



2020 CODING AND REIMBURSEMENT GUIDE FOR AMNIOGRAFT AND PROKERA

HOSPITAL OUTPATIENT & ASC

CPT	Descriptor	OPPS			ASC
		SI	APC	Payment	Payment
Placement of Prokera®					
65778	Placement of amniotic membrane on the ocular surface; without sutures	Q2	5502	\$806.97	Packaged
Placement of AmnioGraft®					
65779	Placement of amniotic membrane on the ocular surface; single layer, sutured	Q2	5504	\$3,127.06	Packaged
Pterygium Procedures					
65426	Excision or transposition of pterygium; <i>with graft</i>	J1	5503	\$1,935.20	\$836.94
Conjunctival Procedures					
65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers	J1	5504	\$3,127.06	\$1,355.63
68110	Excision of lesion, conjunctiva; up to 1 cm	J1	5503	\$1,935.20	\$168.90
68115	Excision of lesion, conjunctiva; over 1 cm	J1	5503	\$1,935.20	\$836.94
68320	Conjunctivoplasty; with conjunctival graft or extensive rearrangement	J1	5503	\$1,935.20	\$836.94
68326	Conjunctivoplasty, reconstruction cul-de-sac; with conjunctival graft or extensive rearrangement	J1	5504	\$3,127.06	\$1,355.63
68330	Repair of symblepharon; conjunctivoplasty, <i>without graft</i>	J1	5491	\$2,021.86	\$1,012.72
Glaucoma Procedures					
66170	Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery	J1	5491	\$2,021.86	\$1,012.72
66172	Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)	J1	5491	\$2,021.86	\$1,012.72
66180	Aqueous shunt to extraocular equatorial plate reservoir, external approach; <i>with graft</i>	J1	5492	\$3,818.33	\$2,462.24
66185	Revision of aqueous shunt to extraocular equatorial plate reservoir; <i>with graft</i>	J1	5491	\$2,021.86	\$1,012.72
Supply					
V2790	Amniotic membrane for surgical reconstruction, per procedure	N	N/A	Packaged	Packaged

For additional reimbursement support, please contact biotissue@thepinnaclehealthgroup.com or 866-369-9290

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PHYSICIAN

CPT	Descriptor	MPFS	
		Non Facility	Facility
Placement of Prokera			
65778	Placement of amniotic membrane on the ocular surface; without sutures	\$1,436.37	\$55.94
Placement of AmnioGraft			
65779	Placement of amniotic membrane on the ocular surface; single layer, sutured	\$1,242.56	\$154.10
Pterygium Procedural Coding			
65426	Excision or transposition of pterygium; <i>with graft</i>	\$679.57	\$488.29
Conjunctival Procedures			
65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers	\$679.93	\$679.93
68110	Excision of lesion, conjunctiva; up to 1 cm	\$239.27	\$150.85
68115	Excision of lesion, conjunctiva; over 1 cm	\$331.66	\$186.94
68320	Conjunctivoplasty; with conjunctival graft or extensive rearrangement	\$753.55	\$550.01
68326	Conjunctivoplasty, reconstruction cul-de-sac; with conjunctival graft or extensive rearrangement	\$657.55	\$657.55
68330	Repair of symblepharon; conjunctivoplasty, <i>without graft</i>	\$630.12	\$469.53
Glaucoma Procedures			
66170	Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery	\$1,116.61	\$1,116.61
66172	Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)	\$1,216.22	\$1,216.22
66180	Aqueous shunt to extraocular equatorial plate reservoir, external approach; <i>with graft</i>	\$1,163.17	\$1,163.17
66185	Revision of aqueous shunt to extraocular equatorial plate reservoir; <i>with graft</i>	\$864.71	\$864.71
Supply			
V2790	Amniotic membrane for surgical reconstruction, per procedure	N/A	Contractor Priced

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ICD-10 CM Diagnosis Codes

The ICD-10 diagnostic codes listed below include only those that map to a CPT code relative to pterygium, conjunctival, or glaucoma procedure provided in the previous table.

ICD-10 CM	DESCRIPTION
B94.0	Sequelae of trachoma
C69.0-	Malignant neoplasm
C79.49	Secondary malignant neoplasm of other parts of nervous system
D09.2-	Carcinoma in situ
D31.0-	Benign neoplasm of conjunctive
D48.7	Neoplasm of uncertain behavior of other specified sites
D49.89	Neoplasm of unspecified behavior of other specified sites
H10.81-	Pingueculitis
H11.00-	Unspecified pterygium
H11.01-	Amyloid pterygium
H11.02-	Central pterygium
H11.03-	Double pterygium
H11.04-	Peripheral pterygium
H11.05-	Peripheral pterygium, progressive
H11.44-	Conjunctival cysts
H11.06-	Recurrent pterygium
H11.21-	Conjunctival adhesions and strands (localized)
H11.22-	Conjunctival granuloma
H11.24-	Scarring of conjunctiva
H11.44-	Conjunctival cysts
H11.81-	Pseudopterygium of conjunctiva
H11.82-	Conjunctivochalasis
H16.00-	Unspecified corneal ulcer
H16.01-	Central corneal ulcer
H16.02-	Ring corneal ulcer
H16.03-	Corneal ulcer with hypopyon
H16.04-	Marginal corneal ulcer
H16.05-	Mooren's corneal ulcer
H16.06-	Mycotic corneal ulcer
H16.07-	Perforated corneal ulcer
H16.12-	Filamentary keratitis
H16.14-	Punctate keratitis
H16.223	Keratoconjunctivitis sicca, not specified as Sjogren's, bilateral
H16.23-	Neurotrophic keratoconjunctivitis

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ICD-10 CM	DESCRIPTION
H18.1-	Bullous keratopathy
H18.40	Unspecified corneal degeneration
H18.41-	Arcus senilis,
H18.42-	Band keratopathy,
H18.43	Other calcerous corneal degeneration
H18.44-	Keratomalacia
H18.45-	Nodular corneal degeneration
H18.46-	Peripheral corneal degeneration
H18.49	Other corneal degeneration
H18.50	Unspecified hereditary corneal dystrophies
H18.51	Endothelial corneal dystrophy
H18.52	Epithelial (juvenile) corneal dystrophy
H18.53	Granular corneal dystrophy
H18.54	Lattice corneal dystrophy
H18.55	Macular corneal dystrophy
H18.59	Other hereditary corneal dystrophies
H18.73-	Descemetocele
H18.82-	Corneal disorder due to contact lens
H40.05-	Ocular hypertension
H40.06-	Primary angle closure without glaucoma damage
H40.10X-	Unspecified open-angle glaucoma
H40.11-	Primary open-angle glaucoma
H40.12-	Low-tension glaucoma
H40.13-	Pigmentary glaucoma
H4014-	Capsular glaucoma with pseudoexfoliation of lens
H40.15-	Residual stage of open-angle glaucoma
H40.20X-	Unspecified primary angle-closure glaucoma
H40.22-	Chronic angle-closure glaucoma,
H40.23-	Intermittent angle-closure glaucoma
H40.24-	Residual stage of angle-closure glaucoma
H40.30-	Glaucoma secondary to eye trauma
H40.40-	Glaucoma secondary to eye inflammation
H40.50-	Glaucoma secondary to other eye disorders
H40.60-	Glaucoma secondary to drugs
H40.81-	Glaucoma with increased episcleral venous pressure
H40.82-	Hypersecretion glaucoma
H40.83-	Aqueous misdirection
H40.89	Other specified glaucoma

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ICD-10 CM	DESCRIPTION
H40.9	Unspecified glaucoma
H42	Glaucoma in diseases classified elsewhere
H59.09-	Other disorders of the eye following cataract surgery
L51.1	Stevens-Johnson syndrome
Q13.1	Absence of iris
Q15.0	Congenital glaucoma
S05.0-	Injury of conjunctiva and corneal abrasion without foreign body
T26.1-	Burn of cornea
T26.6-	Corrosion of cornea and conjunctival sac
T26.7	Corrosion with resulting rupture and destruction of eyeball
T26.8	Corrosions of other specified parts of eye and adnexa
T26.9	Corrosion of eye and adnexa, part unspecified
T86.84-	Corneal transplant

*The ending "dash" means a longer code may be required and contains greater specificity

NOTES:

- **SI** - Status Indicator
- **Q2** - Packaged APC payment if billed on the same claim as a HCPCS code assigned status indicator "T." Otherwise, payment made through separate APC.
- **J1** - All covered Part B services on the claim are packaged with the primary "J1" service for the claim, except services with OPPS SI=F, G, H, L and U; ambulance services; diagnostic and screening mammography; all preventive services; and certain Part B inpatient services.
 - If two or more "J1" services appear on the same claim, the procedure with the higher rank based on cost is considered the "primary" service and payment is based upon the C-APC to which that service is assigned.
- CPT 65426: If the provider uses an amniotic membrane transplant with glue during the procedure instead of using a conjunctival graft, CPT 65426 should still be reported.
- When reporting placement of the amniotic membrane separately, CPT 66999 should be reported if glue is used.

REFERENCES:

- CY 2020 Changes to Hospital Outpatient Prospective Payment and Ambulatory Payment Systems – Final Rule with Comment and Final CY2020 Payment Rates (CMS-1717-FC); Addendum B and ASC Addenda
- CY 2020 Revision to Payment Policies under the Physician's Fee Schedule and Other Revisions to Part B (CMS-1715-F); Addendum B. All MPFS Fee Schedules calculated using CF of \$36.0896 effective January 1, 2020
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If you have any additional questions regarding coding, coverage and payment; or require assistance with pre-certification, prior-authorization, or coverage appeals for a particular patient, please contact the Bio-Tissue Reimbursement Hotline at 866-369-9290 or email biotissue@thepinnaclehealthgroup.com.

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