



Fact Sheet: Coding for XCELLERATE

Published November 2021

XCELLERATE™ is a self-retaining lyophilized membrane that promotes corneal wound healing. It naturally dissolves in 3-5 days but may be removed earlier if the patient's condition improves.

CPT® CODE

65778 Placement of amniotic membrane on the ocular surface; without sutures

GLOBAL PERIOD

0-day

PHYSICIAN ALLOWABLE

Office: \$1494.12 (includes the AMT)

ASC/Hospital: \$54.08

ASC ALLOWABLE

No facility allowable: The ASC must absorb the cost.

HOSPITAL ALLOWABLE

Medicare \$807 (Includes the AMT)

CORRECT CODING INITIATIVE

65778 is bundled with these CPT codes when performed on the same eye, same day and same surgical session:

G0463, 12011, 12013, 12014, 12015, 12016, 12017, 12018, 12051, 12052, 12053, 12054, 12055, 12056, 12057, 13150, 13151, 13152, 13153, 65280, 65286, 65400, 65410, 65435, 65781, 65782, 66020, 67250, 67500, 92012, 92014, 92018, 92019, 92071, 99211, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99221, 99222, 99223, 99231, 99232, 99233, 99234, 99235, 99236, 99238, 99239, 99241, 99242, 99243, 99244, 99245, 99251, 99252, 99253, 99254, 99255, 99291, 99292, 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99334, 99335, 99336, 99337, 99347, 99348, 99349, 99350, 99374, 99375, 99377, 99378

Mutually Exclusive: V2790, 99149, 99150, 99155, 99156, 99157, 99446, 99447, 99448, 99449, 99495, 99496

MODIFIERS

- 25 To bill an exam the same day as the insertion of XCELLERATE, the exam must meet the definition of modifier -25 in that the exam must be significantly and separately identifiable from the insertion. While medically necessary, if the exam is performed solely to confirm the need for the minor surgery, then the exam is not separately billable.
- 50 When performed bilaterally, Medicare requires 65778 -50 and a "1" in the unit field. Other payers may require modifier -50 and a "2" in the unit field while others may require two lines with modifiers -RT and -LT.
- 59 Unless XCELLERATE is inserted in the other, non-surgical eye, it is not appropriate to unbundle CPT code 65778 from any of the codes in column 2 above.

Fact Sheet: Coding for XCELLERATE *continued*

ICD-10 LINKAGES

Coverage may vary by payer. ICD-10 diagnoses codes may include but are not limited to the following:

C69.01	Malignant neoplasm of right conjunctiva
C69.02	Malignant neoplasm of left conjunctiva
C79.49	Secondary malignant neoplasm of other parts of nervous system
D09.21	Carcinoma in situ of right eye
D09.22	Carcinoma in situ of left eye
D31.01	Benign neoplasm of right conjunctiva
D31.02	Benign neoplasm of left conjunctiva
D48.7	Neoplasm of uncertain behavior of other specified sites (Neoplasm of uncertain behavior of eye, Neoplasm of uncertain behavior of heart, Neoplasm of uncertain behavior of peripheral nerves of orbit)
H02.59	Other disorders affecting eyelid function (Deficient blink reflex, Sensory disorders)
H11.021	Central pterygium of right eye
H11.022	Central pterygium of left eye
H11.023	Central pterygium of eye, bilateral
H11.031	Double pterygium of right eye
H11.032	Double pterygium of left eye
H11.033	Double pterygium of eye, bilateral
H11.041	Peripheral pterygium, stationary, right eye
H11.042	Peripheral pterygium, stationary, left eye
H11.043	Peripheral pterygium, stationary, bilateral
H11.051	Peripheral pterygium, progressive, right eye
H11.052	Peripheral pterygium, progressive, left eye
H11.053	Peripheral pterygium, progressive, bilateral
H11.061	Recurrent pterygium of right eye
H11.062	Recurrent pterygium of left eye
H11.063	Recurrent pterygium of eye, bilateral
H11.121	Conjunctival concretions, right eye
H11.122	Conjunctival concretions, left eye
H11.123	Conjunctival concretions, bilateral
H11.231	Symblepharon, right eye
H11.232	Symblepharon, left eye
H11.233	Symblepharon, bilateral
H11.811	Pseudopterygium of conjunctiva, right eye
H11.812	Pseudopterygium of conjunctiva, left eye
H11.813	Pseudopterygium of conjunctiva, bilateral
H16.011	Central corneal ulcer, right eye
H16.012	Central corneal ulcer, left eye
H16.013	Central corneal ulcer, bilateral
H16.021	Ring corneal ulcer, right eye
H16.022	Ring corneal ulcer, left eye
H16.023	Ring corneal ulcer, bilateral
H16.041	Marginal corneal ulcer, right eye
H16.042	Marginal corneal ulcer, left eye
H16.043	Marginal corneal ulcer, bilateral
H16.051	Mooren's corneal ulcer, right eye
H16.052	Mooren's corneal ulcer, left eye
H16.053	Mooren's corneal ulcer, bilateral

Fact Sheet: Coding for XCELLERATE *continued*

H16.071	Perforated corneal ulcer, right eye
H16.072	Perforated corneal ulcer, left eye
H16.073	Perforated corneal ulcer, bilateral
H18.11	Bullous keratopathy, right eye
H18.12	Bullous keratopathy, left eye
H18.13	Bullous keratopathy, bilateral
H18.211	Corneal edema secondary to contact lens, right eye
H18.212	Corneal edema secondary to contact lens, left eye
H18.213	Corneal edema secondary to contact lens, bilateral
H18.421	Band keratopathy, right eye
H18.422	Band keratopathy, left eye
H18.423	Band keratopathy, bilateral
H18.461	Peripheral corneal degeneration, right eye
H18.462	Peripheral corneal degeneration, left eye
H18.463	Peripheral corneal degeneration, bilateral
H18.49	Other corneal degeneration
H18.821	Corneal disorder due to contact lens, right eye
H18.822	Corneal disorder due to contact lens, left eye
H18.823	Corneal disorder due to contact lens, bilateral
H18.831	Recurrent erosion of cornea, right eye
H18.832	Recurrent erosion of cornea, left eye
H18.833	Recurrent erosion of cornea, bilateral
L51.1	Stevens-Johnson syndrome
Q13.1	Absence of iris (Aniridia)
T26.01XA	Burn of right eyelid and periocular area, initial encounter
T26.02XA	Burn of left eyelid and periocular area, initial encounter
T26.11XA	Burn of cornea and conjunctival sac, right eye, initial encounter
T26.12XA	Burn of cornea and conjunctival sac, left eye, initial encounter
T26.51XA	Corrosion of right eyelid and periocular area, initial encounter
T26.52XA	Corrosion of left eyelid and periocular area, initial encounter
T26.61XA	Corrosion of cornea and conjunctival sac, right eye, initial encounter
T26.62XA	Corrosion of cornea and conjunctival sac, left eye, initial encounter



Russell Health™

Supported in part by *Regenerative Medicine is our Specialty*

DISCLAIMER: The Academy does not recommend or endorse any specific tests, drugs, devices, products and services of others that may be mentioned or referenced in this publication. Any financial support has no influence on the editorial content or presentation and any acknowledgment of such support is not an implied or express endorsement of any product, service or company.

All information provided by the American Academy of Ophthalmology, its employees, agents or representatives participating in the Academy's coding service is as current and reliable as reasonably possible. The Academy does not guarantee or warrant that either public or private payers will agree with the Academy's information or recommendations. The Academy shall not be liable to you or any other party to any extent whatsoever for errors in, or omissions from, any such information provided by the Academy, its employees, agents or representatives. The Academy's sole liability for any claim connected to its provision of coding information or services shall be limited to the amount paid by you to the Academy for the information or coding service.

CPT is the registered trademark of the American Medical Association.