Optometry Coding & Billing Alert

Check Method, Location for Correct Coding on Eye FBRs

Doctors might need slit lamp on some corneal FBRs

Coding for an ocular foreign-body removal (FBR) seems simple: The optometrist finds the FB, removes it and sends the patient home.

Not so fast: But knowing what happens during that encounter is vital to correct coding. You have to know the specific location of the FB and the optometrist's actions during the session before arriving at the proper code.

Check out this rundown of best practices for coding your OD's eye FBR services.

Determine if FB Is Imbedded or Superficial

An optometrist can remove two distinct types of FBs from a patient's eye: a conjunctival FB or a corneal FB. For conjunctival FBRs, coders need to know if the FB was superficial or embedded, because code choice will hinge on this information, says **Conrad Bryan, OD,** an optometrist in Irving, Texas.

If the optometrist removes a superficial conjunctival FB, code the service with 65205 (Removal of foreign body, external eye; conjunctival superficial). If the OD conducts removal of an embedded FB from the conjunctiva, choose 65210 (... conjunctival embedded [includes concretions], subconjunctival, or scleral nonperforating) instead.

How can I tell? A superficial FB may also be referred to in encounter notes as a "loose" FB. "A superficial FB usually sits on the surface (of the conjunctiva), whereas an embedded FB is just that: embedded," says **Linda Martien CPC, CPC-H,** coding specialist at National Healing Inc. in Boca Raton, Fla.

"For a superficial FBR in the conjunctiva, a doctor uses something simple, like a moistened, sterile Q-tip; this works very well with larger FBs, such as dirt particles or ash," Martien says.

With embedded FBRs, the OD may use a cotton swab for the procedure, but the doctor may also have to scrape out the FB area with a needle. Embedded conjunctival FBRs sit in the conjunctiva but have not penetrated the anterior chamber.

You code it: A house painter with a swollen left eye reports to the optometrist. The doctor examines the patient and finds a paint chip sitting atop the patient's conjunctival sac. Using a moistened swab, the doctor removes the FB.

On the claim, you should:

- report 65205 for the superficial FBR.

- attach ICD-9 code 930.1 (Foreign body in conjunctival sac) to 65205 to prove medical necessity for the procedure.

Change Code Sets When Coding Corneal FBRs

Like conjunctival FBRs, corneal FBRs have their own code set, Martien says. While the difference between 65205 and 65210 is the location of the FB, corneal FBR codes are separated by slit-lamp use.

In a nutshell: When the OD removes an FB from the cornea, you-ll need to check the op notes for the type of removal before you choose a code. If the doctor removes an FB from a patient without using a slit lamp, report 65220 (... corneal, without slit lamp). When the doctor needs to use a slit lamp for the FBR, opt for 65222 (... corneal, with slit lamp).

Why a slit lamp? The doctor might need to use a slit lamp for visualization of hard-to-see corneal FBs, Bryan says. The lamp "increases magnification and lighting on smaller FBs," he says.

Often, the corneal FB isn't readily visible to the examiner. "By using the slit lamp, the doctor can be surer that a microscopic FB hasn't been overlooked," Martien says. The slit lamp is not necessary for conjunctival FBs, which are easier to locate against the white backdrop of the conjunctiva.

"Because a FB is more difficult to see against the eye color of the cornea, the slit lamp is more likely to be used to examine a corneal FB," Martien says.

Example: A patient with a red and itchy right eye reports to the OD. The doctor examines the conjunctiva and finds no evidence of FB. She then examines the cornea and finds signs of trauma, but no FB. The doctor uses a slit lamp to visualize the cornea, finds an FB and removes it with a combination of sterile swabbing and scraping with a needle.

In this scenario, you should report 65222. Don't forget to link ICD-9 code 930.0 (Corneal foreign body) to 65222 to represent the FBR.

Code Same-Eye Multiple FBRs Separately

Remember that when your doctor removes multiple FBs from the same part of the same eye, you should only code once for it.

So if the notes indicate that the OD removed three superficial FBs from the patient's right conjunctiva, you should report 65205 once.

If, however, you encounter a scenario in which the OD removes FBs from different parts of the same eye, you might be able to report the codes separately, Martien says.

Example: The OD removes conjunctival and corneal FBs in the patient's right eye; the conjunctival FB is superficial, and the OD does not use a slit lamp for the corneal FBR. In this case, report the following:

- 65220 for the corneal FBR

- 930.0 linked to 65220 to represent the corneal FB

- 65205 for the conjunctival FBR

- 930.1 linked to 65205 to represent the conjunctival FB.

Note: Some payers may require you to include modifier 59 (Distinct procedural service) linked to 65205 to show it was a separate service from the corneal FBR. If you have any questions, check with your insurer before filing the claim.