

Removal of foreign body from eye

Adjudication Guideline

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Medical

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1. Abstract

1.1 For Members

Billing Rules are the adjudication rules which are following official CPT, ICD and Regulator/CCSC coding guidelines. This billing guideline defines the coverage and medical criteria on the removal of foreign bodies of the eye.

1.2 For Medical Professionals

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 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 the Regulator 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.

2. Scope

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

3. Adjudication Policy

3.1 Eligibility / Coverage Criteria

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

3.2 Requirements for Coverage

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

3.3 Non-Coverage

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

3.4 Payment and Coding Rules

Please apply the Regulator 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 the below:

1. Specifying the eye location in which the 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 the Regulator 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.

4. 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

5. Appendices

5.1 References

- <https://www.doh.gov.ae/-/media/Feature/shafifya/Prices/Adjudication-Rules/DOH-Claims-and-Adjudication-Rules-V2025.ashx>
- <https://www.cms.gov/files/document/fy-2024-icd-10-cm-coding-guidelines-updated-02/01/2024.pdf>
- <https://www.ncbi.nlm.nih.gov/books/NBK536977/#:~:text=Superficial%20foreign%20bodies%3A%20Under%20slit,used%20for%20deeper%20foreign%20bodies>
- <https://emedicine.medscape.com/article/1195581-treatment>
- <https://www.aao.org/eyenet/article/management-of-intraocular-foreign-bodies>

5.2 Revision History

Date	Change(s)
01/07/2013	V1.0: Creation of Adjudication Guideline.
15/07/2014	V2.0: Update template
30/04/2025	V3.0: Updated Template and references

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