^{\circ}, 62324^{\circ}, 62325^{\circ}, 62326^{\circ}, 62327^{\circ}, 64400^{\circ}, 64405^{\circ}$, $64408^{\circ}, 64415^{\circ}, 64416^{\circ}, 64417^{\circ}, 64418^{0}, 64420^{\circ}, 64421^{\circ}, 64425^{\circ}$, $64430^{\circ}, 64435^{\circ}, 64445^{\circ}, 64446^{\circ}, 64447^{\circ}, 64448^{\circ}, 64449^{\circ}, 64450^{\circ}$, $64451^{\circ}, 64454^{\circ}, 64461^{\circ}, 64463^{\circ}, 64479^{\circ}, 64483^{\circ}, 64486^{\circ}, 64487^{\circ}$, $64488^{\circ}, 64489^{\circ}, 64490^{\circ}, 64493^{\circ}, 64505^{\circ}, 64510^{\circ}, 64517^{\circ}, 64520^{\circ}$, $64530^{\circ}, 69990^{\circ}, 93000^{1}, 93005^{1}, 93010^{1}, 93040^{1}, 93041^{11}, 93042^{1}$, $93311^{1}, 93355^{1}, 94002^{1}, 94200^{1}, 94680^{1}, 94681^{1}, 94690^{1}, 95812^{1}$, $95813^{1}, 95816^{1}, 95819^{1}, 95822^{1}, 95829^{1}, 95955^{1}, 96360^{1}, 96365^{1}$, $96372^{1}, 96374^{1}, 96375^{1}, 96376^{1}, 96377^{1}, 96523^{\circ}, 99155^{\circ}, 99156^{\circ}$, $99157^{\circ}, 99446^{1}, 99447^{1}, 99448^{1}, 99449^{1}, 99451^{1}, 99452^{1}$, G0471 ${ }^{1}$

## ICD-10 CrossRef

E89.822, E89.823, H00.11-H00.19, H01.001-H01.006, H01.009, H01.011-H01.016, H01.019, H01.021-H01.026, H01.029, H01.8,

H01.9, H02.871-H02.879, H02.881-H02.88B, H04.111-H04.119, H04.121-H04.129, H04.201-H04.209, H04.211

## 0253T

Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the suprachoroidal space

## Clinical Responsibility

When the patient is appropriately prepped and anesthetized, typically by topical anesthesia, the provider inserts a small device into the suprachoroidal space by making a small incision through the cornea under gonioscopy or other imaging guidance. The device is an anterior segment aqueous drainage device that creates a bypass between the anterior chamber and Schlemm's canal, thereby draining the aqueous fluid into Schlemm's canal. The provider ensures hemostasis, which is stoppage of bleeding, during the procedure.

## Coding Tips

Use anatomic modifiers LT and RT for left and right eye respectively.

Do not append modifier 50 to 0253T, as current practice is to not treat both eyes on the same day.

## Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: $\$ 0.00$, Non Facility: $\$ 0.00$, OPPS Facility: $\$ 0.00$, OPPS Non Facility: $\$ 0.00$ RVU Facility Work RVU: 0.00, PE RVU: 0.00 , Malpractice RVU: 0.00 , Total RVU: 0.00
RVU Non-Facility Work RVU: 0.00 , PE RVU: 0.00 , Malpractice RVU: 0.00, Total RVU: 0.00

Indicators Preoperative: 0.00, Intraoperative: 0.00, Postoperative: 0.00, Total RVU: 0, Global Period: YYY, Radiology Diagnostic Test: 99, Code Status: C, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 1
Modifier Allowances 22, 52, 59, 78, 79, 80, 81, 82, AS, GY, GZ, KX, LT, Q6, RT, XE, XP, XS, XU

## CCI Alerts (version 27.3)

 $11006^{1}, 11042^{1}, 11043^{1}, 11044^{1}, 11045^{1}, 11046^{1}, 11047^{1}, 36000^{1}$, $36400^{1}, 36405^{1}, 36406^{1}, 36410^{1}, 36420^{1}, 36425^{1}, 36430^{1}, 36440^{1}$, $36591^{0}, 36592^{0}, 36600^{1}, 36640^{1}, 43752^{1}, 51701^{1}, 51702^{1}, 51703^{11}$, $61650^{1}, 62320^{\circ}, 62321^{\circ}, 62322^{\circ}, 62323^{\circ}, 62324^{\circ}, 62325^{\circ}, 62326^{\circ}$, $62327^{\circ}, 64400^{\circ}, 64405^{\circ}, 64408^{\circ}, 64415^{\circ}, 64416^{\circ}, 64417^{\circ}, 64418^{\circ}$, $64420^{\circ}, 64421^{\circ}, 64425^{\circ}, 64430^{\circ}, 64435^{\circ}, 64445^{\circ}, 64446^{\circ}, 64447^{\circ}$, $64448^{\circ}, 64449^{\circ}, 64450^{\circ}, 64451^{\circ}, 64454^{\circ}, 64461^{\circ}, 64463^{\circ}, 64479^{\circ}$, $64483^{\circ}, 64486^{\circ}, 64487^{\circ}, 64488^{\circ}, 64489^{\circ}, 64490^{\circ}, 64493^{\circ}, 64505^{\circ}$, $64510^{\circ}, 64517^{\circ}, 64520^{\circ}, 64530^{\circ}, 65800^{1}, 65810^{1}, 65815^{1}, 66020^{1}$, $66030^{1}, 67500^{1}, 69990^{\circ}, 93000^{1}, 93005^{1}, 93010^{1}, 93040^{1}, 93041^{11}$, $93042^{1}, 93318^{1}, 93355^{1}, 94002^{1}, 94200^{1}, 94680^{1}, 94681^{11}, 94690^{11}$, $95812^{1}, 95813^{11}, 95816^{1}, 95819^{1}, 95822^{1}, 95829^{1}, 95955^{1}, 96360^{11}$,
$96365^{1}, 96372^{1}, 96374^{1}, 96375^{1}, 96376^{1}, 96377^{1}, 96523^{0}, 97597^{1}$,

## 0378T

Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional

## Clinical Responsibility

Visual field testing, also known as perimetry, is the measure of the area in which an individual can see objects in side vision while his eyes focus on a central point. In a common form of this examination, the patient focuses on the center of an instrument called a perimeter, a concave, or bowl type device and presses a button each time he sees a flash of light, which occur all around the device. A computer records the location of the flash and if the patient presses the button and then identifies areas of vision loss where the patient did not see the flashes. The provider then reviews and interprets the data.

The provider performs the patient visual examinations at a preset time over a period of 30 days and testing includes concurrent real time data analysis and accessible data storage, along with the provider review, and interpretation of the examination recordings. The provider performs a visual field assessment test to detect the central and peripheral vision problems caused by stroke, glaucoma, and other eye or brain problems. This code represents the professional components of this service.

## Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: $\$ 0.00$, Non Facility: $\$ 0.00$, OPPS Facility: $\$ 0.00$, OPPS Non Facility: $\$ 0.00$ RVU Facility Work RVU: 0.00, PE RVU: 0.00 , Malpractice RVU: 0.00 , Total RVU: 0.00
RVU Non-Facility Work RVU: 0.00, PE RVU: 0.00, Malpractice RVU: 0.00, Total RVU: 0.00

Indicators Preoperative: 0.00 , Intraoperative: 0.00 , Postoperative: 0.00 , Total RVU: 0, Global Period: XXX, Radiology Diagnostic Test: 99, Code Status: C, PC/TC Indicator: 0, Endoscopic Base Code: None, MUE: 1
Modifier Allowances $22,52,53,59,76,77,78,79,80,81,82,99, A Q$, AR, AS, CR, ET, GA, GC, GJ, GR, KX, LT, Q5, Q6, QJ, RT, XE, XP, XS, XU

## CCI Alerts (version 27.3)

$36591^{\circ}, 36592^{\circ}, 92081^{1}, 92082^{1}, 92083^{1}, 96523^{\circ}, 99453^{\circ}, 99454^{\circ}$, $99473^{\circ}$

## ICD-10 CrossRef

G35, G46.3, G46.4, H26.231-H26.239, H40.001-H40.009, H40.061-H40.069, H40.10XO-H40.10X4, H40.1110-H40.1114, H40.1120-H40.1124, H40.1130-H40.1134, H40.1190-H40.1194, H40.1210-H40.1214, H40.1220-H40.1224, H40.1230-H40.1234, H40.1290-H40.1294, H40.1310-H40.1314, H40.1320-H40.1324, H40.1330-H40.1334, H40.1390-H40.1394, H40.1410-H40.1414, H40.1420-H40.1424, H40.1430-H40.1434, H40.1490-H40.1494, H40.151-H40.159, H40.20XO-H40.20X4, H40.211-H40.219,

H40.2210-H40.2214, H40.2220-H40.2224, H40.2230-H40.2234, H40.2290-H40.2294, H40.231-H40.239, H40.241-H40.249, H40.30XO-H40.30X4, H40.31XO-H40.31X4, H40.32XO-H40.32X4, H40.33X0-H40.33X4, H40.40X0-H40.40X4, H40.41XO-H40.41X4, H40.42X0-H40.42X4, H40.43X0-H40.43X4, H40.50XO-H40.50X4, H40.51X0-H40.51X4, H40.52X0-H40.52X4, H40.53X0-H40.53X4, H40.60X0-H40.60X4, H40.61X0-H40.61X4, H40.62X0-H40.62X4, H40.63X0-H40.63X4, H40.811-H40.819, H40.821-H40.829, H40.89, H40.9, H42, H44.511-H44.519, H47.231-H47.239, H53.40, H53.451-H53.459, H53.481-H53.489, H53.8, H53.9, Q15.0, S06.2X0A-S06.2X0S, S06.2X1A-S06.2X1S, S06.2X2A-S06.2X2S, S06.2X3A-S06.2X3S, S06.2X4A-S06.2X4S, S06.2X5A-S06.2X5S, S06.2X6A-S06.2X6S, S06.2X7A, S06.2X8A, S06.2X9A-S06.2X9S, S06.300A-S06.300S, S06.301A-S06.301S, S06.302A-S06.302S, S06.303A-S06.303S, S06.304A-S06.304S, S06.305A-S06.305S, S06.306A-S06.306S, S06.307A, S06.308A, S06.309A-S06.309S, Z13.850, Z82.3, Z83.511, Z87.820, Z98.83

## 0379T

Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; technical support and patient instructions, surveillance, analysis, and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional

## Clinical Responsibility

Visual field testing, also known as perimetry, is the measure of the area in which an individual can see objects in side vision while his eyes focus on a central point. In a common form of this examination, the patient focuses on the center of an instrument called a perimeter, a concave, or bowl type device and presses a button each time he sees a flash of light, which occur all around the device. A computer records the location of the flash and if the patient presses the button and then identifies areas of vision loss where the patient did not see the flashes. The provider then reviews and interprets the data.

The provider performs the patient visual examinations at a preset time over a period of 30 days and testing includes technical support and patient instructions, surveillance, analysis, and transmission of daily and emergent data reports as the provider prescribes. The provider performs a visual field assessment test to detect the central and peripheral vision problems caused by stroke, glaucoma, and other eye or brain problems. This code represents the technical components of this service.

## Fee Schedule

Medicare Fees National Conversion Factor: 34.8931, Facility: $\$ 0.00$, Non Facility: $\$ 0.00$, OPPS Facility: $\$ 0.00$, OPPS Non Facility: $\$ 0.00$ RVU Facility Work RVU: 0.00, PE RVU: 0.00 , Malpractice RVU: 0.00 , Total RVU: 0.00
RVU Non-Facility Work RVU: 0.00, PE RVU: 0.00, Malpractice RVU: 0.00, Total RVU: 0.00

Indicators Preoperative: 0.00 , Intraoperative: 0.00 , Postoperative: 0.00 , Total RVU: 0, Global Period: XXX, Radiology Diagnostic Test:

## ICD-10 CrossRef Details

A02.1 Salmonella sepsis
A15.0 Tuberculosis of lung
A15.4 Tuberculosis of intrathoracic lymph nodes
A15.5 Tuberculosis of larynx, trachea and bronchus
A15.6 Tuberculous pleurisy
A15.8 Other respiratory tuberculosis
A18.50 Tuberculosis of eye, unspecified
A18.51 Tuberculous episcleritis
A18.52 Tuberculous keratitis
A18.53 Tuberculous chorioretinitis
A18.54 Tuberculous iridocyclitis
A18.59 Other tuberculosis of eye
A22.7 Anthrax sepsis
A26.7 Erysipelothrix sepsis
A31.0 Pulmonary mycobacterial infection
A32.7 Listerial sepsis
A36.86 Diphtheritic conjunctivitis
A40.0 Sepsis due to streptococcus, group A
A40.1 Sepsis due to streptococcus, group B
A40.3 Sepsis due to Streptococcus pneumoniae
A40.8 Other streptococcal sepsis
A40.9 Streptococcal sepsis, unspecified
A41.01 Sepsis due to Methicillin susceptible Staphylococcus aureus
A41.02 Sepsis due to Methicillin resistant Staphylococcus aureus
A41.1 Sepsis due to other specified staphylococcus
A41.2 Sepsis due to unspecified staphylococcus
A41.3 Sepsis due to Hemophilus influenzae
A41.4 Sepsis due to anaerobes
A41.50 Gram-negative sepsis, unspecified
A41.51 Sepsis due to Escherichia coli [E. coli]
A41.52 Sepsis due to Pseudomonas
A41.53 Sepsis due to Serratia
A41.59 Other Gram-negative sepsis
A41.81 Sepsis due to Enterococcus
A41.89 Other specified sepsis
A41.9 Sepsis, unspecified organism
A42.0 Pulmonary actinomycosis
A42.7 Actinomycotic sepsis
A49.01 Methicillin susceptible Staphylococcus aureus infection, unspecified site
A49.02 Methicillin resistant Staphylococcus aureus infection, unspecified site
A49.8 Other bacterial infections of unspecified site
A50.31 Late congenital syphilitic interstitial keratitis
A50.44 Late congenital syphilitic optic nerve atrophy
A51.43 Secondary syphilitic oculopathy
A51.9 Early syphilis, unspecified
A52.15 Late syphilitic neuropathy
A52.19 Other symptomatic neurosyphilis
A54.31 Gonococcal conjunctivitis
A54.32 Gonococcal iridocyclitis
A54.33 Gonococcal keratitis
A54.39 Other gonococcal eye infection
A54.86 Gonococcal sepsis
A63.0 Anogenital (venereal) warts
A71.0 Initial stage of trachoma
A71.1 Active stage of trachoma
A71.9 Trachoma, unspecified
A74.0 Chlamydial conjunctivitis
A79.82 Anaplasmosis [A. phagocytophilum]
B00.51 Herpesviral iridocyclitis
B00.52 Herpesviral keratitis
B00.53 Herpesviral conjunctivitis
B02.0 Zoster encephalitis
B02.29 Other postherpetic nervous system involvement
B02.30 Zoster ocular disease, unspecified

B02.31
B02.33
B02.34
B02.39
B02.9
B05.81
B07.8
B07.9
B08.1
B17.9
B19.20
B19.9
B20
B25.2
B25.8
B25.9
B30.0
B30.1
B30.2
B30.3
B30.8
B30.9
B37.7
B37.89
B38.0
B38.1
B38.2
B38.3
B39.4
B39.5
B39.9
B40.0
B40.1
B40.2
B40.3
B40.7
B40.81
B40.89
B40.9
B41.0
B41.7
B41.8
B41.9
B42.0
B42.1
B42.7
B42.81
B42.82
B42.89
B42.9
B43.0
B43.1
B43.2
B43.8
B43.9
B44.0
B44.1
B44.2
B44.7
B44.81 Allergic bronchopulmonary aspergillosis
B44.89 Other forms of aspergillosis
B44.9 Aspergillosis, unspecified
B45.0 Pulmonary cryptococcosis
B45.1 Cerebral cryptococcosis
B45.2 Cutaneous cryptococcosis
B45.3 Osseous cryptococcosis

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
C44.1391 Sebaceous cell carcinoma of skin of left upper eyelid, including canthus
C44.1392 Sebaceous cell carcinoma of skin of left lower eyelid, including canthus
C44.191 Other specified malignant neoplasm of skin of unspecified 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
C44.1991 Other specified malignant neoplasm of skin of left upper eyelid, including canthus
C44.1992 Other specified malignant neoplasm of skin of left lower eyelid, including canthus
C44.201 Unspecified malignant neoplasm of skin of unspecified ear and external auricular canal
C44.202 Unspecified malignant neoplasm of skin of right ear and external auricular canal
C44.209 Unspecified malignant neoplasm of skin of left ear and external auricular canal
C44.211 Basal cell carcinoma of skin of unspecified ear and external auricular canal
C44.212 Basal cell carcinoma of skin of right ear and external auricular canal
C44.219 Basal cell carcinoma of skin of left ear and external auricular canal
C44.221 Squamous cell carcinoma of skin of unspecified ear and external auricular canal
C44.222 Squamous cell carcinoma of skin of right ear and external auricular canal
C44.229 Squamous cell carcinoma of skin of left ear and external auricular canal
C44.291 Other specified malignant neoplasm of skin of unspecified ear and external auricular canal
C44.292 Other specified malignant neoplasm of skin of right ear and external auricular canal
C44.299 Other specified malignant neoplasm of skin of left ear and external auricular canal
C44.300 Unspecified malignant neoplasm of skin of unspecified part of face
C44.301 Unspecified malignant neoplasm of skin of nose
C44.309 Unspecified malignant neoplasm of skin of other parts of face
C44.310 Basal cell carcinoma of skin of unspecified parts of face
C44.311 Basal cell carcinoma of skin of nose
C44.319 Basal cell carcinoma of skin of other parts of face
C44.320 Squamous cell carcinoma of skin of unspecified parts of face
C44.321 Squamous cell carcinoma of skin of nose
C44.329 Squamous cell carcinoma of skin of other parts of face
C44.390 Other specified malignant neoplasm of skin of unspecified parts of face
C44.391 Other specified malignant neoplasm of skin of nose
C44.399 Other specified malignant neoplasm of skin of other parts of face
C45.1 Mesothelioma of peritoneum
C45.2 Mesothelioma of pericardium
C45.7 Mesothelioma of other sites
C45.9 Mesothelioma, unspecified
C46.0 Kaposi's sarcoma of skin
C46.1 Kaposi's sarcoma of soft tissue
C46.3 Kaposi's sarcoma of lymph nodes
C46.4 Kaposi's sarcoma of gastrointestinal sites
C46.50 Kaposi's sarcoma of unspecified lung
C46.51 Kaposi's sarcoma of right lung
C46.52 Kaposi's sarcoma of left lung
C46.7 Kaposi's sarcoma of other sites
C46.9 Kaposi's sarcoma, unspecified
C47.0 Malignant neoplasm of peripheral nerves of head, face and neck

C47.10 Malignant neoplasm of peripheral nerves of unspecified upper limb, including shoulder
C47.11 Malignant neoplasm of peripheral nerves of right upper limb, including shoulder
C47.12 Malignant neoplasm of peripheral nerves of left upper limb, including shoulder
C47.20 Malignant neoplasm of peripheral nerves of unspecified lower limb, including hip
C47.21 Malignant neoplasm of peripheral nerves of right lower limb, including hip
C47.22 Malignant neoplasm of peripheral nerves of left lower limb, including hip
C47.3 Malignant neoplasm of peripheral nerves of thorax
C47.4 Malignant neoplasm of peripheral nerves of abdomen
C47.5 Malignant neoplasm of peripheral nerves of pelvis
C47.8 Malignant neoplasm of overlapping sites of peripheral nerves and autonomic nervous system
C47.9 Malignant neoplasm of peripheral nerves and autonomic nervous system, unspecified
Malignant neoplasm of retroperitoneum

C48.1
C48.2
C48.8

C49.

C49.10 Malignant neoplasm of connective and soft tissue of unspecified upper limb, including shoulder
C49.11 Malignant neoplasm of connective and soft tissue of right upper limb, including shoulder
C49.12 Malignant neoplasm of connective and soft tissue of left upper limb, including shoulder
C49.20 Malignant neoplasm of connective and soft tissue of unspecified lower limb, including hip
C49.21 Malignant neoplasm of connective and soft tissue of right lower limb, including hip
C49.22 Malignant neoplasm of connective and soft tissue of left lower limb, including hip
C49.3 Malignant neoplasm of connective and soft tissue of thorax
C49.4 Malignant neoplasm of connective and soft tissue of abdomen
C49.5

C49.9
C4A. 0 Merkel cell carcinoma of lip
C4A. 10 Merkel cell carcinoma of unspecified 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
C4A. 121 Merkel cell carcinoma of left upper eyelid, including canthus
C4A. 122 Merkel cell carcinoma of left lower eyelid, including canthus
C4A. 20 Merkel cell carcinoma of unspecified ear and external auricular canal
C4A. 21 Merkel cell carcinoma of right ear and external auricular canal
C4A. 22 Merkel cell carcinoma of left ear and external auricular canal
C4A. 30 Merkel cell carcinoma of unspecified part of face
C4A. 31 Merkel cell carcinoma of nose
C4A. 39 Merkel cell carcinoma of other parts of face
C50.011 Malignant neoplasm of nipple and areola, right female breast
C50.012 Malignant neoplasm of nipple and areola, left female breast
C50.019 Malignant neoplasm of nipple and areola, unspecified female breast
C50.021 Malignant neoplasm of nipple and areola, right male breast
C50.022 Malignant neoplasm of nipple and areola, left male breast
C50.029 Malignant neoplasm of nipple and areola, unspecified male breast
C50.111 Malignant neoplasm of central portion of right female breast
C50.112 Malignant neoplasm of central portion of left female breast
C50.119 Malignant neoplasm of central portion of unspecified female breast

## Modifier Descriptors

| Modifier | Description |
| :---: | :---: |
|  | CPT ${ }^{\text {® }}$ Modifiers |
| 22 | Increased Procedural Services |
| 23 | Unusual Anesthesia |
| 24 | Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional During a Postoperative Period |
| 25 | Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service |
| 26 | Professional Component |
| 27 | Multiple Outpatient Hospital E/M Encounters on the Same Date |
| 32 | Mandated Services |
| 33 | Preventive Services |
| 47 | Anesthesia by Surgeon |
| 50 | Bilateral Procedure |
| 51 | Multiple Procedures |
| 52 | Reduced Services |
| 53 | Discontinued Procedure |
| 54 | Surgical Care Only |
| 55 | Postoperative Management Only |
| 56 | Preoperative Management Only |
| 57 | Decision for Surgery |
| 58 | Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period |
| 59 | Distinct Procedural Service |
| 62 | Two Surgeons |
| 63 | Procedure Performed on Infants less than 4 kg |
| 66 | Surgical Team |
| 73 | Discontinued Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedure Prior to the Administration of Anesthesia |
| 74 | Discontinued Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedure After Administration of Anesthesia |
| 76 | Repeat Procedure or Service by Same Physician or Other Qualified Health Care Professional |
| 77 | Repeat Procedure by Another Physician or Other Qualified Health Care Professional |
| 78 | Unplanned Return to the Operating/Procedure Room by the Same Physician or Other Qualified Health Care Professional Following Initial Procedure for a Related Procedure During the Postoperative Period |


| Modifier | Description |
| :---: | :---: |
| 79 | Unrelated Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period |
| 80 | Assistant Surgeon |
| 81 | Minimum Assistant Surgeon |
| 82 | Assistant Surgeon (when qualified resident surgeon not available) |
| 90 | Reference (Outside) Laboratory |
| 91 | Repeat Clinical Diagnostic Laboratory Test |
| 92 | Alternative Laboratory Platform Testing |
| 95 | Synchronous Telemedicine Service Rendered Via a Real-Time Interactive Audio and Video Telecommunications System |
| 96 | Habilitative Services |
| 97 | Rehabilitative Services |
| 99 | Multiple Modifiers |
| Category II Modifiers |  |
| 1 P | Performance Measure Exclusion Modifier due to Medical Reasons |
| 2P | Performance Measure Exclusion Modifier due to Patient Reasons |
| 3P | Performance Measure Exclusion Modifier due to System Reasons |
| 8P | Performance Measure Reporting Modifier - Action Not Performed, Reason Not Otherwise Specified |
| HCPCS Level II Modifiers |  |
| A1 | Dressing for one wound |
| A2 | Dressing for two wounds |
| A3 | Dressing for three wounds |
| A4 | Dressing for four wounds |
| A5 | Dressing for five wounds |
| A6 | Dressing for six wounds |
| A7 | Dressing for seven wounds |
| A8 | Dressing for eight wounds |
| A9 | Dressing for nine or more wounds |
| AA | Anesthesia services performed personally by anesthesiologist |
| AD | Medical supervision by a physician: more than four concurrent anesthesia procedures |
| AE | Registered dietician |
| AF | Specialty physician |
| AG | Primary physician |
| AH | Clinical psychologist |
| AI | Principal physician of record |


| Modifier | Description |
| :---: | :---: |
| GM | Multiple patients on one ambulance trip |
| GN | Services delivered under an outpatient speech language pathology plan of care |
| GO | Services delivered under an outpatient occupational therapy plan of care |
| GP | Services delivered under an outpatient physical therapy plan of care |
| GQ | Via asynchronous telecommunications system |
| GR | This service was performed in whole or in part by a resident in a department of veterans affairs medical center or clinic, supervised in accordance with VA policy |
| GS | Dosage of erythropoietin stimulating agent has been reduced and maintained in response to hematocrit or hemoglobin level |
| GT | Via interactive audio and video telecommunication systems |
| GU | Waiver of liability statement issued as required by payer policy, routine notice |
| GV | Attending physician not employed or paid under arrangement by the patient's hospice provider |
| GW | Service not related to the hospice patient's terminal condition |
| GX | Notice of liability issued, voluntary under payer policy |
| GY | Item or service statutorily excluded, does not meet the definition of any Medicare benefit or, for NonMedicare insurers, is not a contract benefit |
| GZ | Item or service expected to be denied as not reasonable and necessary |
| H9 | Court-ordered |
| HA | Child/adolescent program |
| HB | Adult program, non-geriatric |
| HC | Adult program, geriatric |
| HD | Pregnant/parenting women's program |
| HE | Mental health program |
| HF | Substance abuse program |
| HG | Opioid addiction treatment program |
| HH | Integrated mental health/substance abuse program |
| HI | Integrated mental health and intellectual disability/ developmental disabilities program |
| HJ | Employee assistance program |
| HK | Specialized mental health programs for high-risk populations |
| HL | Intern |
| HM | Less than bachelor degree level |
| HN | Bachelor's degree level |
| HO | Master's degree level |
| HP | Doctoral level |


| Modifier | Description |
| :---: | :---: |
| HQ | Group setting |
| HR | Family/couple with client present |
| HS | Family/couple without client present |
| HT | Multi-disciplinary team |
| HU | Funded by child welfare agency |
| HV | Funded state addictions agency |
| HW | Funded by state mental health agency |
| HX | Funded by county/local agency |
| HY | Funded by juvenile justice agency |
| HZ | Funded by criminal justice agency |
| J1 | Competitive acquisition program no-pay submission for a prescription number |
| J2 | Competitive acquisition program, restocking of emergency drugs after emergency administration |
| J3 | Competitive acquisition program (CAP), drug not available through cap as written, reimbursed under average sales price methodology |
| J4 | DMEPOS item subject to DMEPOS competitive bidding program that is furnished by a hospital upon discharge |
| J5 | Off-the-shelf orthotic subject to DMEPOS competitive bidding program that is furnished as part of a physical therapist or occupational therapist professional service |
| JA | Administered intravenously |
| JB | Administered subcutaneously |
| JC | Skin substitute used as a graft |
| JD | Skin substitute not used as a graft |
| JE | Administered via dialysate |
| JG | Drug or biological acquired with 340b drug pricing program discount |
| JW | Drug amount discarded/not administered to any patient |
| K0 | Lower extremity prosthesis functional level 0 - does not have the ability or potential to ambulate or transfer safely with or without assistance and a prosthesis does not enhance their quality of life or mobility |
| K1 | Lower extremity prosthesis functional level 1 has the ability or potential to use a prosthesis for transfers or ambulation on level surfaces at fixed cadence, typical of the limited and unlimited household ambulator |
| K2 | Lower extremity prosthesis functional level 2 - has the ability or potential for ambulation with the ability to traverse low level environmental barriers such as curbs, stairs or uneven surfaces, typical of the limited community ambulator |

## Terminology

| Terms | Definition |
| :---: | :---: |
| Ab externo | The term means outside the eye; indicates the procedure of surgery starting from the eye's exterior and proceeding to the anterior chamber. |
| Ablation | Removal of a body part or organ or destruction of its function. |
| Abscess | A collection of pus in a walled off sac or pocket, the result of infection. |
| Actinic keratoses | Rough, scaly patches of skin that develop from prolonged exposure to sun. |
| Acute | A medical condition or injury of sudden onset, sometimes severe in nature, and typically last a short period of time; opposite of chronic. |
| Adhesions | Fibrous bands, which typically result from inflammation or injury during surgery, that form between tissues and organs; they may be thought of as internal scar tissue. |
| Age-related macular degeneration, or AMD | Weakening of the central area of the retina called the macula; AMD leads to vision loss in people age 50 or older. |
| Allergenic extract | A protein containing an extract purified from a substance to which a patient may be allergic. |
| Allograft | A tissue graft harvested from one person for another; donors include cadavers and living individuals related or unrelated to the recipient; also called allogeneic graft and homograft. |
| Amblyogenic developmental stage | Phase during early visual development in which the visual system is at risk to develop abnormal vision. |
| Amblyopia | Decreased vision due to a disconnect between the eye and the brain. |
| Amniograft | Using the amniotic membrane from a caesarean section to replace or repair defective tissue. |
| Amniotic membrane | Inside of placenta in which the fetus develops. |
| Anastomosis | Connection between two structures, anatomical or surgically created, such as between two blood vessels or the colon after resection of a part; types of anastomoses include end to side and side to side. |
| Anatomic topography | Study of regions or divisions of the body and determining the relationship between various structures in that region. |
| Anesthesia | A medication that reduces or eliminates sensitivity to pain; local or regional anesthesia reduce sensation to pain in specific areas of the body. |
| Angiography | An X-ray study of the blood vessels that help providers diagnoses and treat medical conditions; angiography uses a radiopaque substance, called dye, to make the blood vessels visible under X-ray. |
| Angle closure glaucoma | Type of glaucoma where the pressure inside the eye rises quickly because the drainage canals get blocked or covered over; also known as acute glaucoma or narrow angle glaucoma. |
| Angle width | Area of vision at a particular point of view. |
| Anomaloscope | Instrument used to test for color blindness. |
| Anterior | Closer to the front part of the body or a structure. |
| Anterior chamber | The space in the anterior or front segment of the eye, between the cornea, that focuses incoming light, and the iris, the colored ring membrane around the pupil; contains a clear liquid called aqueous humor. |
| Anterior chamber of eye | The space between the cornea and the iris, filled with the aqueous humor and communicating through the pupil with the posterior chamber. |
| Anterior hyaloid membrane | Tissue that separates the front portion of the vitreous, a gelatinous material, from the lens. |
| Anterior lamellar | Disc present in the front of the eye. |
| Anterior lamellar keratoplasty | Technique for partial thickness corneal transplantation that preserves endothelial cells after removing all or part of the stroma, resulting in a less thick but uniform residual bed. |
| Anterior limiting lamina | Tissue layer in the cornea between the outer layer and the stroma, also known as Bowman's layer. |
| Anterior segment of the eye | The forward one third of the eye that resides in front of the lens, filled with a clear liquid called aqueous humor; divided into anterior and posterior chambers connected by the pupil. |
| Anterior synechiae | Adhesion between the iris and the cornea. |


| Terms | Definition |
| :---: | :---: |
| Choroidal nevus | A pigmented area something like a freckle on the choroidal membrane. |
| Chronic | A condition that is long lasting, typically to slow develop, and with symptoms of less severity than an acute condition. |
| Cicatricial tissue | Dense fibrous tissue or scarring derived from granulation tissue of the healing wound; also known as a cicatrix. |
| Ciliary body | Muscular part of the eye composed of ciliary muscles that lies just behind the iris and anchors the lens of the eye in its place; releases transparent liquid called aqueous humor within the eye. |
| Clamp | A device which holds things together or presses parts tightly together. |
| Coagulation | Process of a liquid becoming a solid, as in the example of blood clotting. |
| Comprehensive ophthalmological services | A general evaluation of the complete visual system; the comprehensive services depict a single service entity but not necessarily performed in a single session. It always includes the initiation of a diagnostic and treatment regimen. |
| Computed tomography, or CT | The provider rotates an X -ray tube and X -ray detectors around the patient, which produce a tomogram. A computer generated cross sectional image; providers use CT to diagnose, manage and treat diseases. |
| Concretions | Small stones or calculi, typically formed from salts or other substances; conjunctival concretions appear cystic, like tiny sacs. |
| Concurrent supervision | The active participation and monitoring of post processing of the images to make a useful data. |
| Cone | Photoreceptor cell in the retina of the eye, responsible for color vision. |
| Conformer | A clear plastic shell that holds the eye shape in a stable position. |
| Congenital | Present at birth. |
| Congenital glaucoma | Increased intraocular pressure at birth. |
| Congestive heart failure | Excessive fluid collects in the tissues of the lungs, trunk, or extremities due to heart disease; it results in difficulty breathing and increased blood pressure; too much salt intake contributes to this condition. |
| Conjunctiva | A transparent moist membrane covering the outer surface of the eye known as bulbar conjunctiva and the inner aspect of the eyelids known as palpebral conjunctiva. |
| Conjunctival fold | Membrane lining the eyelids and parts of the eyeball. |
| Conjunctival peritomy | Surgical procedure to remove a portion of conjunctiva in the eye. |
| Conjunctival sac | A space bounded by conjunctiva, a thin moist membrane that lines the inner surface of the eyelid and the white ball of the eye. |
| Conjunctival tissue | Lining that covers the inside of the eyelids and the eyeball. |
| Conjunctivoplasty | The provider removes excess conjunctival tissue and repairs the conjunctiva. |
| Contact lens | Lens positioned directly over the surface of the eye to treat visual defects. |
| Contralateral | Occurring on the opposite side of the body. |
| Contrast | A special dye used in radiology imaging to improve the visibility of internal structures or organs of the body, which providers administer to patients through various routes, including oral and intravenously; also called contrast material, contrast medium, contrast media, contrast agent, or contrast dye. |
| Convex lens | Lens that converges light rays, used to correct short sightedness, in which a patient is unable to see distant objects. |
| Cornea | Clear, transparent covering in the front portion of the eye that refracts, or focuses, incoming light. |
| Corneal disc | Artificial portion of the cornea, which replaces the damaged part of the cornea. |
| Corneal epithelium | Squamous epithelial tissue that covers the front part of the eye which includes the iris, pupil, and anterior chamber. |
| Corneal hysteresis | The response of the cornea to pressure stimuli, determined by the difference in inward and outward movement of the cornea in response to metered air impulses on the cornea. |
| Corneoscleral | Pertaining to both cornea and sclera. |
| Corneoscleral lens | Contact lens supported by both the cornea and the sclera. |
| Corneoscleral section | Incision between the cornea and sclera in the eye. |
| Corneovitreal adhesions | Adhesions between the transparent membrane of the outer fibrous coat layer of the eyeball and vitreous matter. |

## Code Index

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