

Ophthalmology: Diagnosis Codes

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This section lists the ICD-10-CM diagnosis codes required to bill certain ophthalmological services and eye appliances (frames, lenses, contact lenses). Diagnosis codes must be entered in the *Diagnosis or Nature of Illness or Injury* field (Box 21) of the *CMS-1500* claim. For policy information, refer to the *Ophthalmology* section in this manual or the *Professional Services, Eye Appliances, Eyeglass Frames, Eyeglass Lenses, Contact Lenses and Low Vision Aids* sections in the Part 2 *Vision Care* manual.

Note: Primary and secondary diagnosis codes are placed in the area indicated by 21.1 and 21.2, respectively, on the CMS-1500 claim form.

The following CPT® and HCPCS codes must be billed in conjunction with a corresponding primary diagnosis code and, when applicable, one of the corresponding secondary diagnosis codes in the chart below:

«CPT and HCPCS Codes Corresponding Diagnosis Codes»

CPT/HCPCS Codes	Description	ICD-10-CM Codes
V2020	Frames (quantity two, recipient younger than 38 years of age on the date of service)	Primary: H50.43, H51.12, H52.511 thru H52.539 or H52.7
V2020	Frames (quantity two, recipient 38 years of age or older on the date of service)	Primary: H52.4 Secondary: H53.10, H53.141 thru H53.149, H53.15, H53.16, H53.19, H53.8 or H53.9
V2599	Contact lens, other type (Use for Bandage Contact Lenses)	H02.001 thru H02.009, H02.051 thru H02.059, H16.101 thru H16.109, H16.121 thru H16.149, H16.211 thru H16.219, H16.231 thru H16.239, H16.8, H16.9, H18.10 thru H18.20, H18.221 thru H18.239, H18.421 thru H18.429, H18.451 thru H18.459, H18.50 thru H18.59, H18.831 thru H18.839, S05.00XA thru S05.02XS

«CPT and HCPCS Codes Corresponding Diagnosis Codes»

CPT/HCPCS Codes	Description	ICD-10-CM Codes
V2630 thru V2632	Intraocular lens	E08.36, E09.36, E10.36, E11.36, E13.36, H25.011 thru H27.139, H28, Q12.0, Q12.3, T85.21XA thru T85.29XS, Z96.1, Z98.41, Z98.42, Z98.49
V2710	Slab off prism, glass or plastic, per lens	H52.31, H52.32
V2744, V2745, V2755	V2744 (tint, photochromic, per lens) V2745 (addition to lens, tint, any color, solid, gradient or equal, excludes photochromatic, any lens material, per lens) V2755 (UV lens, per lens)	B00.50 thru B00.59, B39.4, B39.5, B39.9, C43.10 thru C43.12, C44.101, C44.191 thru C44.1922, C69.40 thru C69.92, D04.10 thru D04.12, D22.10 thru D22.12, D23.10 thru D23.12, D31.90 thru D31.92, D86.83, D86.9, E05.00, E08.311 thru E08.39, E09.311 thru E09.39, E10.10 thru E13.9, E70.20 thru E70.9, F84.0, G20, G21.11 thru G21.9, G35, G40.00 thru G40.919, G43.001 thru G43.919, G45.3, H01.001 thru H01.029, H02.001 thru H02.239, H04.121 thru H04.129, H11.001 thru H11.069, H11.151 thru H11.159, H15.001 thru H15.9, H16.001 thru H18.9, H21.331 thru H21.339, H20.00 thru H22, H25.011 thru H28, H30.001 thru H31.129, H31.301 thru H31.429, H32, H33.001 thru H35.739, H40.001 thru H40.9, H42, H43.00 thru H43.9, H44.001 thru H44.9, H46.00 thru H47.9, H52.521 thru H53.489, H54.0X33 thru H54.40, H54.50, H54.60 thru H54.8, H55.00 thru H55.89, H57.00 thru H57.9, M32.0 thru M32.9, Q12.0 thru Q13.2, Q15.0, Q85.8, Q85.9, Q90.0 thru Q90.9, S00.10XA thru S00.279XS, S05.00XA thru S05.32XS, S05.50XA thru S05.62XS, S05.8X1A thru S05.8X9S, S05.90XA thru S05.92XS, Z79.891, Z79.899, Z96.1

«CPT and HCPCS Codes Corresponding Diagnosis Codes»

CPT/HCPCS Codes	Description	ICD-10-CM Codes
V2770	Occluder lens, per lens	H54.0X33 thru H54.8
65205	Removal of foreign body, external eye, conjunctival superficial	S05.90XA thru S05.90XS, T15.10XA thru T15.12XS
65210	Removal of foreign body, external eye, conjunctival embedded	H11.111 thru H11.129, T15.10XA thru T15.12XS
65220	Removal of foreign body, corneal, without slit lamp	T15.00XA thru T15.02XS
65222	Removal of foreign body, corneal, with slit lamp	T15.00XA thru T15.02XS
67820	Correction of trichiasis; epilation, by forceps only	A71.0 thru A71.9, B02.39, H02.001 thru H02.059, H02.861 thru H02.869, H02.89, H57.10 thru H57.13, L12.1, L51.0 thru L51.9, Q10.3, S05.00XA thru S05.02XS, T26.00XA thru 26.92XS
67938	Removal of foreign body, eyelid	H02.811 thru H02.819, H57.10 thru H57.13, S00.251A thru S00.259S, T15.10XA thru T15.82XS, T15.90XA thru T15.92XS
68761	Closure of lacrimal punctum, by plug, each	H02.531 thru H02.539, H04.121 thru H04.129, H04.161 thru H04.169, H16.121 thru H16.129, H16.141 thru H16.149, H16.211 thru H16.229, H16.8, H16.9, H18.831 thru H18.839, M35.00, M35.01
68801	Dilation of lacrimal punctum, with or without irrigation	H04.22 thru H04.229, H04.32 thru H04.329, H04.41 thru H04.419, H04.43 thru H04.439, H04.551 thru H04.569

«CPT and HCPCS Codes Corresponding Diagnosis Codes»

CPT/HCPCS Codes	Description	ICD-10-CM Codes
76514	Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter; corneal pachymetry, unilateral or bilateral [determination of corneal thickness]	H17.10 thru H17.13, H18.10 thru H18.13, H18.20, H18.51 thru H18.59, H21.551 thru H21.559 *, H40.001 thru H40.10X4*, H40.1110 thru H40.1194*, H40.1210 thru H40.9*, H42, Q15.0
92004, 92014	Comprehensive eye examination (when billing for second exam within 24 months)	E10.10 thru E13.9, H53.10 thru H53.15, H53.19, H53.40 thru H53.489, H57.10 thru H57.8, O24.011 thru O24.93, P70.2, R51, R73.01 thru R73.9, T37.2X5A thru T37.2X5S, Z09
92020	Gonioscopy (separate procedure)	D86.83, D86.9, E08.311 thru E08.39, E09.311 thru E09.39, E10.311 thru E10.39, E11.311 thru E11.39, E13.311 thru E13.39, H18.051 thru H18.059, H20.00 thru H21.569, H21.81 thru H22, H25.10 thru H25.13, H26.491 thru H26.499, H27.00 thru H27.03, H31.401 thru H31.429, H34.10 thru H34.13, H34.8110 thru H34.8192, H34.8310 thru H34.8392, H34.9, H35.031 thru H35.039, H35.051 thru H35.059, H35.20 thru H35.23, H35.82, H40.001 thru H42, H44.601 thru H44.639, H44.691 thru H44.699, H44.701 thru H44.739, H44.791 thru H44.799, H47.231 thru H47.239, Q13.0 thru Q13.9, Q15.0, S05.10XA thru S05.12XS, T85.79XA thru T85.79XS, T86.842, Z96.1

«CPT and HCPCS Codes Corresponding Diagnosis Codes»

CPT/HCPCS Codes	Description	ICD-10-CM Codes
92060	Sensorimotor examination with multiple measurements of ocular deviation (eg, restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure)	H49.00 thru H49.43, H49.88 thru H51.9, H53.001 thru H53.039, H53.121 thru H53.129, H53.15, H53.19, H53.2 thru H53.34, H55.00, H55.01
92071	Contact lens fitting for treatment of ocular surface disease	B60.13, H16.101 thru H16.399, H16.8, H16.9, H18.10 thru H18.239, H18.40 thru H18.59, H18.831 thru H18.839, S05.00XA thru S05.02XS
92072	Fitting of contact lens for management of keratoconus, initial fitting	H18.601 thru H18.629

«CPT and HCPCS Codes Corresponding Diagnosis Codes»

CPT/HCPCS Codes	Description	ICD-10-CM Codes
92081, 92082, 92083	Visual field examination	A15.7, A18.50 thru A18.59, A50.00 thru A50.49, A52.15, A52.19, B00.50, B00.51, B00.59, B01.0 thru B01.89, B02.30 thru B02.39, B06.81, B06.89, B20, B37.89, B39.4, B39.5, B39.9, B46.9, C43.10 thru C43.12, D03.10 thru D03.12, C69.20 thru C69.32, C69.40 thru C69.42, C69.60 thru C69.62, C69.80 thru C69.82, C71.0 thru C71.9, C75.1, C75.2, D18.09, D31.20 thru D31.32, D33.0 thru D33.3, D35.2, D35.3, D43.3, D43.8, D43.9, D44.3, D44.4, E08.311 thru E08.39, E09.311 thru E09.39, E10.311 thru E10.39, E11.311 thru E11.39, E11.40, E13.311 thru E13.39, F44.4, F44.6, G35, G37.0, G37.5, G43.001 thru G43.919, G45.0 thru G46.2, H02.30 thru H02.439, H02.831 thru H02.839, H21.00 thru H21.03, H30.891 thru H30.93, H32, H33.001 thru H33.059, H33.101 thru H33.199, H35.381 thru H35.389, H35.50, H40.001 thru H42, H44.20 thru H44.2E9, H46.0 thru H47.9, H53.10, H53.16 thru H53.19, H53.40 thru H53.489, H53.60 thru H53.69, H54.7, H54.8, H57.10 thru H57.13, I63.031 thru I63.239, I66.01 thru I66.9, I67.2, I67.81 thru I67.89, M31.6, Q14.1, Q15.9, S05.10 thru S05.12XS, T37.2X5A thru T37.2X5S, T37.8X5A thru T37.8X5S, Z09, Z79.899
92100	Serial tonometry	H40.001 thru H40.019, H40.031 thru H40.039, H40.051 thru H40.059, H40.10X0 thru H40.239, H40.30X0 thru H40.63X4, H40.89, Q15.0
92132	Computerized ophthalmic diagnostic imaging, anterior segment	C69.10 thru C69.12, C69.40 thru C69.42, D31.10 thru D31.12, D31.40 thru D31.42, H16.031 thru H16.039, H16.061 thru H16.079, H17.10 thru H17.13, H18.711 thru H18.739, H21.211 thru H21.9, H22, H27.00 thru H27.03, H27.121 thru H27.129, H40.031 thru H40.039, H40.1410 thru H40.1494, H40.20X0 thru H40.53X4, H40.811 thru H40.839, H40.89, H42, T85.21XA thru T85.29XS, T85.79XA thru T85.79XS, T86.840 thru T86.842

«CPT and HCPCS Codes Corresponding Diagnosis Codes»

CPT/HCPCS Codes	Description	ICD-10-CM Codes
92133	Computerized ophthalmic diagnostic imaging, posterior segment, optic nerve	C69.80 thru C69.82, D31.20 thru D31.22, D31.30 thru D31.32, H05.00 thru H05.9, H21.231 thru H21.239, H21.521 thru H21.529, H21.551 thru H21.559, H40.001 thru H40.63X4, H40.811 thru H40.839, H40.89, H42, H47.011 thru H47.9, H53.40 thru H53.489, Q14.2, Q15.0, S05.10XA thru S05.12XS, S06.1X0A thru S06.309S, S06.810A thru S06.829S, S06.890A thru S06.9X9S
92134	Computerized ophthalmic diagnostic imaging, posterior segment, retina	B39.9, C69.20 thru C69.32, D31.20 thru D31.32, E08.311 thru E08.39, E09.311 thru E09.39, E10.311 thru E10.39, E11.311 thru E11.39, E13.311 thru E13.39, H15.811 thru H15.9, H30.001 thru H31.129, H31.321 thru H31.429, H32, H33.001 thru H33.43, H34.00 thru H34.9, H35.00 thru H35.09, H35.111 thru H35.389, H35.51, H35.60 thru H35.739, H35.81 thru H35.89, H43.00 thru H43.9, H44.20 thru H44.2E9, Q14.8, S05.10XA thru S05.12XS, S06.1X0A thru S06.309S, S06.810A thru S06.829S, S06.890A thru S06.9X9S, T37.2X5A thru T37.2X5S, Z79.899
92201	Ophthalmoscopy, extended; with retinal drawing and scleral depression of peripheral retinal disease, with interpretation and report, unilateral or bilateral	B39.4, B39.5, B39.9, B58.01, C69.20 thru C69.42, C79.89, C79.9, D31.20 thru D31.32, E08.311 thru E08.39, E09.311 thru E09.39, E10.311 thru E10.39, E11.311 thru E11.39, E13.311 thru E13.39, G45.3, H05.50 thru H05.53, H30.001 thru H30.93, H30.101 thru H32, H33.011 thru H33.129, H33.191 thru H33.43, H33.8, H34.00 thru H34.03, H34.211 thru H34.239, H34.821 thru H34.9, H35.00 thru H35.09, H35.111 thru H35.179, H35.20 thru H35.23, H35.40 thru H35.469, H35.50 thru H35.89, H36, H40.001 thru H42, H43.00 thru H43.13, H43.00 thru H43.13, H44.111 thru H44.2A9, H44.2C thru H44.2C9, H44.601 thru H44.799, Q14.1, Q14.3, Q14.8, Q14.9, S05.50XA thru S05.52XS

«CPT and HCPCS Codes Corresponding Diagnosis Codes»

CPT/HCPCS Codes	Description	ICD-10-CM Codes
92202	Ophthalmoscopy, extended; with drawing of optic nerve or macula, with interpretation and report, unilateral or bilateral	B39.4, B39.5, B39.9, B58.01, C69.20 thru C69.42, C79.89, C79.9, D31.20 thru D31.32, E08.311 thru E08.39, E09.311 thru E09.39, E10.311 thru E10.39, E11.311 thru E11.39, E13.311 thru E13.39, G45.3, H05.50 thru H05.53, H30.001 thru H30.93, H30.101 thru H32, H33.011 thru H33.129, H33.191 thru H33.43, H33.8, H34.00 thru H34.9, H35.00 thru H35.09, H35.111 thru H35.179, H35.20 thru H35.23, H35.30 thru H35.389, H35.50 thru H35.89, H36, H40.001 thru H42, H43.00 thru H43.13, H44.2B1 thru H4.2B9, H44.2D1 thru H44.2E9, H44.601 thru H44.799, H46.00 thru H46.9, H47.011 thru H47.399, Q14.2, Q14.13, Q14.8, Q14.9, Q15.0, S05.50XA thru S05.62XS, T37.2X5A, T37.2X5D, T37.2X5S, Z79.899
92250	Fundus photography	B39.9, B58.01, C69.20 thru C69.32, D31.20 thru D31.32, D86.83, D86.89, D86.9, E08.311 thru E08.39, E09.311 thru E09.39, E10.311 thru E10.39, E11.311 thru E11.39, E13.311 thru E13.39, G45.3, H30.00 thru H31.429, H32, H33.011 thru H33.119, H33.191 thru H35.09, H35.171 thru H35.89, H36, H40.001 thru H42, H43.10 thru H43.13, H44.001 thru H44.009, H44.641 thru H44.659, H44.741 thru H44.759, H46.00 thru H47.539, Q15.0, S05.20XA thru S05.22XS, T37.2X5A thru T37.2X5S, Z79.899
92340, 92352	Eyeglass dispensing, single vision, (quantity greater than two, recipient younger than 38 years of age on the date of service)	Primary: H52.521 thru H5.539, H52.7, H50.43, H51.12

CPT and HCPCS Codes Corresponding Diagnosis Codes

CPT/HCPCS Codes	Description	ICD-10-CM Codes
92340, 92352	Eyeglass dispensing, single vision, (quantity greater than two, recipient 38 years of age or older on the date of service)	Primary: H52.4 Secondary: H53.10,H53.141 thru H53.149, H53.15, H53.16, H53.19, H53.8, H53.9, R48.3
92341, 92353	Eyeglass dispensing, bifocal, recipient younger than 38 years of age on the date of service	Primary:H50.43, H51.12, H52.521 thru H52.539, H52.7
92342	Eyeglass dispensing, trifocal, recipient younger than 38 years of age on the date of service	Primary: H50.43, H51.12, H52.521 thru H52.539, H52.7
92499	Unlisted ophthalmological service or procedure when billed for a low vision examination	H54.0X33 thru H54.3, H54.8
«J2781	Injection, pegcetacoplan, intravitreal, 1 mg	H35.3113, H35.3114, H35.3123, H25.3124, H35.3133, H35.3134, H35.3193, H35.3194»

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<<Symbols used in the document above are explained in the following table.>>

Symbol	Description
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>>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.
*	CPT code 76514 is reimbursable only once in a lifetime when billed with the glaucoma-related diagnosis codes indicated in the above table.