



UEI Coding Alert # 20 March 8, 2006

Foreign Body (FB) removal coding depends on the site and whether one or both eyes are involved.

For a complete answer on superficial foreign-body (FB) removal coding, you have to look at four scenarios:

Scenario 1: Multiple FBs in the Cornea OD

If a patient has multiple foreign bodies in the same site in the same eye - for instance, the conjunctiva or the cornea - you can only report one procedure, no matter how many FBs you remove.

For foreign bodies in the cornea, bill one unit of CPT 65222 (... *corneal, with slit lamp*).

If it's a new patient, you can probably bill a low-level E/M visit based on the history and review of systems you would normally document on a new patient. Append modifier -25 (*Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service*) to the E/M code to show that it was separate and necessary.

Established patient
65222-RT

New patient
99xx-25
65222-RT

Scenario 2: FBs in the Conjunctiva OD and the Cornea OD

Technically, you should be able to bill separately for removing foreign bodies from different sites in the same eye. But the Medicare Local carriers don't always see it that way. If it's the same eye but different sites in that eye, Trailblazers Health will pay for only one removal procedure. Code the one that has the highest fee - in this case, the corneal FB removal. Bill both sites to the commercial insurance carriers As before, if it's a new patient, charge an E/M visit with modifier 25.

Established patient
65222-RT

New patient
992xx-25
65222-RT

Scenario 3: FBs in the Corneas OU

If you remove foreign bodies from the right cornea and the left cornea, bill for both, and charge the full fee for each procedure.

Established patient
65222-RT
65222-LT

New patient
992xx-25
65222-RT
65222-LT

Scenario 4: FBs in the Cornea OD and the Conjunctiva OS

Since the FBs are in different eyes, you can bill one unit of CPT 65205 (*Removal of foreign body, external eye; conjunctival superficial*) or CPT 65210 (*... conjunctival embedded [includes concretions], subconjunctival, or scleral nonperforating*) along with one unit of CPT 65222, charging the full fee.

Established patient
65222-RT
65205-LT

New patient
992xx-25
65222-RT
65205-LT

Watch for: When charging an E/M visit with modifier -25, be sure your record of care indicates that you performed two separate procedures. Some doctors use one sheet for the visit and another for the removals.