

# Local Coverage Article: Billing and Coding: Ocular Photography - External (A57068)

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## Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
CGS Administrators, LLC	MAC - Part A	15101 - MAC A	J - 15	Kentucky
CGS Administrators, LLC	MAC - Part B	15102 - MAC B	J - 15	Kentucky
CGS Administrators, LLC	MAC - Part A	15201 - MAC A	J - 15	Ohio
CGS Administrators, LLC	MAC - Part B	15202 - MAC B	J - 15	Ohio

## Article Information

### General Information

<b>Article ID</b> A57068	<b>Original Effective Date</b> 09/19/2019
<b>Article Title</b> Billing and Coding: Ocular Photography - External	<b>Revision Effective Date</b> 10/01/2020
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## **CMS National Coverage Policy**

Language quoted from Centers for Medicare and Medicaid Services (CMS). National Coverage Determinations (NCDs) and coverage provisions in interpretive manuals is italicized throughout the policy. NCDs and coverage provisions in interpretive manuals are not subject to the Local Coverage Determination (LCD) Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See Section 1869(f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, *italicized* text represents quotation from one or more of the following CMS sources:

### Title XVIII of the Social Security Act (SSA):

Section 1862(a)(1)(A) excludes expenses incurred for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Section 1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

Code of Federal Regulations:

42 CFR Section 410.32, indicates that diagnostic tests may only be ordered by the treating physician (or other treating practitioner acting within the scope of his or her license and Medicare requirements).

## **Article Guidance**

### **Article Text:**

This article gives guidance for billing, coding, and other guidelines in relation to local coverage policy L34393-Ocular Photography - External.

### **General Guidelines for Claims submitted to Part A or Part B MAC:**

Procedure codes may be subject to National Correct Coding Initiative (NCCI) edits or OPPS packaging edits. Refer to NCCI and OPPS requirements prior to billing Medicare. For services requiring a referring/ordering physician, the name and NPI of the referring/ordering physician must be reported on the claim. A claim submitted without a valid ICD-10-CM diagnosis code will be returned to the provider as an incomplete claim under Section 1833(e) of the Social Security Act. The diagnosis code(s) must best describe the patient's condition for which the service was performed. For diagnostic tests, report the result of the test if known; otherwise the symptoms prompting the performance of the test should be reported.

### **Advance Beneficiary Notice of Non-coverage (ABN) Modifier Guidelines**

An ABN may be used for services which are likely to be non-covered, whether for medical necessity or for other reasons. Refer to CMS Publication 100-04, Medicare Claims Processing Manual, Chapter 30, for complete instructions.

Effective from April 1, 2010, non-covered services should be billed with modifier –GA, –GX, –GY, or –GZ, as appropriate.

The –GA modifier (“Waiver of Liability Statement Issued as Required by Payer Policy”) should be used when physicians, practitioners, or suppliers want to indicate that they anticipate that Medicare will deny a specific service as not reasonable and necessary and they do have an ABN signed by the beneficiary on file. Modifier GA applies only when services will be denied under reasonable and necessary provisions, sections 1862(a)(1), 1862(a)(9), 1879(e), or 1879(g) of the Social Security Act. Effective April 1, 2010, Part A MAC systems will automatically deny services billed with modifier GA. An ABN, Form CMS-R-131, should be signed by the beneficiary to indicate that he/she accepts responsibility for payment. The –GA modifier may also be used on assigned claims when a patient refuses to sign the ABN and the latter is properly witnessed. For claims submitted to the Part A MAC, occurrence code 32 and the date of the ABN is required.

Modifier GX (“Notice of Liability Issued, Voluntary Under Payer Policy”) should be used when the beneficiary has signed an ABN, and a denial is anticipated based on provisions other than medical necessity, such as statutory exclusions of coverage or technical issues. An ABN is not required for these denials, but if non-covered services are reported with modifier GX, will automatically be denied services.

The –GZ modifier should be used when physicians, practitioners, or suppliers want to indicate that they expect that Medicare will deny an item or service as not reasonable and necessary and they have not had an ABN signed by the beneficiary. If the service is statutorily non-covered, or without a benefit category, submit the appropriate CPT/HCPCS code with the –GY modifier. An ABN is not required for these denials, and the limitation of liability does not apply for beneficiaries. Services with modifier GY will automatically deny.

### **Documentation Requirements**

The patient’s medical record should include but is not limited to:

- The assessment of the patient by the ordering provider as it relates to the complaint of the patient for that visit,
- Relevant medical history
- Results of pertinent tests/procedures
- Signed and dated office visit record/operative report (Please note that all services ordered or rendered to Medicare beneficiaries must be signed.)

The patient's medical record must contain documentation that fully supports the medical necessity for services included within this LCD. (See "Indications and Limitations of Coverage.") This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures. Office records/progress notes must document the complaint, symptomatology, or reason necessitating the test and must include the examination results/findings.

External ocular photographs may be print, slide, video or digital media, and copies must be available for review by Medicare if requested. Photographs must be permanently labeled with the patient's name and date, and a notation of which eye is pictured. In addition to the photograph(s), an interpretation and report specific to the photograph(s) must be maintained in the patient's medical record and be available to the contractor upon request.

If additional photographs are taken to track changes in the patient's condition, written documentation describing changes is required and must be maintained in the patient's medical record. An interpretation of the photograph(s) with comparison to prior photographs, if available, must be maintained in the patient's medical record and available for review, if requested.

The frequency with which external ocular photography should be performed is based on the patient's underlying condition and the usual progression of that condition. This service should not be repeated if there has been no change in the patient's conditions.

In some cases, it is expected that this service would be reasonable once yearly. However, in certain conditions, this test may be appropriate more frequently.

#### **For claims submitted to the Part B MAC:**

Claims for external ocular photography services are payable under Medicare Part B in the following places of service.

The global service is payable in office (11), home (12), assisted living facility (13), temporary lodging (16), urgent care facility (20), nursing facility for patients not in a Part A stay (32), custodial care facility (33), and independent clinic (49).

Modifier TC is reported for the technical component of the service. The technical component is payable in office (11), home (12), assisted living facility (13), temporary lodging (16), urgent care facility (20), nursing facility for patients not in a Part A stay (32), custodial care facility (33), and independent clinic (49), federally qualified health center (50), and rural health clinic (72).

The professional component is reported with modifier 26 and is payable in office (11), home (12), assisted living facility (13), temporary lodging (16), urgent care facility (20), inpatient hospital (21), outpatient hospital (22), emergency room (23), skilled nursing facility for patients in a Part A stay (31), nursing facility for patients not in a Part A stay (32), custodial care facility (33), and independent clinic (49).

#### **For claims submitted to the Part A MAC:**

##### Hospital Inpatient Claims:

- The hospital should report the patient's principal diagnosis in Form Locator (FL) 67 of the UB-04. *The principal diagnosis is the condition established after study to be chiefly responsible for this admission.*
- *The hospital enters ICD-10-CM codes for up to eight additional conditions in FLs 67A-67Q if they co-existed at the time of admission or developed subsequently, and which had an effect upon the treatment or the length of stay. It may not duplicate the principal diagnosis listed in FL 67.*
- For inpatient hospital claims, the admitting diagnosis is required and should be recorded in FL 69. (See CMS Publication 100-08, *Medicare Program Integrity Manual*, Chapter 25, Section 75 for additional instructions.)

#### Hospital Outpatient Claims:

- *The hospital should report the full ICD-10-CM code for the diagnosis shown to be chiefly responsible for the outpatient services in FL 67. If no definitive diagnosis is made during the outpatient evaluation, the patient's symptom is reported. If the patient arrives without a referring diagnosis, symptom or complaint, the provider should report an ICD-10-CM code for Persons Without Reported Diagnosis Encountered During Examination and Investigation of Individuals and Populations (Z00.00-Z13.9).*
- *The hospital enters the full ICD-10-CM codes in FLs 67A-67Q for up to eight other diagnoses that co-existed in addition to the diagnosis reported in FL 67.*

For dates of service prior to April 1, 2010, FQHC services should be reported with bill type 73X. For dates of service on or after April 1, 2010, bill type 77X should be used to report FQHC services. Bill type codes only apply to providers who bill these services to the Part A MAC. Bill type codes do not apply to physicians, other professionals and suppliers who bill these services to the carrier or Part B MAC.

For dates of service on or after April 1, 2010, bill type 77X should be used to report FQHC services.

For outpatient settings other than CORFs, references to "physicians" throughout this policy include non-physicians, such as nurse practitioners, clinical nurse specialists and physician assistants. Such non-physician practitioners, with certain exceptions, may certify, order and establish the plan of care for external ocular photography services as authorized by State law. (See Sections 1861[s][2] and 1862[a][14] of Title XVIII of the Social Security Act; 42 CFR, Sections 410.74, 410.75, 410.76 and 419.22; 58 FR 18543, April 7, 2000.)

#### **Other Comments:**

For claims submitted to the Part A MAC. This coverage determination also applies within states outside the primary geographic jurisdiction with facilities that have nominated CGS Administrators, LLC to process their claims.

Limitation of liability and refund requirements apply when denials are likely, whether based on medical necessity or other coverage reasons. The provider/supplier must notify the beneficiary in writing, prior to rendering the service, if the provider/supplier is aware that the test, item or procedure may not be covered by Medicare. The limitation of liability and refund requirements do not apply when the test, item or procedure is statutorily excluded, has no Medicare benefit category or is rendered for screening purposes.

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## **Coding Information**

<b>CPT/HCPSC Codes</b>
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**Group 1 Paragraph:**

N/A

**Group 1 Codes:**

CODE	DESCRIPTION
92285	EXTERNAL OCULAR PHOTOGRAPHY WITH INTERPRETATION AND REPORT FOR DOCUMENTATION OF MEDICAL PROGRESS (EG, CLOSE-UP PHOTOGRAPHY, SLIT LAMP PHOTOGRAPHY, GONIOPHOTOGRAPHY, STEREO-PHOTOGRAPHY)

**CPT/HCPSC Modifiers**

N/A

**ICD-10 Codes that Support Medical Necessity****Group 1 Paragraph:**

It is the responsibility of the provider to code to the highest level specified in the ICD-10-CM. The correct use of an ICD-10-CM code does not assure coverage of a service. The service must be reasonable and necessary in the specific case and must meet the criteria specified in this determination.

**Group 1 Codes:**

ICD-10 CODE	DESCRIPTION
A18.51	Tuberculous episcleritis
A18.52	Tuberculous keratitis
A18.54	Tuberculous iridocyclitis
A18.59	Other tuberculosis of eye
A50.31	Late congenital syphilitic interstitial keratitis
B00.50	Herpesviral ocular disease, unspecified
B00.51	Herpesviral iridocyclitis
B00.52	Herpesviral keratitis
B00.53	Herpesviral conjunctivitis
B00.59	Other herpesviral disease of eye
B02.31	Zoster conjunctivitis
B02.32	Zoster iridocyclitis
B02.33	Zoster keratitis
B02.34	Zoster scleritis
B02.39	Other herpes zoster eye disease
B10.81	Human herpesvirus 6 infection

ICD-10 CODE	DESCRIPTION
B10.82	Human herpesvirus 7 infection
B10.89	Other human herpesvirus infection
B30.0	Keratoconjunctivitis due to adenovirus
B60.12	Conjunctivitis due to Acanthamoeba
B60.13	Keratoconjunctivitis due to Acanthamoeba
C43.111	Malignant melanoma of right upper eyelid, including canthus
C43.112	Malignant melanoma of right lower eyelid, including canthus
C43.121	Malignant melanoma of left upper eyelid, including canthus
C43.122	Malignant melanoma of left lower eyelid, including canthus
C43.30	Malignant melanoma of unspecified part of face
C43.31	Malignant melanoma of nose
C43.39	Malignant melanoma of other parts of face
C44.1121	Basal cell carcinoma of skin of right upper eyelid, including canthus
C44.1122	Basal cell carcinoma of skin of right lower eyelid, including canthus
C44.1191	Basal cell carcinoma of skin of left upper eyelid, including canthus
C44.1192	Basal cell carcinoma of skin of left lower eyelid, including canthus
C44.1221	Squamous cell carcinoma of skin of right upper eyelid, including canthus
C44.1222	Squamous cell carcinoma of skin of right lower eyelid, including canthus
C44.1291	Squamous cell carcinoma of skin of left upper eyelid, including canthus
C44.1292	Squamous cell carcinoma of skin of left lower eyelid, including canthus
C44.1921	Other specified malignant neoplasm of skin of right upper eyelid, including canthus
C44.1922	Other specified malignant neoplasm of skin of right lower eyelid, including canthus
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
C47.0	Malignant neoplasm of peripheral nerves of head, face and neck
C49.0	Malignant neoplasm of connective and soft tissue of head, face and neck
C69.01	Malignant neoplasm of right conjunctiva
C69.02	Malignant neoplasm of left conjunctiva
C69.11	Malignant neoplasm of right cornea
C69.12	Malignant neoplasm of left cornea
C69.41	Malignant neoplasm of right ciliary body
C69.42	Malignant neoplasm of left ciliary body

ICD-10 CODE	DESCRIPTION
C69.51	Malignant neoplasm of right lacrimal gland and duct
C69.52	Malignant neoplasm of left lacrimal gland and duct
C69.61	Malignant neoplasm of right orbit
C69.62	Malignant neoplasm of left orbit
C69.81	Malignant neoplasm of overlapping sites of right eye and adnexa
C69.82	Malignant neoplasm of overlapping sites of left eye and adnexa
C69.91	Malignant neoplasm of unspecified site of right eye
C69.92	Malignant neoplasm of unspecified site of left eye
D03.111	Melanoma in situ of right upper eyelid, including canthus
D03.112	Melanoma in situ of right lower eyelid, including canthus
D03.121	Melanoma in situ of left upper eyelid, including canthus
D03.122	Melanoma in situ of left lower eyelid, including canthus
D03.30	Melanoma in situ of unspecified part of face
D03.39	Melanoma in situ of other parts of face
D04.111	Carcinoma in situ of skin of right upper eyelid, including canthus
D04.112	Carcinoma in situ of skin of right lower eyelid, including canthus
D04.121	Carcinoma in situ of skin of left upper eyelid, including canthus
D04.122	Carcinoma in situ of skin of left lower eyelid, including canthus
D09.21	Carcinoma in situ of right eye
D09.22	Carcinoma in situ of left eye
D22.111	Melanocytic nevi of right upper eyelid, including canthus
D22.112	Melanocytic nevi of right lower eyelid, including canthus
D22.121	Melanocytic nevi of left upper eyelid, including canthus
D22.122	Melanocytic nevi of left lower eyelid, including canthus
D22.30	Melanocytic nevi of unspecified part of face
D22.39	Melanocytic nevi of other parts of face
D23.111	Other benign neoplasm of skin of right upper eyelid, including canthus
D23.112	Other benign neoplasm of skin of right lower eyelid, including canthus
D23.121	Other benign neoplasm of skin of left upper eyelid, including canthus
D23.122	Other benign neoplasm of skin of left lower eyelid, including canthus
D23.30	Other benign neoplasm of skin of unspecified part of face
D23.39	Other benign neoplasm of skin of other parts of face



ICD-10 CODE	DESCRIPTION
D31.01	Benign neoplasm of right conjunctiva
D31.02	Benign neoplasm of left conjunctiva
D31.11	Benign neoplasm of right cornea
D31.12	Benign neoplasm of left cornea
D31.41	Benign neoplasm of right ciliary body
D31.42	Benign neoplasm of left ciliary body
D31.51	Benign neoplasm of right lacrimal gland and duct
D31.52	Benign neoplasm of left lacrimal gland and duct
D31.61	Benign neoplasm of unspecified site of right orbit
D31.62	Benign neoplasm of unspecified site of left orbit
D31.91	Benign neoplasm of unspecified part of right eye
D31.92	Benign neoplasm of unspecified part of left eye
D48.7	Neoplasm of uncertain behavior of other specified sites
H00.011	Hordeolum externum right upper eyelid
H00.012	Hordeolum externum right lower eyelid
H00.014	Hordeolum externum left upper eyelid
H00.015	Hordeolum externum left lower eyelid
H00.021	Hordeolum internum right upper eyelid
H00.022	Hordeolum internum right lower eyelid
H00.024	Hordeolum internum left upper eyelid
H00.025	Hordeolum internum left lower eyelid
ICD-10 CODE	DESCRIPTION
H00.031	Abscess of right upper eyelid
H00.032	Abscess of right lower eyelid
H00.034	Abscess of left upper eyelid
H00.035	Abscess of left lower eyelid
H00.11	Chalazion right upper eyelid
H00.12	Chalazion right lower eyelid
H00.14	Chalazion left upper eyelid
H00.15	Chalazion left lower eyelid
H01.001	Unspecified blepharitis right upper eyelid
H01.002	Unspecified blepharitis right lower eyelid

ICD-10 CODE	DESCRIPTION
H01.004	Unspecified blepharitis left upper eyelid
H01.005	Unspecified blepharitis left lower eyelid
H01.00A	Unspecified blepharitis right eye, upper and lower eyelids
H01.00B	Unspecified blepharitis left eye, upper and lower eyelids
H01.011	Ulcerative blepharitis right upper eyelid
H01.012	Ulcerative blepharitis right lower eyelid
H01.014	Ulcerative blepharitis left upper eyelid
H01.015	Ulcerative blepharitis left lower eyelid
H01.01A	Ulcerative blepharitis right eye, upper and lower eyelids
H01.01B	Ulcerative blepharitis left eye, upper and lower eyelids
H01.021	Squamous blepharitis right upper eyelid
H01.022	Squamous blepharitis right lower eyelid
H01.024	Squamous blepharitis left upper eyelid
H01.025	Squamous blepharitis left lower eyelid
H01.02A	Squamous blepharitis right eye, upper and lower eyelids
H01.02B	Squamous blepharitis left eye, upper and lower eyelids
H01.111	Allergic dermatitis of right upper eyelid
H01.112	Allergic dermatitis of right lower eyelid
H01.114	Allergic dermatitis of left upper eyelid
H01.115	Allergic dermatitis of left lower eyelid
H01.121	Discoid lupus erythematosus of right upper eyelid
H01.122	Discoid lupus erythematosus of right lower eyelid
H01.124	Discoid lupus erythematosus of left upper eyelid
H01.125	Discoid lupus erythematosus of left lower eyelid
H01.131	Eczematous dermatitis of right upper eyelid
H01.132	Eczematous dermatitis of right lower eyelid
H01.134	Eczematous dermatitis of left upper eyelid
H01.135	Eczematous dermatitis of left lower eyelid
H01.141	Xeroderma of right upper eyelid
H01.142	Xeroderma of right lower eyelid
H01.144	Xeroderma of left upper eyelid
H01.145	Xeroderma of left lower eyelid

ICD-10 CODE	DESCRIPTION
H01.8	Other specified inflammations of eyelid
H01.9	Unspecified inflammation of eyelid
H02.001	Unspecified entropion of right upper eyelid
H02.002	Unspecified entropion of right lower eyelid
H02.004	Unspecified entropion of left upper eyelid
H02.005	Unspecified entropion of left lower eyelid
H02.011	Cicatricial entropion of right upper eyelid
H02.012	Cicatricial entropion of right lower eyelid
H02.014	Cicatricial entropion of left upper eyelid
H02.015	Cicatricial entropion of left lower eyelid
H02.021	Mechanical entropion of right upper eyelid
H02.022	Mechanical entropion of right lower eyelid
H02.024	Mechanical entropion of left upper eyelid
H02.025	Mechanical entropion of left lower eyelid
H02.031	Senile entropion of right upper eyelid
H02.032	Senile entropion of right lower eyelid
H02.034	Senile entropion of left upper eyelid
H02.035	Senile entropion of left lower eyelid
H02.041	Spastic entropion of right upper eyelid
H02.042	Spastic entropion of right lower eyelid
H02.044	Spastic entropion of left upper eyelid
H02.045	Spastic entropion of left lower eyelid
H02.051	Trichiasis without entropion right upper eyelid
H02.052	Trichiasis without entropion right lower eyelid
H02.054	Trichiasis without entropion left upper eyelid
H02.055	Trichiasis without entropion left lower eyelid
H02.101	Unspecified ectropion of right upper eyelid
H02.102	Unspecified ectropion of right lower eyelid
H02.104	Unspecified ectropion of left upper eyelid
H02.105	Unspecified ectropion of left lower eyelid
H02.111	Cicatricial ectropion of right upper eyelid
H02.112	Cicatricial ectropion of right lower eyelid

ICD-10 CODE	DESCRIPTION
H02.114	Cicatricial ectropion of left upper eyelid
H02.115	Cicatricial ectropion of left lower eyelid
H02.121	Mechanical ectropion of right upper eyelid
H02.122	Mechanical ectropion of right lower eyelid
H02.124	Mechanical ectropion of left upper eyelid
H02.125	Mechanical ectropion of left lower eyelid
H02.131	Senile ectropion of right upper eyelid
H02.132	Senile ectropion of right lower eyelid
H02.134	Senile ectropion of left upper eyelid
H02.135	Senile ectropion of left lower eyelid
H02.141	Spastic ectropion of right upper eyelid
H02.142	Spastic ectropion of right lower eyelid
H02.144	Spastic ectropion of left upper eyelid
H02.145	Spastic ectropion of left lower eyelid
H02.151	Paralytic ectropion of right upper eyelid
H02.152	Paralytic ectropion of right lower eyelid
H02.153	Paralytic ectropion of right eye, unspecified eyelid
H02.154	Paralytic ectropion of left upper eyelid
H02.155	Paralytic ectropion of left lower eyelid
H02.156	Paralytic ectropion of left eye, unspecified eyelid
H02.521	Blepharophimosis right upper eyelid
H02.522	Blepharophimosis right lower eyelid
H02.524	Blepharophimosis left upper eyelid
H02.525	Blepharophimosis left lower eyelid
H02.61	Xanthelasma of right upper eyelid
H02.62	Xanthelasma of right lower eyelid
ICD-10 CODE	DESCRIPTION
H02.64	Xanthelasma of left upper eyelid
H02.65	Xanthelasma of left lower eyelid
H02.70	Unspecified degenerative disorders of eyelid and periocular area
H02.711	Chloasma of right upper eyelid and periocular area
H02.712	Chloasma of right lower eyelid and periocular area

ICD-10 CODE	DESCRIPTION
H02.714	Chloasma of left upper eyelid and periocular area
H02.715	Chloasma of left lower eyelid and periocular area
H02.721	Madarosis of right upper eyelid and periocular area
H02.722	Madarosis of right lower eyelid and periocular area
H02.724	Madarosis of left upper eyelid and periocular area
H02.725	Madarosis of left lower eyelid and periocular area
H02.731	Vitiligo of right upper eyelid and periocular area
H02.732	Vitiligo of right lower eyelid and periocular area
H02.734	Vitiligo of left upper eyelid and periocular area
H02.735	Vitiligo of left lower eyelid and periocular area
H02.79	Other degenerative disorders of eyelid and periocular area
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
H02.821	Cysts of right upper eyelid
H02.822	Cysts of right lower eyelid
H02.824	Cysts of left upper eyelid
H02.825	Cysts of left lower eyelid
H02.841	Edema of right upper eyelid
H02.842	Edema of right lower eyelid
H02.844	Edema of left upper eyelid
H02.845	Edema of left lower eyelid
H02.851	Elephantiasis of right upper eyelid
H02.852	Elephantiasis of right lower eyelid
H02.854	Elephantiasis of left upper eyelid
H02.855	Elephantiasis of left lower eyelid
H02.861	Hypertrichosis of right upper eyelid
H02.862	Hypertrichosis of right lower eyelid
H02.864	Hypertrichosis of left upper eyelid
H02.865	Hypertrichosis of left lower eyelid
H02.871	Vascular anomalies of right upper eyelid

ICD-10 CODE	DESCRIPTION
H02.872	Vascular anomalies of right lower eyelid
H02.874	Vascular anomalies of left upper eyelid
H02.875	Vascular anomalies of left lower eyelid
H02.881	Meibomian gland dysfunction right upper eyelid
H02.882	Meibomian gland dysfunction right lower eyelid
H02.884	Meibomian gland dysfunction left upper eyelid
H02.885	Meibomian gland dysfunction left lower eyelid
H02.88A	Meibomian gland dysfunction right eye, upper and lower eyelids
H02.88B	Meibomian gland dysfunction left eye, upper and lower eyelids
H02.89	Other specified disorders of eyelid
H02.9	Unspecified disorder of eyelid
H04.001	Unspecified dacryoadenitis, right lacrimal gland
H04.002	Unspecified dacryoadenitis, left lacrimal gland
H04.003	Unspecified dacryoadenitis, bilateral lacrimal glands
H04.011	Acute dacryoadenitis, right lacrimal gland
H04.012	Acute dacryoadenitis, left lacrimal gland
H04.013	Acute dacryoadenitis, bilateral lacrimal glands
H04.021	Chronic dacryoadenitis, right lacrimal gland
H04.022	Chronic dacryoadenitis, left lacrimal gland
H04.023	Chronic dacryoadenitis, bilateral lacrimal gland
H04.031	Chronic enlargement of right lacrimal gland
H04.032	Chronic enlargement of left lacrimal gland
H04.033	Chronic enlargement of bilateral lacrimal glands
H04.111	Dacryops of right lacrimal gland
H04.112	Dacryops of left lacrimal gland
H04.113	Dacryops of bilateral lacrimal glands
H04.121	Dry eye syndrome of right lacrimal gland
H04.122	Dry eye syndrome of left lacrimal gland
H04.123	Dry eye syndrome of bilateral lacrimal glands
H04.131	Lacrimal cyst, right lacrimal gland
H04.132	Lacrimal cyst, left lacrimal gland
H04.133	Lacrimal cyst, bilateral lacrimal glands

ICD-10 CODE	DESCRIPTION
H04.141	Primary lacrimal gland atrophy, right lacrimal gland
H04.142	Primary lacrimal gland atrophy, left lacrimal gland
H04.143	Primary lacrimal gland atrophy, bilateral lacrimal glands
H04.151	Secondary lacrimal gland atrophy, right lacrimal gland
H04.152	Secondary lacrimal gland atrophy, left lacrimal gland
H04.153	Secondary lacrimal gland atrophy, bilateral lacrimal glands
H04.161	Lacrimal gland dislocation, right lacrimal gland
H04.162	Lacrimal gland dislocation, left lacrimal gland
H04.163	Lacrimal gland dislocation, bilateral lacrimal glands
H04.19	Other specified disorders of lacrimal gland
H04.301	Unspecified dacryocystitis of right lacrimal passage
H04.302	Unspecified dacryocystitis of left lacrimal passage
H04.303	Unspecified dacryocystitis of bilateral lacrimal passages
H04.311	Phlegmonous dacryocystitis of right lacrimal passage
H04.312	Phlegmonous dacryocystitis of left lacrimal passage
H04.313	Phlegmonous dacryocystitis of bilateral lacrimal passages
H04.321	Acute dacryocystitis of right lacrimal passage
H04.322	Acute dacryocystitis of left lacrimal passage
H04.323	Acute dacryocystitis of bilateral lacrimal passages
H04.331	Acute lacrimal canaliculitis of right lacrimal passage
H04.332	Acute lacrimal canaliculitis of left lacrimal passage
H04.333	Acute lacrimal canaliculitis of bilateral lacrimal passages
H04.411	Chronic dacryocystitis of right lacrimal passage
H04.412	Chronic dacryocystitis of left lacrimal passage
H04.413	Chronic dacryocystitis of bilateral lacrimal passages
H04.421	Chronic lacrimal canaliculitis of right lacrimal passage
H04.422	Chronic lacrimal canaliculitis of left lacrimal passage
H04.423	Chronic lacrimal canaliculitis of bilateral lacrimal passages
H04.431	Chronic lacrimal mucocele of right lacrimal passage
H04.432	Chronic lacrimal mucocele of left lacrimal passage
H04.433	Chronic lacrimal mucocele of bilateral lacrimal passages

ICD-10 CODE	DESCRIPTION
H04.511	Dacryolith of right lacrimal passage
H04.512	Dacryolith of left lacrimal passage
H04.513	Dacryolith of bilateral lacrimal passages
H04.521	Eversion of right lacrimal punctum
H04.522	Eversion of left lacrimal punctum
H04.523	Eversion of bilateral lacrimal punctum
H04.531	Neonatal obstruction of right nasolacrimal duct
H04.532	Neonatal obstruction of left nasolacrimal duct
H04.533	Neonatal obstruction of bilateral nasolacrimal duct
H04.541	Stenosis of right lacrimal canaliculi
H04.542	Stenosis of left lacrimal canaliculi
H04.543	Stenosis of bilateral lacrimal canaliculi
H04.551	Acquired stenosis of right nasolacrimal duct
H04.552	Acquired stenosis of left nasolacrimal duct
H04.553	Acquired stenosis of bilateral nasolacrimal duct
H04.561	Stenosis of right lacrimal punctum
H04.562	Stenosis of left lacrimal punctum
H04.563	Stenosis of bilateral lacrimal punctum
H04.571	Stenosis of right lacrimal sac
H04.572	Stenosis of left lacrimal sac
H04.573	Stenosis of bilateral lacrimal sac
H04.611	Lacrimal fistula right lacrimal passage
H04.612	Lacrimal fistula left lacrimal passage
H04.613	Lacrimal fistula bilateral lacrimal passages
H04.69	Other changes of lacrimal passages
H04.811	Granuloma of right lacrimal passage
H04.812	Granuloma of left lacrimal passage
H04.813	Granuloma of bilateral lacrimal passages
H04.89	Other disorders of lacrimal system
H04.9	Disorder of lacrimal system, unspecified
H05.00	Unspecified acute inflammation of orbit
H05.011	Cellulitis of right orbit



ICD-10 CODE	DESCRIPTION
H05.012	Cellulitis of left orbit
H05.013	Cellulitis of bilateral orbits
H05.021	Osteomyelitis of right orbit
H05.022	Osteomyelitis of left orbit
H05.023	Osteomyelitis of bilateral orbits
H05.031	Periostitis of right orbit
H05.032	Periostitis of left orbit
H05.033	Periostitis of bilateral orbits
H05.041	Tenonitis of right orbit
H05.042	Tenonitis of left orbit
H05.043	Tenonitis of bilateral orbits
H05.10	Unspecified chronic inflammatory disorders of orbit
H05.111	Granuloma of right orbit
H05.112	Granuloma of left orbit
H05.113	Granuloma of bilateral orbits
H05.121	Orbital myositis, right orbit
H05.122	Orbital myositis, left orbit
H05.123	Orbital myositis, bilateral
H05.20	Unspecified exophthalmos
H05.211	Displacement (lateral) of globe, right eye
H05.212	Displacement (lateral) of globe, left eye
H05.213	Displacement (lateral) of globe, bilateral
H05.221	Edema of right orbit
H05.222	Edema of left orbit
H05.223	Edema of bilateral orbit
H05.231	Hemorrhage of right orbit
H05.232	Hemorrhage of left orbit
H05.233	Hemorrhage of bilateral orbit
H05.241	Constant exophthalmos, right eye
H05.242	Constant exophthalmos, left eye
H05.243	Constant exophthalmos, bilateral
H05.251	Intermittent exophthalmos, right eye

ICD-10 CODE	DESCRIPTION
H05.252	Intermittent exophthalmos, left eye
H05.253	Intermittent exophthalmos, bilateral
H05.261	Pulsating exophthalmos, right eye
H05.262	Pulsating exophthalmos, left eye
H05.263	Pulsating exophthalmos, bilateral
H05.30	Unspecified deformity of orbit
H05.311	Atrophy of right orbit
H05.312	Atrophy of left orbit
H05.313	Atrophy of bilateral orbit
H05.321	Deformity of right orbit due to bone disease
H05.322	Deformity of left orbit due to bone disease
H05.323	Deformity of bilateral orbits due to bone disease
H05.331	Deformity of right orbit due to trauma or surgery
H05.332	Deformity of left orbit due to trauma or surgery
H05.333	Deformity of bilateral orbits due to trauma or surgery
H05.341	Enlargement of right orbit
H05.342	Enlargement of left orbit
H05.343	Enlargement of bilateral orbits
H05.351	Exostosis of right orbit
H05.352	Exostosis of left orbit
H05.353	Exostosis of bilateral orbits
H05.401	Unspecified enophthalmos, right eye
H05.402	Unspecified enophthalmos, left eye
H05.403	Unspecified enophthalmos, bilateral
H05.411	Enophthalmos due to atrophy of orbital tissue, right eye
H05.412	Enophthalmos due to atrophy of orbital tissue, left eye
H05.413	Enophthalmos due to atrophy of orbital tissue, bilateral
H05.421	Enophthalmos due to trauma or surgery, right eye
H05.422	Enophthalmos due to trauma or surgery, left eye
H05.423	Enophthalmos due to trauma or surgery, bilateral
H05.51	Retained (old) foreign body following penetrating wound of right orbit
H05.52	Retained (old) foreign body following penetrating wound of left orbit

ICD-10 CODE	DESCRIPTION
H05.53	Retained (old) foreign body following penetrating wound of bilateral orbits
H05.811	Cyst of right orbit
H05.812	Cyst of left orbit
H05.813	Cyst of bilateral orbits
ICD-10 CODE	DESCRIPTION
H05.821	Myopathy of extraocular muscles, right orbit
H05.822	Myopathy of extraocular muscles, left orbit
H05.823	Myopathy of extraocular muscles, bilateral
H05.89	Other disorders of orbit
H05.9	Unspecified disorder of orbit
H10.011 - H10.013	Acute follicular conjunctivitis, right eye - Acute follicular conjunctivitis, bilateral
H10.021 - H10.023	Other mucopurulent conjunctivitis, right eye - Other mucopurulent conjunctivitis, bilateral
H10.11 - H10.13	Acute atopic conjunctivitis, right eye - Acute atopic conjunctivitis, bilateral
H10.211 - H10.213	Acute toxic conjunctivitis, right eye - Acute toxic conjunctivitis, bilateral
H10.221 - H10.223	Pseudomembranous conjunctivitis, right eye - Pseudomembranous conjunctivitis, bilateral
H10.231 - H10.233	Serous conjunctivitis, except viral, right eye - Serous conjunctivitis, except viral, bilateral
H10.31 - H10.33	Unspecified acute conjunctivitis, right eye - Unspecified acute conjunctivitis, bilateral
H10.401 - H10.403	Unspecified chronic conjunctivitis, right eye - Unspecified chronic conjunctivitis, bilateral
H10.411 - H10.413	Chronic giant papillary conjunctivitis, right eye - Chronic giant papillary conjunctivitis, bilateral
H10.421 - H10.423	Simple chronic conjunctivitis, right eye - Simple chronic conjunctivitis, bilateral
H10.431 - H10.433	Chronic follicular conjunctivitis, right eye - Chronic follicular conjunctivitis, bilateral
H10.44	Vernal conjunctivitis
H10.45	Other chronic allergic conjunctivitis
H10.501 - H10.503	Unspecified blepharoconjunctivitis, right eye - Unspecified blepharoconjunctivitis, bilateral
H10.511 - H10.513	Ligneous conjunctivitis, right eye - Ligneous conjunctivitis, bilateral
H10.521 - H10.523	Angular blepharoconjunctivitis, right eye - Angular blepharoconjunctivitis, bilateral
H10.531 - H10.533	Contact blepharoconjunctivitis, right eye - Contact blepharoconjunctivitis, bilateral

ICD-10 CODE	DESCRIPTION
H10.821	Rosacea conjunctivitis, right eye
H10.822	Rosacea conjunctivitis, left eye
H10.823	Rosacea conjunctivitis, bilateral
H10.89	Other conjunctivitis
H10.9	Unspecified conjunctivitis
H11.001 - H11.003	Unspecified pterygium of right eye - Unspecified pterygium of eye, bilateral
H11.011 - H11.013	Amyloid pterygium of right eye - Amyloid pterygium of eye, bilateral
H11.021 - H11.023	Central pterygium of right eye - Central pterygium of eye, bilateral
H11.031 - H11.033	Double pterygium of right eye - Double pterygium of eye, bilateral
H11.041 - H11.043	Peripheral pterygium, stationary, right eye - Peripheral pterygium, stationary, bilateral
H11.051 - H11.053	Peripheral pterygium, progressive, right eye - Peripheral pterygium, progressive, bilateral
H11.061 - H11.063	Recurrent pterygium of right eye - Recurrent pterygium of eye, bilateral
H11.10	Unspecified conjunctival degenerations
H11.111 - H11.113	Conjunctival deposits, right eye - Conjunctival deposits, bilateral
H11.121 - H11.123	Conjunctival concretions, right eye - Conjunctival concretions, bilateral
H11.131 - H11.133	Conjunctival pigmentations, right eye - Conjunctival pigmentations, bilateral
H11.141 - H11.143	Conjunctival xerosis, unspecified, right eye - Conjunctival xerosis, unspecified, bilateral
H11.151 - H11.153	Pinguecula, right eye - Pinguecula, bilateral
H11.211 - H11.213	Conjunctival adhesions and strands (localized), right eye - Conjunctival adhesions and strands (localized), bilateral
H11.221 - H11.223	Conjunctival granuloma, right eye - Conjunctival granuloma, bilateral
H11.231 - H11.233	Symblepharon, right eye - Symblepharon, bilateral
H11.241 - H11.243	Scarring of conjunctiva, right eye - Scarring of conjunctiva, bilateral
H11.31 - H11.33	Conjunctival hemorrhage, right eye - Conjunctival hemorrhage, bilateral
H11.411 - H11.413	Vascular abnormalities of conjunctiva, right eye - Vascular abnormalities of conjunctiva, bilateral
H11.421 - H11.423	Conjunctival edema, right eye - Conjunctival edema, bilateral
H11.431 - H11.433	Conjunctival hyperemia, right eye - Conjunctival hyperemia, bilateral
H11.441 - H11.443	Conjunctival cysts, right eye - Conjunctival cysts, bilateral
H11.811 - H11.813	Pseudopterygium of conjunctiva, right eye - Pseudopterygium of conjunctiva,

ICD-10 CODE	DESCRIPTION
	bilateral
H11.821 - H11.823	Conjunctivochalasis, right eye - Conjunctivochalasis, bilateral
H11.89	Other specified disorders of conjunctiva
H11.9	Unspecified disorder of conjunctiva
H15.001 - H15.003	Unspecified scleritis, right eye - Unspecified scleritis, bilateral
H15.011 - H15.013	Anterior scleritis, right eye - Anterior scleritis, bilateral
H15.021 - H15.023	Brawny scleritis, right eye - Brawny scleritis, bilateral
H15.031 - H15.033	Posterior scleritis, right eye - Posterior scleritis, bilateral
H15.041 - H15.043	Scleritis with corneal involvement, right eye - Scleritis with corneal involvement, bilateral
H15.051 - H15.053	Scleromalacia perforans, right eye - Scleromalacia perforans, bilateral
H15.091 - H15.093	Other scleritis, right eye - Other scleritis, bilateral
H15.101 - H15.103	Unspecified episcleritis, right eye - Unspecified episcleritis, bilateral
H15.111 - H15.113	Episcleritis periodica fugax, right eye - Episcleritis periodica fugax, bilateral
H15.121 - H15.123	Nodular episcleritis, right eye - Nodular episcleritis, bilateral
H15.811 - H15.813	Equatorial staphyloma, right eye - Equatorial staphyloma, bilateral
H15.821 - H15.823	Localized anterior staphyloma, right eye - Localized anterior staphyloma, bilateral
H15.841 - H15.843	Scleral ectasia, right eye - Scleral ectasia, bilateral
H15.851 - H15.853	Ring staphyloma, right eye - Ring staphyloma, bilateral
H16.001 - H16.003	Unspecified corneal ulcer, right eye - Unspecified corneal ulcer, bilateral
H16.011 - H16.013	Central corneal ulcer, right eye - Central corneal ulcer, bilateral
H16.021 - H16.023	Ring corneal ulcer, right eye - Ring corneal ulcer, bilateral
H16.031 - H16.033	Corneal ulcer with hypopyon, right eye - Corneal ulcer with hypopyon, bilateral
H16.041 - H16.043	Marginal corneal ulcer, right eye - Marginal corneal ulcer, bilateral
H16.051 - H16.053	Mooren's corneal ulcer, right eye - Mooren's corneal ulcer, bilateral
H16.061 - H16.063	Mycotic corneal ulcer, right eye - Mycotic corneal ulcer, bilateral
H16.071 - H16.073	Perforated corneal ulcer, right eye - Perforated corneal ulcer, bilateral
H16.101 - H16.103	Unspecified superficial keratitis, right eye - Unspecified superficial keratitis, bilateral
H16.111 - H16.113	Macular keratitis, right eye - Macular keratitis, bilateral
H16.121 - H16.123	Filamentary keratitis, right eye - Filamentary keratitis, bilateral
H16.131 - H16.133	Photokeratitis, right eye - Photokeratitis, bilateral
H16.141 - H16.143	Punctate keratitis, right eye - Punctate keratitis, bilateral

ICD-10 CODE	DESCRIPTION
H16.211 - H16.213	Exposure keratoconjunctivitis, right eye - Exposure keratoconjunctivitis, bilateral
H16.221 - H16.223	Keratoconjunctivitis sicca, not specified as Sjogren's, right eye - Keratoconjunctivitis sicca, not specified as Sjogren's, bilateral
H16.231 - H16.233	Neurotrophic keratoconjunctivitis, right eye - Neurotrophic keratoconjunctivitis, bilateral
H16.241 - H16.243	Ophthalmia nodosa, right eye - Ophthalmia nodosa, bilateral
H16.251 - H16.253	Phlyctenular keratoconjunctivitis, right eye - Phlyctenular keratoconjunctivitis, bilateral
H16.261 - H16.263	Vernal keratoconjunctivitis, with limbar and corneal involvement, right eye - Vernal keratoconjunctivitis, with limbar and corneal involvement, bilateral
H16.301 - H16.303	Unspecified interstitial keratitis, right eye - Unspecified interstitial keratitis, bilateral
H16.311 - H16.313	Corneal abscess, right eye - Corneal abscess, bilateral
H16.321 - H16.323	Diffuse interstitial keratitis, right eye - Diffuse interstitial keratitis, bilateral
H16.331 - H16.333	Sclerosing keratitis, right eye - Sclerosing keratitis, bilateral
H16.401 - H16.403	Unspecified corneal neovascularization, right eye - Unspecified corneal neovascularization, bilateral
H16.411 - H16.413	Ghost vessels (corneal), right eye - Ghost vessels (corneal), bilateral
H16.421 - H16.423	Pannus (corneal), right eye - Pannus (corneal), bilateral
H16.431 - H16.433	Localized vascularization of cornea, right eye - Localized vascularization of cornea, bilateral
H16.441 - H16.443	Deep vascularization of cornea, right eye - Deep vascularization of cornea, bilateral
H16.8	Other keratitis
H16.9	Unspecified keratitis
H17.01 - H17.03	Adherent leukoma, right eye - Adherent leukoma, bilateral
H17.11 - H17.13	Central corneal opacity, right eye - Central corneal opacity, bilateral
H17.811 - H17.813	Minor opacity of cornea, right eye - Minor opacity of cornea, bilateral
ICD-10 CODE	DESCRIPTION
H17.821 - H17.823	Peripheral opacity of cornea, right eye - Peripheral opacity of cornea, bilateral
H17.89	Other corneal scars and opacities
H17.9	Unspecified corneal scar and opacity
H18.001 - H18.003	Unspecified corneal deposit, right eye - Unspecified corneal deposit, bilateral
H18.011 - H18.013	Anterior corneal pigmentations, right eye - Anterior corneal pigmentations, bilateral
H18.021 - H18.023	Argentous corneal deposits, right eye - Argentous corneal deposits, bilateral

ICD-10 CODE	DESCRIPTION
H18.031 - H18.033	Corneal deposits in metabolic disorders, right eye - Corneal deposits in metabolic disorders, bilateral
H18.041 - H18.043	Kayser-Fleischer ring, right eye - Kayser-Fleischer ring, bilateral
H18.051 - H18.053	Posterior corneal pigmentations, right eye - Posterior corneal pigmentations, bilateral
H18.061 - H18.063	Stromal corneal pigmentations, right eye - Stromal corneal pigmentations, bilateral
H18.11 - H18.13	Bullous keratopathy, right eye - Bullous keratopathy, bilateral
H18.20	Unspecified corneal edema
H18.211 - H18.213	Corneal edema secondary to contact lens, right eye - Corneal edema secondary to contact lens, bilateral
H18.221 - H18.223	Idiopathic corneal edema, right eye - Idiopathic corneal edema, bilateral
H18.231 - H18.233	Secondary corneal edema, right eye - Secondary corneal edema, bilateral
H18.30	Unspecified corneal membrane change
H18.311 - H18.313	Folds and rupture in Bowman's membrane, right eye - Folds and rupture in Bowman's membrane, bilateral
H18.321 - H18.323	Folds in Descemet's membrane, right eye - Folds in Descemet's membrane, bilateral
H18.331 - H18.333	Rupture in Descemet's membrane, right eye - Rupture in Descemet's membrane, bilateral
H18.40	Unspecified corneal degeneration
H18.411 - H18.413	Arcus senilis, right eye - Arcus senilis, bilateral
H18.421 - H18.423	Band keratopathy, right eye - Band keratopathy, bilateral
H18.43	Other calcareous corneal degeneration
H18.441 - H18.443	Keratomalacia, right eye - Keratomalacia, bilateral
H18.451 - H18.453	Nodular corneal degeneration, right eye - Nodular corneal degeneration, bilateral
H18.461 - H18.463	Peripheral corneal degeneration, right eye - Peripheral corneal degeneration, bilateral
H18.49	Other corneal degeneration
H18.501	Unspecified hereditary corneal dystrophies, right eye
H18.502	Unspecified hereditary corneal dystrophies, left eye
H18.503	Unspecified hereditary corneal dystrophies, bilateral
H18.551	Macular corneal dystrophy, right eye
H18.552	Macular corneal dystrophy, left eye
H18.553	Macular corneal dystrophy, bilateral

ICD-10 CODE	DESCRIPTION
H18.591	Other hereditary corneal dystrophies, right eye
H18.592	Other hereditary corneal dystrophies, left eye
H18.593	Other hereditary corneal dystrophies, bilateral
H18.601 - H18.603	Keratoconus, unspecified, right eye - Keratoconus, unspecified, bilateral
H18.611 - H18.613	Keratoconus, stable, right eye - Keratoconus, stable, bilateral
H18.621 - H18.623	Keratoconus, unstable, right eye - Keratoconus, unstable, bilateral
H18.70	Unspecified corneal deformity
H18.711 - H18.713	Corneal ectasia, right eye - Corneal ectasia, bilateral
H18.721 - H18.723	Corneal staphyloma, right eye - Corneal staphyloma, bilateral
H18.731 - H18.733	Descemetocoele, right eye - Descemetocoele, bilateral
H18.791 - H18.793	Other corneal deformities, right eye - Other corneal deformities, bilateral
H18.831 - H18.833	Recurrent erosion of cornea, right eye - Recurrent erosion of cornea, bilateral
H18.9	Unspecified disorder of cornea
H20.00	Unspecified acute and subacute iridocyclitis
H20.011 - H20.013	Primary iridocyclitis, right eye - Primary iridocyclitis, bilateral
H20.021 - H20.023	Recurrent acute iridocyclitis, right eye - Recurrent acute iridocyclitis, bilateral
H20.031 - H20.033	Secondary infectious iridocyclitis, right eye - Secondary infectious iridocyclitis, bilateral
H20.041 - H20.043	Secondary noninfectious iridocyclitis, right eye - Secondary noninfectious iridocyclitis, bilateral
H20.051 - H20.053	Hypopyon, right eye - Hypopyon, bilateral
H20.11 - H20.13	Chronic iridocyclitis, right eye - Chronic iridocyclitis, bilateral
H20.21 - H20.23	Lens-induced iridocyclitis, right eye - Lens-induced iridocyclitis, bilateral
H20.811 - H20.813	Fuchs' heterochromic cyclitis, right eye - Fuchs' heterochromic cyclitis, bilateral
H20.821 - H20.823	Vogt-Koyanagi syndrome, right eye - Vogt-Koyanagi syndrome, bilateral
H20.9	Unspecified iridocyclitis
H21.01 - H21.03	Hyphema, right eye - Hyphema, bilateral
H21.1X1	Other vascular disorders of iris and ciliary body, right eye
H21.1X2	Other vascular disorders of iris and ciliary body, left eye
H21.1X3	Other vascular disorders of iris and ciliary body, bilateral
H21.211 - H21.213	Degeneration of chamber angle, right eye - Degeneration of chamber angle, bilateral
H21.221 - H21.223	Degeneration of ciliary body, right eye - Degeneration of ciliary body, bilateral



ICD-10 CODE	DESCRIPTION
H21.231 - H21.233	Degeneration of iris (pigmentary), right eye - Degeneration of iris (pigmentary), bilateral
H21.241 - H21.243	Degeneration of pupillary margin, right eye - Degeneration of pupillary margin, bilateral
H21.251 - H21.253	Iridoschisis, right eye - Iridoschisis, bilateral
H21.261 - H21.263	Iris atrophy (essential) (progressive), right eye - Iris atrophy (essential) (progressive), bilateral
H21.271 - H21.273	Miotic pupillary cyst, right eye - Miotic pupillary cyst, bilateral
H21.29	Other iris atrophy
H21.301	Idiopathic cysts of iris, ciliary body or anterior chamber, right eye
H21.302	Idiopathic cysts of iris, ciliary body or anterior chamber, left eye
H21.303	Idiopathic cysts of iris, ciliary body or anterior chamber, bilateral
H21.311	Exudative cysts of iris or anterior chamber, right eye
H21.312	Exudative cysts of iris or anterior chamber, left eye
H21.313	Exudative cysts of iris or anterior chamber, bilateral
H21.321	Implantation cysts of iris, ciliary body or anterior chamber, right eye
H21.322	Implantation cysts of iris, ciliary body or anterior chamber, left eye
H21.323	Implantation cysts of iris, ciliary body or anterior chamber, bilateral
H21.331	Parasitic cyst of iris, ciliary body or anterior chamber, right eye
H21.332	Parasitic cyst of iris, ciliary body or anterior chamber, left eye
H21.333	Parasitic cyst of iris, ciliary body or anterior chamber, bilateral
H21.341	Primary cyst of pars plana, right eye
H21.342	Primary cyst of pars plana, left eye
H21.343	Primary cyst of pars plana, bilateral
H21.351	Exudative cyst of pars plana, right eye
H21.352	Exudative cyst of pars plana, left eye
H21.353	Exudative cyst of pars plana, bilateral
H21.41	Pupillary membranes, right eye
H21.42	Pupillary membranes, left eye
H21.43	Pupillary membranes, bilateral
H21.501	Unspecified adhesions of iris, right eye
H21.502	Unspecified adhesions of iris, left eye
H21.503	Unspecified adhesions of iris, bilateral

ICD-10 CODE	DESCRIPTION
H21.511	Anterior synechiae (iris), right eye
H21.512	Anterior synechiae (iris), left eye
H21.513	Anterior synechiae (iris), bilateral
H21.521	Goniosynechiae, right eye
H21.522	Goniosynechiae, left eye
H21.523	Goniosynechiae, bilateral
H21.531	Iridodialysis, right eye
ICD-10 CODE	DESCRIPTION
H21.532	Iridodialysis, left eye
H21.533	Iridodialysis, bilateral
H21.541	Posterior synechiae (iris), right eye
H21.542	Posterior synechiae (iris), left eye
H21.543	Posterior synechiae (iris), bilateral
H21.551	Recession of chamber angle, right eye
H21.552	Recession of chamber angle, left eye
H21.553	Recession of chamber angle, bilateral
H21.561	Pupillary abnormality, right eye
H21.562	Pupillary abnormality, left eye
H21.563	Pupillary abnormality, bilateral
H21.81	Floppy iris syndrome
H21.89	Other specified disorders of iris and ciliary body
H21.9	Unspecified disorder of iris and ciliary body
H22	Disorders of iris and ciliary body in diseases classified elsewhere
H25.89	Other age-related cataract
H27.01	Aphakia, right eye
H27.02	Aphakia, left eye
H27.03	Aphakia, bilateral
H27.111	Subluxation of lens, right eye
H27.112	Subluxation of lens, left eye
H27.113	Subluxation of lens, bilateral
H27.121	Anterior dislocation of lens, right eye
H27.122	Anterior dislocation of lens, left eye

ICD-10 CODE	DESCRIPTION
H27.123	Anterior dislocation of lens, bilateral
H27.131	Posterior dislocation of lens, right eye
H27.132	Posterior dislocation of lens, left eye
H27.133	Posterior dislocation of lens, bilateral
H27.8	Other specified disorders of lens
H27.9	Unspecified disorder of lens
H33.121	Parasitic cyst of retina, right eye
H33.122	Parasitic cyst of retina, left eye
H33.123	Parasitic cyst of retina, bilateral
H40.1411	Capsular glaucoma with pseudoexfoliation of lens, right eye, mild stage
H40.1412	Capsular glaucoma with pseudoexfoliation of lens, right eye, moderate stage
H40.1413	Capsular glaucoma with pseudoexfoliation of lens, right eye, severe stage
H40.1414	Capsular glaucoma with pseudoexfoliation of lens, right eye, indeterminate stage
H40.1421	Capsular glaucoma with pseudoexfoliation of lens, left eye, mild stage
H40.1422	Capsular glaucoma with pseudoexfoliation of lens, left eye, moderate stage
H40.1423	Capsular glaucoma with pseudoexfoliation of lens, left eye, severe stage
H40.1424	Capsular glaucoma with pseudoexfoliation of lens, left eye, indeterminate stage
H40.1431	Capsular glaucoma with pseudoexfoliation of lens, bilateral, mild stage
H40.1432	Capsular glaucoma with pseudoexfoliation of lens, bilateral, moderate stage
H40.1433	Capsular glaucoma with pseudoexfoliation of lens, bilateral, severe stage
H40.1434	Capsular glaucoma with pseudoexfoliation of lens, bilateral, indeterminate stage
H40.40X0	Glaucoma secondary to eye inflammation, unspecified eye, stage unspecified
H40.51X0	Glaucoma secondary to other eye disorders, right eye, stage unspecified
H40.51X1	Glaucoma secondary to other eye disorders, right eye, mild stage
H40.51X2	Glaucoma secondary to other eye disorders, right eye, moderate stage
H40.51X3	Glaucoma secondary to other eye disorders, right eye, severe stage
H40.51X4	Glaucoma secondary to other eye disorders, right eye, indeterminate stage
H40.52X0	Glaucoma secondary to other eye disorders, left eye, stage unspecified
H40.52X1	Glaucoma secondary to other eye disorders, left eye, mild stage
H40.52X2	Glaucoma secondary to other eye disorders, left eye, moderate stage
H40.52X3	Glaucoma secondary to other eye disorders, left eye, severe stage
H40.52X4	Glaucoma secondary to other eye disorders, left eye, indeterminate stage

ICD-10 CODE	DESCRIPTION
H40.53X0	Glaucoma secondary to other eye disorders, bilateral, stage unspecified
H40.53X1	Glaucoma secondary to other eye disorders, bilateral, mild stage
H40.53X2	Glaucoma secondary to other eye disorders, bilateral, moderate stage
H40.53X3	Glaucoma secondary to other eye disorders, bilateral, severe stage
H40.53X4	Glaucoma secondary to other eye disorders, bilateral, indeterminate stage
H40.89	Other specified glaucoma
H44.001	Unspecified purulent endophthalmitis, right eye
H44.002	Unspecified purulent endophthalmitis, left eye
H44.003	Unspecified purulent endophthalmitis, bilateral
H44.011	Panophthalmitis (acute), right eye
H44.012	Panophthalmitis (acute), left eye
H44.013	Panophthalmitis (acute), bilateral
H44.021	Vitreous abscess (chronic), right eye
H44.022	Vitreous abscess (chronic), left eye
H44.023	Vitreous abscess (chronic), bilateral
H44.111	Panuveitis, right eye
H44.112	Panuveitis, left eye
H44.113	Panuveitis, bilateral
H44.121	Parasitic endophthalmitis, unspecified, right eye
H44.122	Parasitic endophthalmitis, unspecified, left eye
H44.123	Parasitic endophthalmitis, unspecified, bilateral
H44.131	Sympathetic uveitis, right eye
H44.132	Sympathetic uveitis, left eye
H44.133	Sympathetic uveitis, bilateral
H44.19	Other endophthalmitis
S00.201A	Unspecified superficial injury of right eyelid and periocular area, initial encounter
S00.202A	Unspecified superficial injury of left eyelid and periocular area, initial encounter
S00.211A	Abrasion of right eyelid and periocular area, initial encounter
S00.212A	Abrasion of left eyelid and periocular area, initial encounter
S00.221A	Blister (nonthermal) of right eyelid and periocular area, initial encounter
S00.222A	Blister (nonthermal) of left eyelid and periocular area, initial encounter
S00.241A	External constriction of right eyelid and periocular area, initial encounter

ICD-10 CODE	DESCRIPTION
S00.242A	External constriction of left eyelid and periocular area, initial encounter
S00.251A	Superficial foreign body of right eyelid and periocular area, initial encounter
S00.252A	Superficial foreign body of left eyelid and periocular area, initial encounter
S00.261A	Insect bite (nonvenomous) of right eyelid and periocular area, initial encounter
S00.262A	Insect bite (nonvenomous) of left eyelid and periocular area, initial encounter
S00.271A	Other superficial bite of right eyelid and periocular area, initial encounter
S00.272A	Other superficial bite of left eyelid and periocular area, initial encounter
S02.31XA	Fracture of orbital floor, right side, initial encounter for closed fracture
S02.31XB	Fracture of orbital floor, right side, initial encounter for open fracture
S02.32XA	Fracture of orbital floor, left side, initial encounter for closed fracture
S02.32XB	Fracture of orbital floor, left side, initial encounter for open fracture
S02.42XA	Fracture of alveolus of maxilla, initial encounter for closed fracture
ICD-10 CODE	DESCRIPTION
S02.42XB	Fracture of alveolus of maxilla, initial encounter for open fracture
S02.81XA	Fracture of other specified skull and facial bones, right side, initial encounter for closed fracture
S02.81XB	Fracture of other specified skull and facial bones, right side, initial encounter for open fracture
S02.82XA	Fracture of other specified skull and facial bones, left side, initial encounter for closed fracture
S02.82XB	Fracture of other specified skull and facial bones, left side, initial encounter for open fracture
S05.01XA	Injury of conjunctiva and corneal abrasion without foreign body, right eye, initial encounter
S05.02XA	Injury of conjunctiva and corneal abrasion without foreign body, left eye, initial encounter
S05.90XA	Unspecified injury of unspecified eye and orbit, initial encounter
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
T26.21XA	Burn with resulting rupture and destruction of right eyeball, initial encounter
T26.22XA	Burn with resulting rupture and destruction of left eyeball, initial encounter

ICD-10 CODE	DESCRIPTION
T26.31XA	Burns of other specified parts of right eye and adnexa, initial encounter
T26.32XA	Burns of other specified parts of left eye and adnexa, initial encounter
T26.40XA	Burn of unspecified eye and adnexa, part unspecified, initial encounter
T26.41XA	Burn of right eye and adnexa, part unspecified, initial encounter
T26.42XA	Burn of left eye and adnexa, part unspecified, 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
T26.71XA	Corrosion with resulting rupture and destruction of right eyeball, initial encounter
T26.72XA	Corrosion with resulting rupture and destruction of left eyeball, initial encounter
T26.81XA	Corrosions of other specified parts of right eye and adnexa, initial encounter
T26.82XA	Corrosions of other specified parts of left eye and adnexa, initial encounter
T26.91XA	Corrosion of right eye and adnexa, part unspecified, initial encounter
T26.92XA	Corrosion of left eye and adnexa, part unspecified, initial encounter
T74.01XS	Adult neglect or abandonment, confirmed, sequela
T74.02XS	Child neglect or abandonment, confirmed, sequela
T74.11XS	Adult physical abuse, confirmed, sequela
T74.12XS	Child physical abuse, confirmed, sequela
T74.21XS	Adult sexual abuse, confirmed, sequela
T74.22XS	Child sexual abuse, confirmed, sequela
T74.31XS	Adult psychological abuse, confirmed, sequela
T74.32XS	Child psychological abuse, confirmed, sequela
T74.4XXS	Shaken infant syndrome, sequela
T76.01XS	Adult neglect or abandonment, suspected, sequela
T76.02XS	Child neglect or abandonment, suspected, sequela
T76.11XS	Adult physical abuse, suspected, sequela
T76.12XS	Child physical abuse, suspected, sequela
T76.21XS	Adult sexual abuse, suspected, sequela
T76.22XS	Child sexual abuse, suspected, sequela
T76.31XS	Adult psychological abuse, suspected, sequela
T76.32XS	Child psychological abuse, suspected, sequela

ICD-10 CODE	DESCRIPTION
T78.00XS	Anaphylactic reaction due to unspecified food, sequela
T78.01XS	Anaphylactic reaction due to peanuts, sequela
T78.02XS	Anaphylactic reaction due to shellfish (crustaceans), sequela
T78.03XS	Anaphylactic reaction due to other fish, sequela
T78.04XS	Anaphylactic reaction due to fruits and vegetables, sequela
T78.05XS	Anaphylactic reaction due to tree nuts and seeds, sequela
T78.06XS	Anaphylactic reaction due to food additives, sequela
T78.07XS	Anaphylactic reaction due to milk and dairy products, sequela
T78.08XS	Anaphylactic reaction due to eggs, sequela
T78.09XS	Anaphylactic reaction due to other food products, sequela
T78.1XXS	Other adverse food reactions, not elsewhere classified, sequela
T78.2XXS	Anaphylactic shock, unspecified, sequela
T78.3XXS	Angioneurotic edema, sequela
T78.40XS	Allergy, unspecified, sequela
T78.41XS	Arthus phenomenon, sequela
T78.49XS	Other allergy, sequela
T78.8XXS	Other adverse effects, not elsewhere classified, sequela

#### ICD-10 Codes that DO NOT Support Medical Necessity

N/A

#### Additional ICD-10 Information

N/A

#### Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

CODE	DESCRIPTION
011x	Hospital Inpatient (Including Medicare Part A)
012x	Hospital Inpatient (Medicare Part B only)
013x	Hospital Outpatient

CODE	DESCRIPTION
071x	Clinic - Rural Health
073x	Clinic - Freestanding
077x	Clinic - Federally Qualified Health Center (FQHC)
085x	Critical Access Hospital

### Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

Revenue codes only apply to providers who bill these services to the Part A MAC: Revenue codes do not apply to physicians, other professionals and suppliers who bill these services to the carrier or Part B MAC:

Please note that not all revenue codes apply to every type of bill code. Providers are encouraged to refer to the FISS revenue code file for allowable bill types. Similarly, not all revenue codes apply to each CPT/HCPCS code. Providers are encouraged to refer to the FISS HCPCS file for allowable revenue codes.

All revenue codes billed on the inpatient claim for the dates of service in question may be subject to review.

CODE	DESCRIPTION
0510	Clinic - General Classification
0519	Clinic - Other Clinic
0520	Freestanding Clinic - General Classification
0761	Specialty Services - Treatment Room
0920	Other Diagnostic Services - General Classification
0929	Other Diagnostic Services - Other Diagnostic Service
0960	Professional Fees - General Classification
0982	Professional Fees - Outpatient Services
0983	Professional Fees - Clinic

### Other Coding Information

N/A

## Revision History Information



REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
10/01/2020	R3	R3 Revision Effective:10/01/2020 Revision Explanation: During annual ICD-10 review codes H18.50, H18.55, and H18.59 were deleted and replaced with the following codes: H18.501, H18.502, H18.503, H18.551, H18.552, H18.553, H18.591, H8.592, H18.593.
10/31/2019	R2	Revision Effective: n/a  Revision Explanation: annual review, no changes
10/31/2019	R1	R1  Revision Effective:10/31/2019  Revision Explanation: Added Part A and Part B claims filed to sections, additional documentation information, and other comments information in article text.

## Associated Documents

### Related Local Coverage Document(s)

LCD(s)

L34393 - Ocular Photography - External

### Related National Coverage Document(s)

N/A

### Statutory Requirements URL(s)

N/A

### Rules and Regulations URL(s)

N/A

### CMS Manual Explanations URL(s)

N/A

### Other URL(s)

N/A

### Public Version(s)

Updated on 09/23/2020 with effective dates 10/01/2020 - N/A

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# Keywords

N/A