

Ophthalmology

A comprehensive illustrated guide to coding
and reimbursement

2021

optum360coding.com

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Sample

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 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 2020 edition password is: XXXXXX. 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 xiii 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.

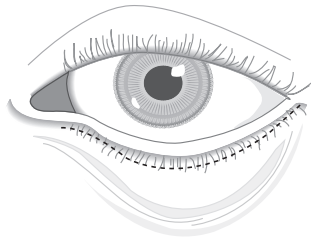
Professional and Technical Component

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.

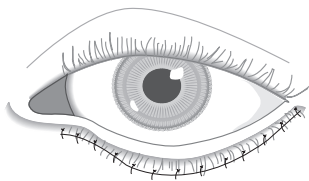
15820-15821

15820 Blepharoplasty, lower eyelid;
15821 with extensive herniated fat pad

Excess skin is removed from the lower lid



Incision is beneath the lower lashes



The incision is closed with sutures

Explanation

The physician performs a blepharoplasty of the lower eyelid. Through an incision beneath the eyelash line, the physician dissects the skin of the lower eyelid to the subcutaneous/muscle fascial layers. The skin is pulled tight and excess skin is excised. Muscle fascia may be sutured to support sagging muscles. In 15821, orbital fat, or an extensive herniated fat pad, is removed from the tissues. The incision is closed with layers.

Coding Tips

These are unilateral procedures. If performed bilaterally, some payers require that the service be reported twice with modifier 50 appended to the second code while others require identification of the service only once with modifier 50 appended. Check with individual payers. Modifier 50 identifies a procedure performed identically on the opposite side of the body (mirror image). These codes may report elective blepharoplasty performed for cosmetic reasons. Since these procedures may not be medically necessary, the patient may be responsible for charges. Since visual field examination codes 92081-92083 are performed before scheduling a patient for a blepharoplasty, these codes should not be reported separately for the same date of service. Verify with the insurance carrier for coverage. Codes 15820-15821 require prior approval for Medicare. Report modifiers MA-MH or QQ and/or codes G1000-G1011 in addition, as appropriate. Check with other payers regarding prior approval policies. For blepharoplasty of the upper eyelid, see 15822 and 15823. For blepharoplasty procedures for ectropion and entropion, see 67916-67917 and 67923-67924. 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

- H02.032 Senile entropion of right lower eyelid ✓
- H02.035 Senile entropion of left lower eyelid ✓
- H02.042 Spastic entropion of right lower eyelid ✓
- H02.045 Spastic entropion of left lower eyelid ✓
- H02.132 Senile ectropion of right lower eyelid ✓
- H02.135 Senile ectropion of left lower eyelid ✓

- H02.32 Blepharochalasis right lower eyelid ✓
- H02.35 Blepharochalasis left lower eyelid ✓
- H02.831 Dermatochalasis of right upper eyelid ✓
- H02.832 Dermatochalasis of right lower eyelid ✓
- H02.834 Dermatochalasis of left upper eyelid ✓
- H02.835 Dermatochalasis of left lower eyelid ✓
- H05.421 Enophthalmos due to trauma or surgery, right eye ✓
- H05.422 Enophthalmos due to trauma or surgery, left eye ✓
- Z41.1 Encounter for cosmetic surgery

AMA: 15820 2018,Jan,8; 2017,Jan,8; 2016,Jan,13; 2015,Jan,16; 2014,Jan,11
 15821 2018,Jan,8; 2017,Jan,8; 2016,Jan,13; 2015,Jan,16; 2014,Jan,11

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
15820	6.27	9.24	0.7	16.21
15821	6.84	9.89	0.65	17.38
Facility RVU	Work	PE	MP	Total
15820	6.27	7.58	0.7	14.55
15821	6.84	8.05	0.65	15.54

	FUD	Status	MUE	Modifiers			IOM Reference	
15820	90	A	1(2)	51	50	N/A	80*	100-04,12,40.7
15821	90	A	1(2)	51	50	N/A	80*	

* with documentation

Terms To Know

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.

dermatochalasis. Acquired form of connective tissue disease in which decreased elastic tissue formation and abnormal elastin production result in loss of elasticity. Usually a cosmetic problem, it can be associated with aging and may affect the visual field.

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.

fibrosis. Formation of fibrous tissue as part of the restorative process.

hypertrophic. Enlarged or overgrown from an increase in cell size of the affected tissue.

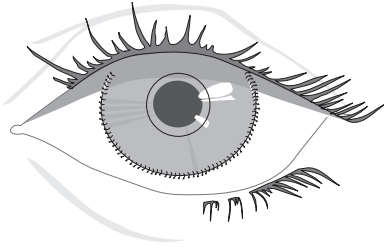
myogenic ptosis. Drooping of a muscle due to a defect.

reconstruction. Recreating, restoring, or rebuilding a body part or organ.

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 ✓
- H18.51 Endothelial corneal dystrophy
- H18.52 Epithelial (juvenile) corneal dystrophy
- H18.53 Granular corneal dystrophy
- H18.54 Lattice corneal dystrophy
- H18.55 Macular corneal dystrophy
- 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 ✓
- T86.840 Corneal transplant rejection
- T86.841 Corneal transplant failure

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

Relative Value Units/Medicare Edits

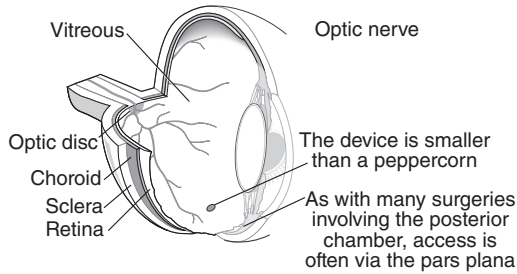
Non-Facility RVU	Work	PE	MP	Total
65770	19.74	18.51	1.38	39.63
Facility RVU	Work	PE	MP	Total
65770	19.74	18.51	1.38	39.63

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

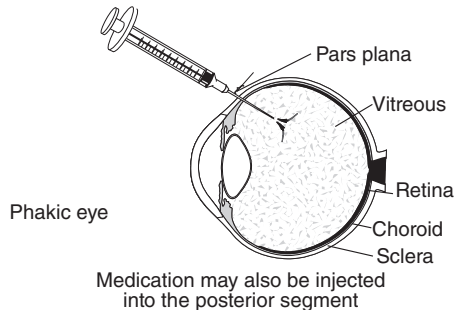
* with documentation

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 ✓
- H35.3212 Exudative age-related macular degeneration, right eye, with inactive choroidal neovascularization ✓
- H35.3213 Exudative age-related macular degeneration, right eye, with inactive scar ✓
- 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

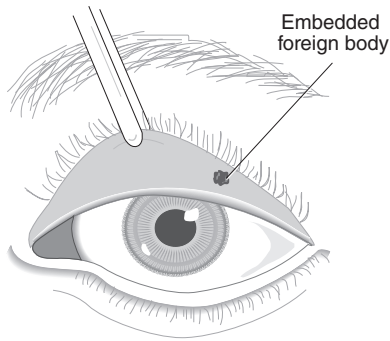
Non-Facility RVU	Work	PE	MP	Total
67027	11.62	11.77	0.83	24.22
67028	1.44	1.34	0.11	2.89
Facility RVU	Work	PE	MP	Total
67027	11.62	11.77	0.83	24.22
67028	1.44	1.28	0.11	2.83

	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

67938

67938 Removal of embedded foreign body, eyelid



An incision is required to access the foreign body; sutures are required

Explanation

The physician administers local anesthetic and the patient's face and eyelid are draped and prepped for surgery. The physician locates the foreign body through palpation. An incision is made through the anterior surface if the foreign body is principally on the anterior of the lid; the lid is everted if the foreign body is near the posterior surface. An attempt is made to conceal the incision line in the crease of the upper lid, or through a subciliary incision, when possible. The foreign body is removed and the wound is irrigated. The wound is repaired with layered sutures.

Coding Tips

For repair of the skin of the eyelid, see 12011–12018, 12051–12057, and 13151–13153. For tarsorrhaphy and canthorrhaphy, see 67880 and 67882. For repair of blepharoptosis and lid retraction, see 67901–67911. For blepharoplasty for entropion and ectropion, see 67916, 67917, 67923, and 67924. For correction of blepharochalasis (blepharorhytidectomy), see 15820–15823. For repair of the skin of the eyelid, adjacent tissue transfer, see 14060 and 14061; preparation for graft, see 15004; free graft, see 15120, 15121, 15260, and 15261. For excision of a lesion of the eyelid, see 67800–67808. For repair of a lacrimal canaliculi, see 68700. 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

- H02.811 Retained foreign body in right upper eyelid
- H02.812 Retained foreign body in right lower eyelid
- H02.814 Retained foreign body in left upper eyelid
- H02.815 Retained foreign body in left lower eyelid
- 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
- S01.141A 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

AMA: 67938 2018,Jan,8; 2017,Jan,8; 2016,Jan,13; 2016,Feb,12; 2015,Jan,16; 2014,May,5; 2014,Jan,11

Relative Value Units/Medicare Edits

Non-Facility RVU	Work	PE	MP	Total
67938	1.38	5.72	0.09	7.19
Facility RVU	Work	PE	MP	Total
67938	1.38	1.84	0.09	3.31

	FUD	Status	MUE	Modifiers				IOM Reference
67938	10	A	2(3)	51	50	N/A	N/A	None

* with documentation

Terms To Know

anesthesia. Loss of feeling or sensation, usually induced to permit the performance of surgery or other painful procedures.

anterior. Situated in the front area or toward the belly surface of the body.

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.

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

conjunctival foreign body. Foreign body that has become imbedded in the cornea but does not penetrate any deeper within the eye.

cornea. Five-layered, transparent structure that forms the anterior or front part of the sclera of the eye.

foreign body. Any object or substance found in an organ and tissue that does not belong under normal circumstances.

incision. Act of cutting into tissue or an organ.

irrigation. To wash out or cleanse a body cavity, wound, or tissue with water or other fluid.

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

periocular. Area within the orbit surrounding the eyeball.

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	0.64	0.02	0.83
Facility RVU	Work	PE	MP	Total
70030	0.17	0.64	0.02	0.83

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	0.65	0.02	0.86
Facility RVU	Work	PE	MP	Total
70140	0.19	0.65	0.02	0.86

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	0.95	0.02	1.23
Facility RVU	Work	PE	MP	Total
70150	0.26	0.95	0.02	1.23

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	0.8	0.02	1.03
Facility RVU	Work	PE	MP	Total
70190	0.21	0.8	0.02	1.03

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	0.94	0.02	1.24
Facility RVU	Work	PE	MP	Total
70200	0.28	0.94	0.02	1.24

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.

