



STATE OF TENNESSEE
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Kaitlin.R.Parham@tn.gov

February 4, 2019

Galín Spicer, M.D., M.B.A.
Chief Medical Officer
Palmetto GBA
17 Technology Circle
Columbia, South Carolina 29203

Dear Dr. Spicer,

Enclosed please find a list of current codes that the Board finds fall within the scope of practice for Optometry in Tennessee. Please note that each licensee is responsible for practicing within his or her scope of practice.

Sincerely,

A handwritten signature in black ink, appearing to read "Linda Tharp".

Linda Tharp, O.D.
Chair, Board of Optometry

A handwritten signature in blue ink, appearing to read "Kaitlin R. Parham".

Kaitlin R. Parham
Assistant General Counsel

Enclosures:
CPT codes

**Tennessee Optometry
Healthcare Common Procedure Coding System (HCPCS)**

Level 1: Current Procedural Terminology (CPT)

Examination:

General Ophthalmic (92000's)

92002 Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient

92004 Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits

92012 Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient

92014 Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits

92015 Determination of refractive state

Evaluation and Management (99000's)

99026 Hospital mandated on call service; in hospital, each hour

99027 Hospital mandated on call service; out-of hospital, each hour

99051 Service(s) provided in the office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic service

99053 Service(s) provided between 10:00 PM and 8:00AM at 24-hour facility, in addition to basic service

99060 Service(s) provided on an emergency basis, out of the office, which disrupts other scheduled office services, in addition to basic service

99143 Moderate sedation services (other than those services described by codes 00100- 01999) provided by the same physician performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; younger than 5 years of age, first 30 minutes intra service time

99144 Moderate sedation services (other than those services described by codes 00100 01999) provided by the same physician performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; age 5 years or older, first 30 minutes intra service time

99145 Moderate sedation services (other than those services described by codes 00100- 01999) provided by the same physician performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intra-service time (List separately in addition to code for primary service)

99148 Moderate sedation services (other than those services described by codes 00100- 01999), provided by a physician other than the health care professional performing the diagnostic or therapeutic service that the sedation supports; younger than 5 years of age, first 30 minutes intra-service time

99149 Moderate sedation services (other than those services described by codes 00100-01999), provided by a physician other than the health care professional performing the diagnostic or therapeutic service that the sedation supports; age 5 years or older, first 30 Minutes intra-service time

99150 Moderate sedation services (other than those services described by codes 00100- 01999), provided by a physician other than the health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intra-service time (List separately in addition to code for primary service)

99172 Visual function screening, automated or semi-automated bilateral quantitative determination of visual acuity, ocular alignment, color vision by pseudoisochromatic plates, and field of vision (may include all or some screening of the determination[s] for contrast sensitivity, vision under glare)

99173 Screening test of visual acuity, quantitative, bilateral

99174 Ocular photostereopsis with interpretation and report, bilateral

99201 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.

99202 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.

99203 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.

99204 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.

99205 Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.

99211 Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.

99212 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.

99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.

99214 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.

99215 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.

99217 Observation care discharge day management (This code is to be utilized by the physician to report all services provided to a patient on discharge from "observation status" if the discharge is on other than the initial date of "observation status." To report services to a patient designated as "observation status" or "inpatient status" and discharged on the same date, use the codes for Observation or Inpatient Care Services [including Admission and Discharge Services, 99234-99236 as appropriate.]

99218 Initial observation care, per day, for the evaluation and management of a patient which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to "observation status" are of low severity.

99219 Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to "observation status" are of moderate severity.

99220 Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to "observation status" are of high severity.

99221 Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling

and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Physicians typically spend 30 minutes at the bedside and on the patient's hospital floor or unit.

99222 Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Physicians typically spend 50 minutes at the bedside and on the patient's hospital floor or unit.

99223 Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Physicians typically spend 70 minutes at the bedside and on the patient's hospital floor or unit.

99231 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Physicians typically spend 15 minutes at the bedside and on the patient's hospital floor or unit.

99232 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Physicians typically spend 25 minutes at the bedside and on the patient's hospital floor or unit.

99233 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Physicians typically spend 35 minutes at the bedside and on the patient's hospital floor or unit.

99234 Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of low severity.

99235 Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the

presenting problem(s) requiring admission are of moderate severity.

99236 Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of high severity.

99238 Hospital discharge day management; 30 minutes or less

99239 Hospital discharge day management; more than 30 minutes

99241 Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.

99242 Office consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.

99243 Office consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.

99244 Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.

99245 Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 80 minutes face-to-face with the patient and/or family.

99251 Inpatient consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 20 minutes at the bedside and on the patient's hospital floor or unit.

99252 Inpatient consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's

needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 40 minutes at the bedside and on the patient's hospital floor or unit.

99253 Inpatient consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity.

Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 55 minutes at the bedside and on the patient's hospital floor or unit.

99254 Inpatient consultation for a new or established patient, which requires these 3 key components:

A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 80 minutes at the bedside and on the patient's hospital floor or unit.

99255 Inpatient consultation for a new or established patient, which requires these 3 key components:

A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 110 minutes at the bedside and on the patient's hospital floor or unit.

99281 Emergency department visit for the evaluation and management of a patient, which requires these

3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor.

99282 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.

99283 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.

99284 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician but do not pose an immediate significant threat to life or physiologic function.

99285 Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.

99288 Physician direction of emergency medical systems (EMS) emergency care, advanced life

support

99304 Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity: Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Physicians typically spend 25 minutes at the bedside and on the patient's facility floor or unit.

99305 Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Physicians typically spend 35 minutes at the bedside and on the patient's facility floor or unit.

99306 Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Physicians typically spend 45 minutes at the bedside and on the patient's facility floor or unit.

99307 Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Physicians typically spend 10 minutes at the bedside and on the patient's facility floor or unit.

99308 Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Physicians typically spend 15 minutes at the bedside and on the patient's facility floor or unit.

99309 Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient has developed a significant complication or a significant new problem. Physicians typically spend 25 minutes at the bedside and on the patient's facility floor or unit.

99310 Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. The patient may be unstable or may have developed a significant problem requiring immediate physician attention. Physicians typically spend 35 minutes at the bedside and on the patient's facility floor or unit.

99315 Nursing facility discharge day management; 30 minutes or less

99316 Nursing facility discharge day management; more than 30 minutes

99318 Evaluation and management of a patient involving an annual nursing facility assessment, which requires these 3 key components: A detailed interval history; A comprehensive examination; and Medical decision making that is of low to moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Physicians typically spend 30 minutes at the bedside and on the patient's facility floor or unit.

99324 Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 20 minutes with the patient and/or family or caregiver.

99325 Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes with the patient and/or family or caregiver.

99326 Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes with the patient and/or family or caregiver.

99327 Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Physicians typically spend 60 minutes with the patient and/or family or caregiver.

99328 Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Physicians typically spend 75 minutes with the patient and/or family or caregiver.

99334 Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Physicians typically spend 15 minutes with the patient and/or family or caregiver.

99335 Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of

the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 25 minutes with the patient and/or family or caregiver.

99336 Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes with the patient and/or family or caregiver.

99337 Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 60 minutes with the patient and/or family or caregiver.

99339 Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes

99340 Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more

99341 Home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.

99342 Home visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.

99343 Home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.

Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.

99344 Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.

99345 Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Physicians typically spend 75 minutes face-to-face with the patient and/or family.

99347 Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.

***99348** Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.

99349 Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.

99350 Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 60 minutes face-to-face with the patient and/or family.

99460 Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant

99461 Initial care, per day, for evaluation and management of normal newborn infant seen in other than hospital or birthing center

99462 Subsequent hospital care, per day, for evaluation and management of normal newborn

99463 Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant admitted and discharged on the same date

99471 Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age

- 99472** Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age
- 99475** Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age
- 99476** Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age
- 99477** Initial hospital care, per day, for the evaluation and management of the neonate, 28 days of age or younger, who requires intensive observation, frequent interventions, and other intensive care services
- 99499** Unlisted evaluation and management service

Postoperative (Co-Management)

- **10060.55** Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single
- **10061.55** Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple
- **10140.55** Incision and drainage of hematoma, seroma or fluid collection
- **10160.55** Puncture aspiration of abscess, hematoma, bulla, or cyst
- **11440.55** Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less
- **11441.55** Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm
- **11442.55** Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm
- **11443.55** Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm
- **11444.55** Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm
- **11446.55** Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm
- **12011.55** Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less
- **12013.55** Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm
- **12014.55** Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm
- **12015.55** Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm
- **12016.55** Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm
- **12017.55** Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm
- **12018.55** Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm
- **12051.55** Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less

- **12052.55** Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm
- **12053.55** Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm
- **12054.55** Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm
- **12055.55** Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm
- **12056.55** Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm
- **12057.55** Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm
- **13150.55** Repair, complex, eyelids, nose, ears and/or lips; 1.0 cm or less
- **13151.55** Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm
- **13152.55** Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm
- **13153.55** Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (List separately in addition to code for primary procedure)
- **15820.55** Blepharoplasty, lower eyelid
- **15821.55** Blepharoplasty, lower eyelid; with extensive herniated fat pad
- **15822.55** Blepharoplasty, upper eyelid
- **15823.55** Blepharoplasty, upper eyelid; with excessive skin weighting down lid
- **17000.55** Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettment), premalignant lesions (eg, actinic keratoses); first lesion
- **17003.55** Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettment), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion)
- **17004.55** Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettment), premalignant lesions (eg, actinic keratoses), 15 or more lesions
- **17106.55** Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm
- **17107.55** Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm
- **17108.55** Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm
- **17110.55** Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettment), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions
- **17111.55** Destruction (eg, laser surgery; electrosurgery, cryosurgery, chemosurgery, surgical curettment), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions
- **21256.55** Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia)
- **21260.55** Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach
- **21261.55** Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach
- **21263.55** Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement
- **21267.55** Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial

approach

- **21268.55 Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach
- **21280.55 Medial canthopexy (separate procedure)
- **21282.55 Lateral canthopexy
- **21385.55 Open treatment of orbital floor blowout fracture; transantral approach (Caldwell-Luc type operation)
- **21386.55 Open treatment of orbital floor blowout fracture; periorbital approach
- **21387.55 Open treatment of orbital floor blowout fracture; combined approach
- **21390.55 Open treatment of orbital floor blowout fracture; periorbital approach, with alloplastic or other implant
- **21395.55 Open treatment of orbital floor blowout fracture; periorbital approach with bone graft (includes obtaining graft)
- **21400.55 Closed treatment of fracture of orbit, except blowout; without manipulation
- **21401.55 Closed treatment of fracture of orbit, except blowout; with manipulation
- **21406.55 Open treatment of fracture of orbit, except blowout; without implant
- **21407.55 Open treatment of fracture of orbit, except blowout; with implant
- **21408.55 Open treatment of fracture of orbit, except blowout; with bone grafting (includes obtaining graft)
- **64612.55 Chemodenervation of muscle(s); muscle(s) innervated by facial nerve (eg, for blepharospasm, hemifacial spasm)
- **65091.55 Evisceration of ocular contents; without implant
- **65093.55 Evisceration of ocular contents; with implant
- **65101.55 Enucleation of eye; without implant
- **65103.55 Enucleation of eye; with implant, muscles not attached to implant
- **65105.55 Enucleation of eye; with implant, muscles attached to implant
- **65110.55 Exenteration of orbit (does not include skin graft), removal of orbital contents; only
- **65112.55 Exenteration of orbit (does not include skin graft), removal of orbital contents; with therapeutic removal of bone
- **65114.55 Exenteration of orbit (does not include skin graft), removal of orbital contents; with muscle or myocutaneous flap
- **65125.55 Modification of ocular implant with placement or replacement of pegs (eg, drilling receptacle for prosthesis appendage) (separate procedure)
- **65130.55 Insertion of ocular implant secondary; after evisceration, in scleral shell
- **65135.55 Insertion of ocular implant secondary; after enucleation, muscles not attached to implant
- **65140.55 Insertion of ocular implant secondary; after enucleation, muscles attached to implant
- **65150.55 Reinsertion of ocular implant; with or without conjunctival graft
- **65155.55 Reinsertion of ocular implant; with use of foreign material for reinforcement and/or attachment of muscles to implant
- **65175.55 Removal of ocular implant
- **65235.55 Removal of foreign body, intraocular; from anterior chamber of eye or lens
- **65260.55 Removal of foreign body, intraocular; from posterior segment, magnetic extraction, anterior or posterior route
- **65265.55 Removal of foreign body, intraocular; from posterior segment, nonmagnetic extraction
- **65270.55 Repair of laceration; conjunctiva, with or without nonperforating laceration sclera, direct closure
- **65272.55 Repair of laceration; conjunctiva, by mobilization and rearrangement, without

hospitalization

****65273.55** Repair of laceration; conjunctiva, by mobilization and rearrangement, with

hospitalization

****65275.55** Repair of laceration; cornea, nonperforating, with or without removal foreign body

****65280.55** Repair of laceration; cornea and/or sclera, perforating, not involving uveal tissue

****65285.55** Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue

****65286.55** Repair of laceration; application of tissue glue, wounds of cornea and/or sclera

****65290.55** Repair of wound, extraocular muscle, tendon and/or Tenon's capsule

****65400.55** Excision of lesion, cornea (keratectomy, lamellar, partial), except pterygium

****65420.55** Excision or transposition of pterygium; without graft

****65426.55** Excision or transposition of pterygium; with graft

****65436.55** Removal of corneal epithelium; with application of chelating agent (eg, EDTA)

****65450.55** Destruction of lesion of cornea by cryotherapy, photocoagulation or thermocauterization

****65600.55** Multiple punctures of anterior cornea (eg, for corneal erosion, tattoo)

****65710.55** Keratoplasty (corneal transplant); anterior lamellar

****65730.55** Keratoplasty (corneal transplant); penetrating (except in aphakia or pseudophakia)

****65750.55** Keratoplasty (corneal transplant); penetrating (in aphakia)

****65755.55** Keratoplasty (corneal transplant); penetrating (in pseudoaphakia)

****65756.55** Keratoplasty (corneal transplant); endothelial

****65757.55** Backbench preparation of corneal endothelial allograft prior to transplantation (List separately in addition to code for primary procedure)

****65770.55** Keratoprosthesis

****65772.55** Corneal relaxing incision for correction of surgically induced astigmatism

****65775.55** Corneal wedge resection for correction of surgically induced astigmatism

****65780.55** Ocular surface reconstruction; amniotic membrane transplantation

****65781.55** Ocular surface reconstruction; limbal stem cell allograft (eg, cadaveric or living donor)

****65782.55** Ocular surface reconstruction; limbal conjunctival autograft (includes obtaining graft)

****65810.55** Paracentesis of anterior chamber of eye (separate procedure); with removal of vitreous and/or discussion of anterior hyaloid membrane, with or without air injection

****65815.55** Paracentesis of anterior chamber of eye (separate procedure); with removal of blood, with or without irrigation and/or air injection

****65820.55** Goniotomy

****65850.55** Trabeculotomy ab externo

****65855.55** Trabeculoplasty by laser surgery, 1 or more sessions (defined treatment series)

****65860.55** Severing adhesions of anterior segment, laser technique (separate procedure)

****65865.55** Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); goniosynechiae

****65870.55** Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); anterior synechiae, except goniosynechiae

****65875.55** Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); posterior synechiae

****65880.55** Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); corneovitreal adhesions

****65900.55** Removal of epithelial down growth, anterior chamber of eye

****65920.55** Removal of implanted material, anterior segment of eye

****65930.55** Removal of blood clot, anterior segment of eye

- **66020.55** Injection, anterior chamber of eye (separate procedure); air or liquid
- **66030.55** Injection, anterior chamber of eye (separate procedure); medication
- **66130.55** Excision of lesion, sclera
- **66150.55** Fistulization of sclera for glaucoma; trephination with iridectomy
- **66155.55** Fistulization of sclera for glaucoma; thermocauterization with iridectomy
- **66160.55** Fistulization of sclera for glaucoma; sclerectomy with punch or scissors, with iridectomy
- **66165.55** Fistulization of sclera for glaucoma; iridencleisis or iridotaxis
- **66170.55** Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery
- **66172.55** Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)
- **66180.55** Aqueous shunt to extraocular reservoir (eg, Molteno, Schocket, Denver- Krupin)
- **66185.55** Revision of aqueous shunt to extraocular reservoir
- **66220.55** Repair of scleral staphyloma; without graft
- **66225.55** Repair of scleral staphyloma; with graft
- **66250.55** Revision or repair of operative wound of anterior segment, any type, early or late, major or minor procedure
- **66500.55** Iridectomy by stab incision (separate procedure); except transfixion
- **66505.55** Iridectomy by stab incision (separate procedure); with transfixion as for iris bombe
- **66600.55** Iridectomy, with corneoscleral or corneal section; for removal of lesion
- **66605.55** Iridectomy, with corneoscleral or corneal section; with cyclectomy
- **66625.55** Iridectomy with corneoscleral or corneal section; peripheral for glaucoma (separate procedure)
- **66630.55** Iridectomy, with corneoscleral or corneal section; sector for glaucoma (separate procedure)
- **66635.55** Iridectomy, with corneoscleral or corneal section; optical (separate procedure)
- **66680.55** Repair of iris, ciliary body (as for iridodialysis)
- **66682.55** Suture of iris, ciliary body (separate procedure) with retrieval of suture through small incision (eg, McCannel suture)
- **66700.55** Ciliary body destruction; diathermy
- **66710.55** Ciliary body destruction; cyclophotocoagulation, transscleral
- **66711.55** Ciliary body destruction; cyclophotocoagulation, endoscopic
- **66720.55** Ciliary body destruction; cryotherapy
- **66740.55** Ciliary body destruction; cyclodialysis
- **66761.55** Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (1 or more sessions)
- **66762.55** Iridoplasty by photocoagulation (1 or more sessions) (eg, for improvement of vision, for widening of anterior chamber angle)
- **66770.55** Destruction of cyst or lesion iris or ciliary body (nonexcisional procedure)
- **66820.55** Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); stab incision technique (Ziegler or Wheeler knife)
- **66821.55** Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (1 or more stages)
- **66825.55** Repositioning of intraocular lens prosthesis, requiring an incision (separate procedure)
- **66830.55** Removal of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid) with corneo-scleral section, with or without iridectomy (iridocapsulotomy,

iridocapsulectomy)

- **66840.55 Removal of lens material; aspiration technique, 1 or more stages
- **66850.55 Removal of lens material; phacofragmentation technique (mechanical or ultrasonic) (eg, phacoemulsification), with aspiration
- **66852.55 Removal of lens material; pars plana approach, with or without vitrectomy
- **66920.55 Removal of lens material; intracapsular
- **66930.55 Removal of lens material; intracapsular, for dislocated lens
- **66940.55 Removal of lens material; extracapsular (other than 66840, 66850, 66852)
- **66982.55 Extracapsular cataract removal with insetion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage
- **66983.55 Intracapsular cataract extraction with insertion of intraocular lens prosthesis (1 stage procedure)
- **66984.55 Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification)
- **66985.55 Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal
- **66986.55 Exchange of intraocular lens
- **67005.55 Removal of vitreous, anterior approach (open sky technique or limbal incision); partial removal
- **67010.55 Removal of vitreous, anterior approach (open sky technique or limbal incision); subtotal removal with mechanical vitrectomy
- **67015.55 Aspiration or release of vitreous, subretinal or choroidal fluid, pars plana approach (posterior sclerotomy)
- **67025.55 Injection of vitreous substitute, pars plana or limbal approach (fluid-gas exchange), with or without aspiration (separate procedure)
- **67027.55 Implantation of intravitreal drug delivery system (eg, ganciclovir implant), includes concomitant removal of vitreous
- **67030.55 Discission of vitreous strands (without removal), pars plana approach
- **67031.55 Severing of vitreous strands, vitreous face adhesions, sheets, membranes or opacities, laser surgery (1 or more stages)
- **67036.55 Vitrectomy, mechanical, pars plana approach;
- **67039.55 Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation
- **67040.55 Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation
- **67041.55 Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker)
- **67042.55 Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (eg, for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil)
- **67043.55 Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (eg, choroidal neovascularization), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) and laser photocoagulation
- **67101.55 Repair of retinal detachment, 1 or more sessions; cryotherapy or diathermy, with or without drainage of subretinal fluid
- **67105.55 Repair of retinal detachment, 1 or more sessions; photocoagulation, with or without drainage of subretinal fluid

- **67107.55 Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), with or without implant, with or without cryotherapy, photocoagulation, and drainage of subretinal fluid
- **67108.55 Repair of retinal detachment; with vitrectomy, any method, with or without air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique
- **67110.55 Repair of retinal detachment; by injection of air or other gas (eg, pneumatic retinopexy)
- **67112.55 Repair of retinal detachment; by scleral buckling or vitrectomy, on patient having previous ipsilateral retinal detachment repair(s) using scleral buckling or vitrectomy techniques
- **67113.55 Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, Stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, may include air, gas, or silicone oil tamponade, cryotherapy, endolaser photocoagulation, drainage of subretinal fluid, scleral buckling, and /or removal of lens
- **67115.55 Release of encircling material (posterior segment)
- **67120.55 Removal of implanted material, posterior segment; extraocular
- **67121.55 Removal of implanted material, posterior segment; intraocular
- **67141.55 Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, 1 or more sessions; cryotherapy, diathermy
- **67145.55 Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, 1 or more sessions; photocoagulation (laser or xenon arc)
- **67208.55 Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; cryotherapy, diathermy
- **67210.55 Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation
- **67218.55 Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; radiation by implantation of source (includes removal of source)
- **67220.55 Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), 1 or more sessions
- **67227.55 Destruction of extensive or progressive retinopathy (eg, diabetic retinopathy), 1 or more sessions, cryotherapy, diathermy
- **67228.55 Treatment of extensive or progressive retinopathy, 1 or more sessions; (eg, diabetic retinopathy), photocoagulation
- **67229.55 Treatment of extensive or progressive retinopathy, 1 or more sessions; preterm infant (less than 37 weeks gestation at birth), performed from birth up to 1 year of age (eg, retinopathy of prematurity), photocoagulation or cryotherapy
- **67250.55 Scleral reinforcement (separate procedure); without graft
- **67255.55 Scleral reinforcement (separate procedure); with graft
- **67311.55 Strabismus surgery, recession or resection procedure; 1 horizontal muscle
- **67312.55 Strabismus surgery, recession or resection procedure; 2 horizontal muscles
- **67314.55 Strabismus surgery, recession or resection procedure; 1 vertical muscle (excluding superior oblique)
- **67316.55 Strabismus surgery, recession or resection procedure; 2 or more vertical muscles (excluding superior oblique)
- **67318.55 Strabismus surgery, any procedure, superior oblique muscle
- **67343.55 Release of extensive scar tissue without detaching extraocular muscle (separate

procedure)

****67345.55** Chemodenervation of extraocular muscle

****67400.55** Orbitotomy without bone flap (frontal or transconjunctival approach); for exploration, with or without biopsy

****67405.55** Orbitotomy without bone flap (frontal or transconjunctival approach); with drainage only

****67412.55** Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of lesion

****67413.55** Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of foreign body

****67414.55** Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of bone for decompression

****67420.55** Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of lesion

****67430.55** Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of foreign body

****67440.55** Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with drainage

****67445.55** Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of bone for decompression

****67450.55** Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); for exploration, with or without biopsy

****67550.55** Orbital implant (implant outside muscle cone); insertion

****67560.55** Orbital implant (implant outside muscle cone); removal or revision

****67570.55** Optic nerve decompression (eg, incision or fenestration of optic nerve sheath)

****67700.55** Blepharotomy, drainage of abscess, eyelid

****67710.55** Severing of tarsorrhaphy

****67715.55** Canthotomy (separate procedure)

****67800.55** Excision of chalazion; single

****67801.55** Excision of chalazion; multiple, same lid

****67805.55** Excision of chalazion; multiple, different lids

****67808.55** Excision of chalazion; under general anesthesia and/or requiring hospitalization, single or multiple

****67825.55** Correction of trichiasis; epilation by other than forceps (eg, by electrosurgery, cryotherapy, laser surgery)

****67830.55** Correction of trichiasis; incision of lid margin

****67835.55** Correction of trichiasis; incision of lid margin, with free mucous membrane graft

****67840.55** Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure

****67850.55** Destruction of lesion of lid margin (up to 1 cm)

****67880.55** Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy;

****67882.55** Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy; with transposition of tarsal plate

****67900.55** Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)

****67901.55** Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)

****67902.55** Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)

****67903.55** Repair of blepharoptosis; (tars) levator resection or advancement, internal approach

- **67904.55** Repair of blepharoptosis; (tarso) levator resection or advancement, external approach
- **67906.55** Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining facia)
- **67908.55** Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)
- **67909.55** Reduction of overcorrection of ptosis
- **67911.55** Correction of lid retraction
- **67912.55** Correction of lagophthalmos, with implantation of upper eyelid lid load (eg, gold weight)
- **67914.55** Repair of ectropion; suture
- **67915.55** Repair of ectropion; thermocauterization
- **67916.55** Repair of ectropion; excision tarsal wedge
- **67917.55** Repair of ectropion; extensive (eg, tarsal strip operations)
- **67921.55** Repair of entropion; suture
- **67922.55** Repair of entropion; thermocauterization
- **67923.55** Repair of entropion; excision tarsal wedge
- **67924.55** Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)
- **67930.55** Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; partial thickness
- **67935.55** Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; full thickness
- **67938.55** Removal of embedded foreign body, eyelid
- **67950.55** Canthoplasty (reconstruction of canthus)
- **67961.55** Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin
- **67966.55** Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; over one-fourth of lid margin
- **67971.55** Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; up to two-thirds of eyelid, 1 stage or first stage
- **67973.55** Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, lower, 1 stage or first stage
- **67974.55** Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, upper, 1 stage or first stage
- **67975.55** Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; second stage
- **68020.55** Incision of conjunctiva, drainage of cyst
- **68110.55** Excision of lesion, conjunctiva; up to 1 cm
- **68115.55** Excision of lesion, conjunctiva; over 1 cm
- **68130.55** Excision of lesion, conjunctiva; with adjacent sclera
- **68135.55** Destruction of lesion, conjunctiva
- **68320.55** Conjunctivoplasty; with conjunctival graft or extensive rearrangement
- **68325.55** Conjunctivoplasty; with buccal mucous membrane graft (includes obtaining graft)
- **68326.55** Conjunctivoplasty, reconstruction cul-de-sac; with conjunctival graft or extensive rearrangement
- **68328.55** Conjunctivoplasty, reconstruction cul-de-sac; with buccal mucous membrane graft (includes obtaining graft)
- **68330.55** Repair of symblepharon; conjunctivoplasty, without graft

- **68335.55** Repair of symblepharon; with free graft conjunctiva or buccal mucous membrane (includes obtaining graft)
- **68340.55** Repair of symblepharon; division of symblepharon, with or without insertion of conformer or contact lens
- **68360.55** Conjunctival flap; bridge or partial (separate procedure)
- **68362.55** Conjunctival flap; total (such as Gunderson thin flap or purse string flap)
- **68371.55** Harvesting conjunctival allograft, living donor
- **68400.55** Incision, drainage of lacrimal gland
- **68420.55** Incision, drainage of lacrimal sac (dacryocystotomy or dacryocystostomy)
- **68440.55** Snip incision of lacrimal punctum
- **68500.55** Excision of lacrimal gland (dacryoadenectomy), except for tumor; total
- **68505.55** Excision of lacrimal gland (dacryoadenectomy), except for tumor; partial
- **68520.55** Excision of lacrimal sac (dacryocystectomy)
- **68530.55** Removal of foreign body or dacryolith, lacrimal passages
- **68540.55** Excision of lacrimal gland tumor; frontal approach
- **68550.55** Excision of lacrimal gland tumor; involving osteotomy
- **68700.55** Plastic repair of canaliculi
- **68705.55** Correction of everted punctum, cautery
- **68720.55** Dacryocystorhinostomy (fistulization of lacrimal sac to nasal cavity)
- **68745.55** Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); without tube
- **68750.55** Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); with insertion of tube or stent
- **68760.55** Closure of the lacrimal punctum; by thermocauterization, ligation, or laser surgery
- **68761.55** Closure of the lacrimal punctum; by plug, each
- **68770.55** Closure of lacrimal fistula (separate procedure)
- **68801.55** Dilation of lacrimal punctum, with or without irrigation
- **68810.55** Probing of nasolacrimal duct, with or without irrigation;
- **68811.55** Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia
- **68815.55** Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent
- **68816.55** Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation
- **68840.55** Probing of lacrimal canaliculi, with or without irrigation

Diagnostic:

- 76510** Ophthalmic ultrasound, diagnostic; B-scan and quantitative A scan performed during the same patient encounter
- 76511** Ophthalmic ultrasound, diagnostic; quantitative A-scan only
- 76512** Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)
- 76513** Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy
- 76514** Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)
- 76516** Ophthalmic biometry by ultrasound echography, A-scan;
- 76519** Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation

76529 Ophthalmic ultrasonic foreign body localization
76970 Ultrasound study follow-up (specify)
92020 Gonioscopy (separate procedure)
92025 Computerized corneal topography, unilateral or bilateral, with interpretation and report
92060 Sensorimotor examination with multiple measurements of ocular deviation (eg, restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure)
92065 Orthoptic and/or pleoptic training, with continuing medical direction and evaluation
92070 Fitting of contact lens for treatment of disease, including supply of lens
92081 Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)
92082 Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)
92083 Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30°, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)
92100 Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (eg, diurnal curve or medical treatment of acute elevation of intraocular pressure)
92120 Tonography with interpretation and report, recording indentation tonometer method or perilimbal suction method
92130 Tonography with water provocation
92135 Scanning computerized ophthalmic diagnostic imaging, posterior segment, (eg, scanning laser) with interpretation and report, unilateral
92136 Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation
92140 Provocative tests for glaucoma, with interpretation and report, without tonography
92225 Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; initial
92226 Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; subsequent
92230 Fluorescein angiography with interpretation and report
92235 Fluorescein angiography (includes multiframe imaging) with interpretation and report
92240 Indocyanine-green angiography (includes multiframe imaging) with interpretation and report
92250 Fundus photography with interpretation and report
92260 Ophthalmodynamometry
92265 Needle oculoelectromyography, 1 or more extraocular muscles, 1 or both eyes, with interpretation and report
92270 Electro-oculography with interpretation and report
92275 Electroretinography with interpretation and report
92283 Color vision examination, extended, eg, anomaloscope or equivalent
92284 Dark adaptation examination with interpretation and report
92285 External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, goniophotography, stereo-photography)
92286 Special anterior segment photography with interpretation and report; with specular endothelial microscopy and cell count

- 92287** Special anterior segment photography with interpretation and report; with fluorescein angiography
- 92310** Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia
- 92311** Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, 1 eye
- 92312** Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal for aphakia, both eyes
- 92313** Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneoscleral lens
- 92314** Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens, both eyes except for aphakia
- 92315** Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, 1 eye
- 92316** Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, both eyes
- 92317** Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneoscleral lens
- 92325** Modification of contact lens (separate procedure), with medical supervision of adaptation
- 92326** Replacement of contact lens
- 92340** Fitting of spectacles; except for aphakia; monofocal
- 92341** Fitting of spectacles, except for aphakia; bifocal
- 92342** Fitting of spectacles, except for aphakia; multifocal, other than bifocal
- 92352** Fitting of spectacle prosthesis for aphakia; monofocal
- 92353** Fitting of spectacle prosthesis for aphakia; multifocal
- 92354** Fitting of spectacle mounted low vision aid; single element system
- 92355** Fitting of spectacle mounted low vision aid; telescopic or other compound lens system
- 92358** Prosthesis service for aphakia, temporary (disposable or loan, including materials)
- 92370** Repair and refitting spectacles; except for aphakia
- 92371** Repair and refitting spectacles; spectacle prosthesis for aphakia
- 92499** Unlisted ophthalmological service or procedure
- 92532** Positional nystagmus test
- 92534** Optokinetic nystagmus test
- 95004** Percutaneous test(s) with allergenic extracts, immediate type reaction, including test interpretation and report by a physician.
- 95060** Ophthalmic mucous membrane tests
- 95857** Tensilon test for myasthenia gravis
- 95930** Visual evoked potential (VEP) testing central nervous system, checkerboard or flash
- 95933** Orbicularis oculi (blink) reflex, by electrodiagnostic testing
- 96360** Intravenous infusion, hydration; initial, 31 minutes to 1 hour
- 96361** Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)
- 96365** Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
- 96368** Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)

Therapeutic:

- 10060** Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single
- 10061** Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple
- 10140** Incision and drainage of hematoma, seroma or fluid collection
- 10160** Puncture aspiration of abscess, hematoma, bulla, or cyst
- 11100** Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion
- 11101** Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; each separate/additional lesion (List separately in addition to code for primary procedure)
- 11310** Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less
- 11311** Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm
- 11312** Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm
- 11313** Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm
- 11440** Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less
- 11441** Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm
- 11442** Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm
- 11900** Injection, intralesional; up to and including 7 lesions
- 11901** Injection, intralesional; more than 7 lesions
- 12011** Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less
- 16020** Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area)
- 17106** Destruction of cutaneous vascular proliferative lesions; less than 10.0 sq cm
- 17107** Destruction of cutaneous vascular proliferative lesions; less than 10.0 sq cm to 50.0 sq cm
- 17108** Destruction of cutaneous vascular proliferative lesions; over 50 sq cm
- 64612** Chemodenervation of muscle(s); muscle(s) innervated by facial nerve (eg, for blepharospasm, hemifacial spasm)
- 65205** Removal of foreign body, external eye; conjunctival superficial
- 65210** Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating
- 65220** Removal of foreign body, external eye; corneal, without slit lamp
- 65222** Removal of foreign body, external eye; corneal, with slit lamp
- 65270** Repair of laceration; conjunctiva, with or without nonperforating laceration sclera, direct closure
- 65410** Biopsy of cornea
- 65430** Scraping of cornea, diagnostic, for smear and/or culture
- 65435** Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage)

65600 Anterior Stromal puncture
65778 Placement of amniotic membrane on the ocular surface; without sutures
65779 Placement of amniotic membrane on the ocular surface; single layer, sutured
65780 Ocular surface reconstruction; amniotic membrane transplantation; multiple layers
65800 Paracentesis of anterior chamber of eye (separate procedure); with diagnostic aspiration of aqueous
65805 Paracentesis of anterior chamber of eye (separate procedure); with therapeutic release of aqueous
66020 Injection, anterior chamber of eye (separate procedure); air or liquid
66030 Injection, anterior chamber of eye (separate procedure); medication
66999 Unlisted procedure, anterior segment of eye
67028 Intravitreal injection of a pharmacologic agent (separate procedure)
67345 Chemodenervation of extraocular muscle
67399 Unlisted procedure, ocular muscle
67500 Retrobulbar injection; medication (separate procedure, does not include supply of medication)
67505 Retrobulbar injection; alcohol
67515 Injection of medication or other substance into Tenon's capsule
67599 Unlisted procedure, orbit
67700 Blepharotomy, drainage of abscess, eyelid
67710 Severing of tarsorrhaphy
67800 Excision of chalazion; single
67801 Excision of chalazion; multiple, same lid
67805 Excision of chalazion; multiple, different lids
67810 Biopsy of eyelid
67820 Correction of trichiasis; epilation, by forceps only
67825 Correction of trichiasis; epilation by other than forceps (eg, by electrotherapy, cryotherapy, laser surgery)
67830 Correction of trichiasis; incision of lid margin
67840 Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure
67915 Repair of ectropion; thermocauterization
67922 Repair of entropion; thermocauterization
67938 Removal of embedded foreign body, eyelid
67999 Unlisted procedure, eyelids
68020 Incision of conjunctiva, drainage of cyst
68040 Expression of conjunctival follicles (eg, for trachoma)
68100 Biopsy of conjunctiva
68110 Excision of lesion, conjunctiva; up to 1 cm
68115 Excision of lesion, conjunctiva; over 1 cm
68135 Destruction of lesion, conjunctiva
68200 Subconjunctival injection
68399 Unlisted procedure, conjunctiva
68530 Removal of foreign body or dacryolith, lacrimal passages
68705 Correction of everted punctum, cautery
68760 Closure of the lacrimal punctum; by thermocauterization, ligation, or laser surgery
68761 Closure of the lacrimal punctum; by plug, each
68801 Dilation of lacrimal punctum, with or without irrigation
68810 Probing of nasolacrimal duct, with or without irrigation;
68840 Probing of lacrimal canaliculi, with or without irrigation

**Tennessee Optometry
Healthcare Common Procedure Coding System (HCPCS)**

Level II: National Codes (Products, Services, and Supplies) Products

- V2020 Frames, purchases
- V2025 Deluxe frame
- V2100 Sphere, single vision, plano to plus or minus 4.00, per lens
- V2101 Sphere, single vision, plus or minus 4.12 to plus or minus 7.00d, per lens
- V2102 Sphere, single vision, plus or minus 7.12 to plus or minus 20.00d, per lens
- V2103 Spherocylinder, single vision, plano to plus or minus 4.00d sphere, .12 to 2.00d cylinder, per lens
- V2104 Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 2.12 to 4.00d cylinder, per lens
- V2105 Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens
- V2106 Spherocylinder, single vision, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens
- V2107 Spherocylinder, single vision, plus or minus 4.25 to plus or minus 7.00 sphere, .12 to 2.00d cylinder, per lens
- V2108 Spherocylinder, single vision, plus or minus 4.25d to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder; per lens
- V2109 Spherocylinder, single vision, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens
- V2110 Spherocylinder, single vision, plus or minus 4.25 to 7.00d sphere, over 6.00d cylinder, per lens
- V2111 Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, .25 to 2.25d cylinder, per lens
- V2112 Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25d to 4.00d cylinder, per lens
- V2113 Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens
- V2114 Spherocylinder, single vision, sphere over plus or minus 12.00d, per lens
- V2115 Lenticular, (myodisc), per lens, single vision
- V2118 Aniseikonic lens, single vision
- V2121 Lenticular lens, per lens, single (Eff. Date 1/1/2004)
- V2199 Not otherwise classified, single vision lens
- V2200 Sphere, bifocal, plano to plus or minus 4.00d, per lens
- V2202 Sphere, bifocal, plus or minus 7.12 to plus or minus 20.00d, per lens
- V2203 Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, .12 to 2.00d cylinder, per lens
- V2204 Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 2.12 to 4.00d cylinder, per lens
- V2205 Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens
- V2206 Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens
- V2207 Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, .12 to 2.00d cylinder, per lens
- V2208 Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens
- V2209 Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens
- V2210 Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder,

per lens

V2211 Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, .25 to 2.25d cylinder, per lens

V2212 Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens

V2213 Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens

V2214 Spherocylinder, bifocal, sphere over plus or minus 12.00d, per lens

V2215 Lenticular (myodisc), per lens, bifocal

V2218 Aniseikonic, per lens, bifocal

V2219 Bifocal seg width over 28mm

V2220 Bifocal add over 3.25d

V2221 Lenticular lens, per lens, bifocal (Eff. Date 1/1/2004)

V2299 Specialty bifocal (by report)

V2300 Sphere, trifocal, plano to plus or minus 4.00d, per lens

V2301 Sphere, trifocal, plus or minus 4.12 to plus or minus 7.00d, per lens

V2302 Sphere, trifocal, plus or minus 7.12 to plus or minus 20.00, per lens

V2303 Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, .12- 2.00d cylinder, per lens

V2304 Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 2.25- 4.00d cylinder, per lens

V2305 Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 4.25 to 6.00 cylinder, per lens

V2306 Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens

V2307 Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, .12 to 2.00d cylinder, per lens

V2308 Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens

V2309 Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens

V2310 Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder, per lens

V2311 Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, .25 to 2.25d cylinder, per lens

V2312 Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens

V2313 Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens

V2314 Spherocylinder, trifocal, sphere over plus or minus 12.00d, per lens

V2315 Lenticular, (myodisc), per lens, trifocal

V2318 Aniseikonic lens, trifocal

V2319 Trifocal seg width over 28 mm

V2320 Trifocal add over 3.25d

V2321 Lenticular lens, per lens, trifocal (Eff. Date 1/1/2004)

V2399 Specialty trifocal (by report)

V2410 Variable asphericity lens, single vision, full field, glass or plastic, per lens

V2430 Variable asphericity lens, bifocal, full field, glass or plastic, per lens

V2499 Variable sphericity lens, other type

V2500 Contact lens, PMMA, spherical, per lens

V2501 Contact lens, PMMA, toric or prism ballast, per lens

V2502 Contact lens, PMMA, bifocal, per lens

V2503 Contact lens, PMMA, color vision deficiency, per lens

V2510 Contact lens, gas permeable, spherical, per lens
V2511 Contact lens, gas permeable, toric, prism ballast, per lens
V2512 Contact lens, gas permeable, bifocal, per lens
V2513 Contact lens, gas permeable, extended wear, per lens
V2520 Contact lens, hydrophilic, spherical, per lens
V2521 Contact lens, hydrophilic, toric, or prism ballast, per lens
V2522 Contact lens, hydrophilic, bifocal, per lens
V2523 Contact lens, hydrophilic, extended wear, per lens
V2530 Contact lens, scleral, gas impermeable, per lens (for contact lens modification, see 92325)
V2531 Contact lens, scleral, gas permeable, per lens (for contact lens modification, see 92325)
V2599 Contact lens, other type
V2600 Hand held low vision aids and other nonspectacle mounted aids
V2610 Single lens spectacle mounted low vision aids
V2615 Telescopic and other compound lens system, including distance vision telescopic, near vision telescopes and compound microscopic lens system
V2623 Prosthetic eye, plastic, custom
V2624 Polishing/resurfacing of ocular prosthesis
V2625 Enlargement of ocular prosthesis
V2626 Reduction of ocular prosthesis
V2627 Scleral cover shell
V2628 Fabrication and fitting of ocular conformer
V2629 Prosthetic eye, other type
V2700 Balance lens, per lens
V2702 Deluxe lens feature (Eff. Date 1/1/2005)
V2710 Slab off prism, glass or plastic, per lens
V2715 Prism, per lens
V2718 Press-on lens, fresnell prism, per lens
V2730 Special base curve, glass or plastic, per lens
V2744 Tint, photochromatic, per lens
V2745 Addition to lens; tint, any color, solid, gradient or equal, excludes photochromatic, any lens material, per lens (Eff. Date 11/1/2004)
V2750 Anti-reflective coating, per lens
V2755 U-V lens, per lens
V2756 Eye glass case (Eff. Date 1/1/2004)
V2760 Scratch resistant coating, per lens
V2761 Mirror coating, any type, solid, gradient or equal, any lens material, per lens (Eff. Date 1/1/2004)
V2762 Polarization, any lens material, per lens (Eff. Date 1/1/2004)
V2770 Occluder lens, per lens
V2780 Oversize lens, per lens
V2781 Progressive lens, per lens
V2782 Lens index 1.54 to 1.65 plastic or 1.60 to 1.79 glass, excludes polycarbonate, per lens (Eff. Date 1/1/2004)
V2783 Lens index greater than or equal to 1.66 plastic or greater than or equal to 1.80 glass, excludes polycarbonate, per lens (Eff. Date 1/1/2004)
V2784 Lens, polycarbonate or equal, any index, per lens (Eff. Date 1/1/2004)
V2785 Processing, preserving and transporting corneal tissue
V2786 Specialty occupational multifocal lens, per lens (Eff. Date 1/1/2004)

V2787 ASTIGMATISM CORRECTING FUNCTION OF INTRAOCULAR LENS

(Eff. Date 01/01/2008)

V2797 Vision supply, accessory and/or services component of another HCPCS vision code (Eff. Date 1/1/2004)

V2799 Vision service, miscellaneous

Services:

0402T Collagen cross linking

0517F Glaucoma plan of care documented (EC)

2019F Dilated macular exam performed, including documentation of the presence or absence of macular thickening or hemorrhage AND the level of macular degeneration severity (EC)

2021F Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema AND level of severity of retinopathy (EC)

2022F Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed (DM)

2024F 7 standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed (DM)

2026F Eye imaging validated to match diagnosis from 7 standard field stereoscopic photos results documented and reviewed (DM)

2027F Optic nerve head evaluation performed (EC)

3072F Low risk for retinopathy (no evidence of retinopathy in the prior year) (DM)

3284F Intraocular pressure (IOP) reduced by a value of greater than or equal to 15% from the pre-intervention level (EC)

3285F Intraocular pressure (IOP) reduced by a value less than 15% from the pre- intervention level (EC)

4177F Counseling about the benefits and/or risks of the Age-Related Eye Disease Study (AREDS) formulation for preventing progression of age-related macular degeneration (AMD) provided to patient and/or caregiver(s) (EC)

5010F Findings of dilated macular or fundus exam communicated to the physician managing the diabetes care (EC)

Supplies

J0585 Botulinum Toxin Type A, Per Unit

J3490 Unclassified drug