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## Removal of foreign body from eye

### Adjudication Rule

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**Related Adjudication Rules:**  
None

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## Abstract

### For Member

Billing Rules are the adjudication rules which are in compliance with official CPT, ICD-CM and HAAD/CCSC coding guidelines.

A billing rule defines the minimum requirements to be met when a service is claimed for a Daman beneficiary in terms of frequency, duration etc.

It explains the minimum required documentation to claim a service. It also defines the coverage of a service under a particular health insurance plan administered by Daman.

### For Medical Professional

The billed CPT code for "Foreign Body Removal from eye" should convey the treatment rendered. When minor surgical procedures are performed, as per the CPT guidelines the provider should choose a code that most accurately reflects the treatment.

The providers are required to document all pre, intra and post service to support the ICD-9-CM diagnoses and the CPT codes claimed. This should be made available for Daman when required for audit.

If the selected ICD or CPT code does not meet the ICD and CPT code requirements the claim may be denied.

As per HAAD and CPT E&M visit on the same day of minor surgery, unless significant and separately identifiable beyond the pre-operative and post-operative work of the procedure, cannot be claimed in addition to a CPT code.

## Scope

The scope of this Adjudication Rule is to provide billing & documentation requirements of foreign body removal procedure from eye.

## Adjudication Policy

### Eligibility / Coverage Criteria

Foreign body removal procedures from the eye are covered for all health insurance plans administered by Daman.

### Requirements for Coverage

ICD and CPT codes must be coded to the highest level of specificity.

### Non-Coverage

Coverage will be limited if not compliant with payment and coding rules.

### Payment and Coding Rules

Please apply HAAD payment rules and regulations and relevant coding manuals for ICD, CPT, etc.

Report an ICD code with following information:

1. Type of injury
  - Current
  - Retained
  - Complication of injury or surgical implant
2. Severity of the injury
  - With penetrating wound
  - Cellulitis
  - Infection
3. Location
  - Anterior eye (intraocular/iris/ciliary body/sclera)
  - Conjunctiva
  - Cornea
  - Eyelid
  - Lens
  - Orbit
  - Posterior eye (vitreous/retina/choroid)
  - Lacrimal punctum
  - Iris

Report external causes of injury and poisoning codes (E codes) to explain the cause, poisoning, intent and place of occurrence. Use more than one E code if needed to explain completely.

## CPT Coding

The provider should choose a CPT code for removal of foreign body from the eye considering all of the below:

1. The location of the eye where foreign body is found
  - Anterior eye (intraocular/iris/ciliary body/sclera)
  - Conjunctiva
  - Cornea
  - Eyelid
  - Lens
  - Orbit
  - Posterior eye (vitreous/retina/choroid)
2. Nature of foreign body
  - External cause
  - Surgically implanted
3. Extent (depth) of foreign body penetration
  - Superficial
  - Embedded
4. Method of removal
  - By incision
  - Other methods
5. Use of instrumentation
  - Needle
  - Cotton swab
  - Q tip
  - Slit lamp
  - Tweezers
  - Forceps
  - Spud

Coding multiple foreign body removal CPT codes:

1. Same site:
 

It is usual to have multiple "foreign bodies" (e.g., wood fragments) on the same site. Removal of multiple foreign bodies from the same site needs to be reported by one code except if it is an unusual circumstance such as "rust rings".
2. Different site or eye :
 

Multiple foreign bodies from different sites of the eye can be billed separately provided pre-service, intra-service and post service work is required to be performed which cannot be part of the other CPT code.

## Documentation requirements

The medical record must contain all the required documents detailing pre, intra and post service as listed above to support the ICD-9-CM diagnoses and the CPT codes claimed. This should be made available for Daman when required for audit.

If the selected ICD or CPT code does not meet the above mentioned requirements it may be denied.

Foreign body removal CPT & E&M: As per HAAD and CPT E&M visit on the same day of minor surgery, unless significant and separately identifiable, cannot be claimed in addition to a CPT code.

Every CPT code includes the pre-service (History and Examination), intra-service (actual procedure) and post-service work (post procedural care) required to perform the service. Significant and separately identifiable E/M can be claimed if the any other service provided is above the pre, intra and post service of the reported CPT code.

## Adjudication Examples

### Example 1

**Question:** The following claim is reported by a private provider for a Thiqa card beneficiary:

Category	Code	Description
ICD-9-CM	930.0	Corneal foreign body
ICD-9-CM	E914	Foreign body eye
CPT	65222	Removal foreign body, external eye; corneal, with slit lamp
E/M	99213	Office/outpatient E & M of established

After audit it is found that slit lamp was not used and significantly separately identifiable E/M was not performed.

**Answer:** The claim will be denied.

### Example 2

**Question:** The following claim is reported by a public provider for a basic card beneficiary:

Category	Code	Description
ICD-9-CM	918.2	Foreign body in conjunctiva
ICD-9-CM	E914	Foreign body eye
CPT	65210	Removal foreign body, external eye; conjunctiva embedded, sub-conjunctival/scleral, no perforating

**Answer:** Daman will accept this claim.

## Denial codes

Code	Code description
MNEC-003	Service is not clinically indicated based on good clinical practice
MNEC-004	Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities
MNEC-005	Service/supply may be appropriate, but too frequent
NCOV-025	Service(s) is (are) not performed (used after audit)
PRCE-002	Payment is included in the allowance for another service
CLA-012	Submission not compliant with contractual agreement between provider & payer

## Appendices

### A. References

1. HAAD claims and adjudication rule V2012
2. ICD-9-CM official guidelines for coding and reporting
3. AMA CPT book 2011 & CPT assistant 2011

### B. Revision History

Date	Change(s)
01-07-13	V 1.0
15-07-14	1. V 2.0 2. Disclaimer updated as per system requirements