Billing PEARLS
Billing for Conjunctival Foreign Bodies
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When a patient has a foreign body of the conjunctiva, they often present with a chief complaint of eye pain and often have a “history of present illness” that includes foreign body acquisition. History is essential to establishing the medical necessity of removing a foreign body.

The removal of a foreign body of the eye and adnexa requires the use of a 6XXXX surgical CPT code. These codes are site specific and include the pre-operative evaluation and decision making, the removal of the foreign body, and the post-operative global period. There are two codes for removing a foreign body from the conjunctiva. Use the 65205 code for a superficial conjunctival foreign body and the 65210 code if the foreign body is embedded. For example, a concretion is considered an embedded foreign body.

These codes are bundled – if you have three foreign bodies in the same tissue type in the same eye, you can only bill once. However, if you have a corneal and a conjunctival foreign body in the same eye at the same time, you can bill for both (65205 & 65220), using different diagnosis codes, of course. Also, this code is per eye. So, if you have a foreign body in the same tissue of different eyes, you can bill twice using the –RT and the –LT modifiers and the -52 (reduced Services) modifier on the second eye.

The type of instrument used to remove the foreign body is not relevant to which code you use. The diagnosis code for conjunctival foreign body is 930.1. If the cornea gets scratched up by the conjunctival foreign body, then you can use the corneal abrasion diagnosis (918.1) and bill an E/M management code with the -25 modifier (separately identifiable E/M service on the same day of the procedure) to care for the abrasion.

Finally, the post-operative global period for this procedure is zero days. Therefore, the follow up care for a conjunctival foreign body is billed separately.

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