

Optometry Coding & Billing Alert

4 Scenarios Clear Up Your Multiple FB Questions

Foreign body removal coding depends on the site -- and the carrier

If a patient has multiple foreign bodies in the eye, can you code each removal separately? The answer, coding experts say, depends on the specific scenario.

Scenario 1: Multiple FBs in Right Cornea

If a patient has multiple foreign bodies in the same site in the same eye -- for instance, the conjunctiva or the cornea -- you can only report one procedure, no matter how many FBs you remove. For foreign bodies in the cornea, report one unit of 65220 (Removal of foreign body, external eye; corneal, without slit lamp) or 65222 (... corneal, with slit lamp), depending on whether or not you used a slit lamp to remove the foreign bodies. Append modifier RT (Right side) to indicate which eye was treated.

Scenario 2: FBs in Right Conjunctiva, Right Cornea

In the Correct Coding Initiative (CCI), the codes concerning FBs in the conjunctiva, 65205 (Removal of foreign body, external eye; conjunctival superficial) and 65210 (... conjunctival embedded [includes concretions], subconjunctival, or scleral nonperforating), are not bundled with corneal FB codes 65220 and 65222. This means you are free to report both codes -- 65210 and 65222, for example -- separately.

Helpful: Report 65205 for superficial FBs and 65210 for embedded FBs. A superficial FB usually sits on the surface of the conjunctiva, whereas an embedded FB is embedded in the conjunctiva, says **Linda Martien, CPC, CPC-H**, coding specialist at National Healing Inc. in Boca Raton, Fla. Make sure your documentation clarifies that the FBs were in different parts of the eye.

But insurers don't always see it that way -- some will pay for only one removal procedure. Your strategy? Code the one that has the highest fee -- in this case, the corneal FB removal (65222-RT).

Scenario 3: FBs in Both Corneas

If you remove foreign bodies from the right cornea and the left cornea, you should code both removals and report 65222-RT and 65222-LT (Left side) or 65222-50 (Bilateral procedure).

Medicare payers will reimburse 150 percent of the fee schedule amount for 65222 performed bilaterally. Based on the 2008 fee schedule, 65222 performed unilaterally should reimburse \$68.56 (before geographic adjustments are factored in). Claiming 65222-50 should yield \$102.83.

Scenario 4: FBs in Right Cornea, Left Conjunctiva

Since the FBs are in different eyes, you can report one unit of 65205-LT or 65210-LT, along with one unit of 65220-RT or 65222-RT. Your practice should earn the full amount for both codes.