CORNEAL EYE INSTITUTE

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PATIENT NAME		DATE	PRIMARY INSURANCE	GROUP POLICY NUMBER
RESPONSIBLE PARTY	**ACCOUNT NUMBER**	**CHARGE SLIP NUMBER**	**SECONDARY INSURANCE**	**GROUP POLICY NUMBER**
ADDRESS	**CITY**	**STATE / ZIP**	**TOTAL BALANCE**	**PATIENT PORTION**
DATE OF BIRTH	**SEX ❑ M ❑ F**	**SOCIAL SECURITY NO.**	**PHONE**	**DATE LAST PAY / AMOUNT LAST PAID**

NOTES	ROUTING INFORMATION

EVALUATION & MANAGEMENT			CODE		FEE
Office Visits			NEW	EST.	
❑ Level 1 Minimal			99201	99211	
❑ Level 2 Straightforward			99202	99212	
❑ Level 3 Expanded			99203	99213	
❑ Level 4 Comp. Moderate			99204	99214	
❑ Level 5 Comp. High			99205	99215	
❑ Intermediate			92002	99215	
❑ Comprehensive			92004	92014	
❑ Hospital Care	Level 1	Initial		99221	
	Level 2	Moderate		99222	
	Level 3	High		99223	
❑ Hospital Care	Level 1	Subsequent		99231	
	Level 2	Moderate		99232	
	Level 3	High		99233	
❑ Refraction				92015	
❑ Office	Level 1			99241	
Consult.	Level 2	Expande		99242	
	Level 3	Detailed		99243	
	Level 4	Moderate		99244	
	Level 5	High		99245	
❑ Inpatient	Level 1	Initial		99251	
Consult.	Level 2	Expanded		99252	
	Level 3	Detailed		99253	
	Level 4	Moderate		99254	
	Level 5	High		99255	

SPECIAL SERVICES	CODE	FEE
❑ Gas Permeable Lenses	V2510	
❑ Bandage Lens	92070	
❑ Acuvue Disposable Lenses	ACUV	
❑ Contact Fitting Exam	92311	
❑ Contact Lens S & H/Per Lens	00039	

TREATMENT TESTINGS	CODE	FEE
❑ A-Scan w/Lens Calculation	76519	
❑ B-Scan	76512	
❑ Corneal Topography		
❑ EKG-12 Lead	93000	
❑ External Ocular Photography	92285	
❑ Fluorescein Angiography	92235	
❑ Fundus Photography	92250	
❑ Gonioscopy	92020	
❑ Injection Tenon's Capsule	67515	
❑ OCT		
❑ Pachymetry	67514	
❑ Punctum Plug Initial	68761A	
❑ Punctum Plug Subseq	68761B	
❑ Retinal Drawing Initial	92225	
❑ Retinal Drawing Subseq	92226	
❑ Sed Rate Westergren	85651	
❑ Specular Endothelial Microscopy	92286	
❑ Subconjunctival Injection	68200	
❑ Visual Field/Extensive Quantitative Perimeter	92083	

SURGICAL PROCEDURES	CODE	FEE
❑ Benign Lesion Excision- Conjunctiva	68110	
❑ Benign Lesion Excision- Eyelid	67840	
❑ Blepharoptosis Repair-Internal Approach	67903	
❑ Blepharoptosis Repair-External Approach	67904	
❑ Capstilotomy-Posterior by Incision	66830	
❑ Cataract Extraction-Extracapsular w/IOL Implant	66984	
❑ Chalazion Removal-Single	67800	
❑ Chalazion Removal-Multiple/Same Lid	67801	
❑ Chalazion Removal-Multiple/Diff. Lids	67805	
❑ Cyclocryotherapy-Initial	66702	
❑ Dilation-Lacrimal Punctum	68801	
❑ Limbal Relaxing Incisions	LRI	
❑ Multifocal IOL	MFIOL	

SURGICAL PROCEDURES	CODE	FEE
❑ Probing of Nasolacrimal Duct	68810	
❑ Ectropian Suture Technique	67914	
❑ Ectropian Repair - Extensive w/ Blepharoplasty	67917	
❑ Entropian- Extensive w/ Blepharoplasty	67924	
❑ Incision & Drainage / Lacrimal Sac	68420	
❑ Intraocular Lens - Anterior Chamber	V2630	
❑ Iridectomy for Glaucoma	66625	
❑ Keratotomy - Radial (For correction-Myopia)	65771	
❑ Lid Margin Excision	67966	
❑ Probing Lacrimal Duct/Req. Gen Anesth.)	68825	
❑ Pterygium Excision	65420	
❑ Revision of Operative Wound	66250	
❑ Trabeculectomy AB External	66170	
❑ Tarsorrhaphy	67882	
❑ Victrectomy/Pars Plana w/Pre-Retinal Mem. Dis.	X6530	
❑ Victrectomy/Pars Plaria	67036	
❑ Victrectomy/Subtotal(Open Sky Technique)	67010	
❑ Secondary IOL	66985	
❑ IOL Exchange	66986	

LASER PROCEDURES	CODE	FEE
❑ Laser Canaliculoplasty	68700	
❑ Laser Choreoplasty	66762	
❑ Laser Photocoagulation	67228	
❑ Laser Iridotomy	66761	
❑ Laser Capsulotomy-Posterior	66821	
❑ Laser Trabeculoplasty	65855	

DIAGNOSIS

❑ Amblyopia	368.00	❑ Drusen	362.57	❑ Neovascular Membrane	362.16
❑ Aphakia	379.31	❑ Diabetes Type II	250.00	❑ Nuclear Sclerosis	366.16
❑ Asteroid Hyalosis	379.22	❑ Eccentric Pupil	379.41	❑ Ocular Hypertension	365.04
❑ Arteriosclerosis	362.13	❑ Ectropion	374.10	❑ Old Retinal Detachment	361.06
❑ Astigmatism Unspecified	367.20	❑ Entropion	374.00	❑ Optic Atrophy	377.10
❑ Basal cell Carcinoma	173.1	❑ Epiphora w/ blockage	375.22	❑ Optic Disc Drusen	377.21
❑ Bell's Palsy	351.0	❑ Esotropia	378.00	❑ Papilledema	377.00
❑ Blepharitis	373.00	❑ Exotropia	378.10	❑ Papilloma Benign Eyelid	216.1
❑ Blocked Nasolacrimal Duct	375.55	❑ Foreign Body, Cornea	930.0	❑ Paralytic Strabismus	378.50
❑ Branch Block	426.5	❑ Foreign Body, Tarsus	930.1	❑ Peripheral Retinal Deg.	362.60
❑ Branch Retinal Vein Occl.	362.36	❑ Glaucoma - Acute/Closed	365.22	❑ Pinguecula	372.51
❑ Cataract Mature Total	366.17	❑ Glaucoma - Primary/Closed	365.20	❑ Post Capsular Opacification	366.50
❑ Central Retinal Vein Occl.	362.35	❑ Glaucoma - Primary/Open	365.11	❑ Post Subcapsular Cat.	366.14
❑ Chalazion	373.2	❑ Glaucoma - Suspect	365.01	❑ Posterior Synechiae	364.72
❑ Chorioretinal Scar	363.30	❑ Herpes Simplex/Keratitis	054.43	❑ Pre-op Clearance	V72.84
❑ Concretion	372.54	❑ Herpes Simplex/Iridocyclitis	054.44	❑ Pseudophakia	V43.1
❑ Conjunctival Cyst	372.75	❑ Herpes Zoster/Dermatitis/Eye	053.20	❑ Pterygium/Unspecified	372.40
❑ Conjunctivitis, Allergic	372.30	❑ Herpes Zoster Eye	053.21	❑ Ptosis of Eyelid	374.30
❑ Conjunctivitis, Bacterial	372.14	❑ Hyperopia	367.00	❑ Retinal Detachment	361.00
❑ Conjunctivitis, Viral	077.9	❑ Ischemic optic neur	377.41	❑ Retinitis Pigmentosa	362.74
❑ Corneal Abrasion	918.1	❑ Keratitis Superficial	370.20	❑ Retinopathy Central/Serous	362.20
❑ Corneal Burn	940.3	❑ Keratoconjunctivitis	370.40	❑ Retinoschisis	361.10
❑ Corneal Dystrophy	371.57	❑ Keratoconus	371.60	❑ Routine Eye Exam	V70.0
❑ Corneal Edema	371.20	❑ Low Tension Glaucoma	365.10	❑ Scleritis	379.00
❑ Corneal Graft Rejection	996.51	❑ Macula Edema	362.83	❑ Sub-Conjunctival Hemorrhage	372.72
❑ Corneal Opacity	371.00	❑ Macular Degeneration/Senile	362.50	❑ Transient Visual Loss	368.12
❑ Corneal Ulcer	370.03	❑ Macular Hole	362.54	❑ Trichiasis	374.05
❑ Cranial Arteritis	446.5	❑ Macular Pucker	362.56	❑ Uveitis	364.00
❑ Dacryocystitis	375.30	❑ Maculopathy, toxic	362.55	❑ Visual Field Defect	369.40
❑ Diabetic Retinopathy	362.01	❑ Migraine Classic	346.00	❑ Vitreous Degeneration	379.21
❑ Diplopia	368.20	❑ Migraine Visual	346.20	❑ Vitreous Detachment	379.21
❑ Dry Eye Syndrome	375.15	❑ Myopia	367.1	❑ Vitreous Hemorrhage	379.23

TODAYS CHARGES	PAID ON ACCOUNT	ADJ. ❑ CHK ❑ MC ❑ VISA	TOTAL DUE:	RETURN APPT.	
$	$	$	$		PHYSICIAN'S SIGNATURE