



An Independent Licensee of the Blue Cross and Blue Shield Association.

Vision Services and Medical Coverage for Ocular Disease Corporate Medical Policy

File Name: Vision Services and Medical Coverage for Ocular Disease
File Code: 9.03.VT201
Origination: 12/1992
Last Review: 05/2025
Next Review: 05/2026
Effective Date: 01/01/2026 (Adaptive Maintenance Only)

Description/Summary

An eye exam is not a covered medical benefit for common vision conditions, such as myopia, presbyopia, hyperopia, and astigmatism. An eye exam performed by an ophthalmologist or optometrist is a covered benefit when a specific ophthalmic disease, medical condition or infective process is being monitored or treated such as glaucoma, diabetic retinopathy, cataracts, macular degeneration, keratoconus, strabismus and amblyopia. Routine eye exams/care may be covered under the members benefit for vision services should the member have that benefit in their contract.

Policy

Coding Information

Click the links below for attachments, coding tables & instructions.

[Attachment I- Routine Vision with Eligible Diagnoses Codes](#)

[Attachment II- CPT[®] List & Instructions](#)

[Attachment III- HCPCS Code List & Instructions](#)

[Attachment IV- Eligible Diagnoses for 92133 ,92134 or 92137 OCT/SCODI List](#)

When a service may be considered medically necessary

Routine eye exams (CPT[®] Codes 92002-92014, 99202-99205, 99211-99215, 99242-99245) performed by an ophthalmologist or optometrist may be considered **medically necessary** under the medical benefit only when a disease condition of the eye is found or reasonably suspected in the setting of systemic disease, medication, injury, toxicity, infective process, or medical therapy with a significant chance of clinically significant ocular manifestations which, if not diagnosed, could potentially threaten either vision or the ocular health.

A screening test for defective vision in conjunction with a preventive medicine evaluation and

management service when done in accordance with current American Academy of Pediatrics, American Academy of Family Practice, and/or Bright Futures guidelines by a qualified health care professional.

Contact lenses and eyeglasses are only eligible when the member has a vision materials rider or to treat aphakia and keratoconus. For aphakia and keratoconus, benefits for one set of eyeglasses or contact lenses for the original evaluation and one set for each new prescription. We also cover non-refractive therapeutic contact lenses.

Visual examination without refraction (CPT® Code 92002-92014) may be considered **medically necessary** under the medical benefit when a disease state of the eye or known to affect the eye is present or reasonably suspected or when an individual is undergoing long term treatment (greater than 30 days) with a high-risk medication.

Visual examination with refraction (CPT® Code 92015) may be considered **medically necessary** under the medical benefit only in the treatment of aphakia and keratoconus.

Analysis of the retinal nerve fiber layer may be considered **medically necessary** under the medical benefit in the diagnosis and evaluation of patients with glaucoma. (Refer to Attachment IV for list of covered diagnoses).

Analysis of the optic nerve (retinal nerve fiber layer) (CPT® Code 92133) in the diagnosis and evaluation of patients with glaucoma or glaucoma suspects may be considered **medically necessary** under the medical benefit when using scanning laser ophthalmoscopy, scanning laser polarimetry, and/or optical coherence tomography.

Scanning computerized ophthalmic diagnostic imaging, posterior segment, unilateral or bilateral; retina (CPT® Code 92134) may be considered **medically necessary** under the medical benefit for testing for optic nerve pathology, and when the optic nerve may be affected by a separate pathology (eg: on-ocular primary malignancies, Posterior retina, Retinal Pigment Epithelium (RPE), choroid, etc.) Scanning computerized ophthalmic diagnostic imaging (SCODI) may be accomplished by various devices, among them Optical Coherence Tomography (OCT). When used in diagnosing and monitoring glaucoma, nerve fiber layer, and optic nerve conditions, OCT testing may be allowed every year. If the testing is done more frequently than every year, the testing may be subject to review for medical necessity.

Glaucoma Pressure Tests (CPT® Codes 92100, 92136) are only considered **medically necessary** under the medical benefit when a disease condition of the eye is found or reasonably suspected in the setting of systemic disease, medication, injury, toxicity, infective process, or medical therapy with a significant chance of clinically significant ocular manifestations which, if not diagnosed, could potentially threaten either vision or the ocular health.

Prescription glasses and contact lenses are covered only with (and subject to the limitations of) a vision materials rider except for Aphakia or Keratoconus.

Fundus photography (CPT® Code 92250) is **medical necessary** under the medical benefit when used to evaluate or monitor potential progression of a disease process.

Therapeutic keratotomy (CPT® Codes 66999, S0812) is **medically necessary** under the medical benefit as treatment of recurrent erosion of the cornea (ICD-10-CM H18.831, H18.832, H18.833, H18.839) and anterior

corneal dystrophies (H18.59).

Corneal collagen cross-linking (CPT® Code 0402T) using riboflavin and ultraviolet type A is considered **medically necessary** under the medical benefit as a treatment of progressive keratoconus or corneal ectasia.

Computer-assisted corneal topography (CPT® Code 92025) is **medically necessary** under the medical benefit for ICD-10-CM (H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629).

Insertion of aqueous shunts or microstents for treatment of individuals with open-angle glaucoma may be considered **medically necessary** under the medical benefit when the following criteria are met:

- Insertion of ab externo aqueous shunts approved by the U.S. Food and Drug Administration as a method to reduce intraocular pressure in patients with glaucoma where medical therapy has failed to adequately control intraocular pressure; **OR**
- Insertion of ab interno aqueous stents approved by the Food and Drug Administration as a method to reduce intraocular pressure in patients with glaucoma where medical therapy has failed to adequately control intraocular pressure; **OR**
- Implantation of 1 or 2 Food and Drug Administration-approved ab interno stents in conjunction with cataract surgery for patients with mild-to-moderate open-angle glaucoma treated with ocular hypotensive medication.

Rigid gas permeable scleral lens, such as the Prosthetic replacement of the ocular surface ecosystem (PROSE HCPCS Codes: V2627, V2531), may be considered **medically necessary** under the medical benefit for patients who have not responded to topical medications or standard spectacle or contact lens fitting, for the following conditions:

- Corneal ectatic disorders (eg, keratoconus, keratoglobus, pellucid marginal degeneration, Terrien marginal degeneration, Fuchs' superficial marginal keratitis, postsurgical ectasia);
- Corneal scarring and/or vascularization;
- Irregular corneal astigmatism (eg, after keratoplasty or other corneal surgery);
- Ocular surface disease (eg, severe dry eye, persistent epithelial defects, neurotrophic keratopathy, exposure keratopathy, graft vs host disease, sequelae of Stevens Johnson syndrome, mucus membrane pemphigoid, postocular surface tumor excision, postglaucoma filtering surgery) with pain and/or decreased visual acuity.

When a service is considered not medically necessary

Non-computer-assisted corneal topography is considered part of the evaluation/and management services of general ophthalmological services (CPT® Codes 92002-92014) and reimbursement for Plan contracted providers is set accordingly. Separate reimbursement is not appropriate for this procedure.

Scanning computerized ophthalmic diagnostic imaging, posterior segment, unilateral or bilateral; retina (CPT® Code 92134) is considered **not medically necessary** when performed solely as a screening method or for confirmation of glaucoma

A screening test for defective vision in conjunction with an evaluation and management service other than with a preventive medicine service done in accordance with current American Academy of

Pediatrics, American Academy of Family Practice, and/or Bright Futures guidelines by a qualified health care professional, is considered inclusive to the office visit or preventive medicine service, and separate reimbursement is not authorized.

Use of a rigid gas permeable scleral lens for any other condition not listed above, is considered **not medically necessary**.

Separate reimbursement for the use of the femtosecond laser in laser-assisted cataract surgery with insertion of conventional intraocular lens is not appropriate and is considered **not medically necessary**.

When a service is considered non-covered because it is considered a benefit exclusion

Routine Eye Examinations

Routine eye exams are not a covered medical benefit for common vision conditions not accompanied by a specific ophthalmic disease, medical condition, injury, toxicity, or infective process which is being monitored or treated, such as myopia, presbyopia, hyperopia, and astigmatism, including for confirmation of defective vision identified on a covered screening examination. This does not apply when the member's contract specifies, they have the vision care benefit. (Attachment I)

Vision training, orthoptic or plano training (non-prescription) including (CPT[®] Code 92065, 92066) is considered a benefit exclusion.

Corrective eye wear required by an employer as a condition of employment is considered a benefit exclusion.

Any determination of refractive state or any examination, prescription or fitting of eyeglasses or contact lenses is considered a benefit exclusion unless the refraction, examination, prescription or fitting is for the treatment of aphakia or keratoconus.

Refractive Keratoplasty is a generic term, which includes all surgical procedures on the cornea to improve vision by changing the refractive index of the corneal surface.

All Refractive keratoplasty procedures (CPT[®] Codes 65760, 65765, 65767, and 65771) are considered a benefit exclusion. Procedures include:

- Radial Keratotomy (RK)
- Photorefractive Keratectomy (PRK)
- Automated Lamellar Keratoplasty (ALK)
- Minimally Invasive Radial Keratotomy (mini-RK)
- Hexagonal Keratotomy
- Keratomileusis
- Keratophakia
- Epikeratophakia (lamellar Keratoplasty)

Correction of near or far-sighted conditions or aphakia (where the lens of the eye is missing either congenitally or accidentally or has been surgically removed, as with cataracts) by means of "laser Surgery." This includes if the procedure involves the use of a femtosecond laser.

When a service is considered investigational

Retinal nerve fiber analysis (CPT® Codes 92133 and 99134) is considered **investigational** as a screening tool for glaucoma in individuals who are not at high risk for glaucoma and for all other diagnoses not listed in Attachment IV. Techniques used in the analysis of the retinal nerve fiber layer include:

- Scanning Laser Ophthalmoscopy (SLO)
- Scanning Laser Polarimetry, and
- Optical Coherence Tomography (OCT)

Optical coherence tomography (OCT) is a high-resolution method of imaging the ocular structures. OCT for the anterior eye segment is being evaluated as a rapid and non-invasive diagnostic and screening tool for the detection of angle closure glaucoma. Scanning computerized ophthalmic (e.g. OCT) imaging of the anterior eye segment (CPT® Code 92132) is considered **investigational for certain diagnoses codes** (Refer to Coding Table below.)

The measurement of ocular blood flow, pulsatile ocular blood flow, or blood flow velocity is considered **investigational** in the diagnosis and follow-up of patients with glaucoma.

Premium or refractive intraocular lenses are considered investigational as long-term safety and efficacy is unproven and not medically necessary as standard lenses are available to provide normal vision. This includes (but is not exclusive to) accommodating toric, extended range, extended range toric, light adjustable, monofocal accommodating, monofocal toric, multifocal, multifocal toric, or phakic lenses.

Corneal collagen cross-linking using riboflavin and ultraviolet A is considered **investigational** for all other indications, except as treatment of progressive keratoconus or corneal ectasia as noted above.

Use of an ab externo aqueous shunt is **investigational** for all other conditions not listed above, including in patients with glaucoma when intraocular pressure is adequately controlled by medications.

Use of ab interno stents is **investigational** for all other conditions not listed above.

Reference Resources

1. Blue Cross Blue Shield Association Medical Policy Reference Manual 9.03.21 - Aqueous Shunts and Stents for Glaucoma. Last reviewed December 2024. Accessed May 2025.
2. Blue Cross Blue Shield Association Medical Policy Reference Manual 9.03.25 - Gas Permeable Scleral Contact Lens (ARCHIVED). Last reviewed September 2014. Accessed March 2021.
3. Laser-Assisted Cataract Surgery and CMS Rulings 05-01 and 1536-R. Centers for Medicare. <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/Downloads/CMS-PC-AC-IOL-laser-guidance.pdf>. 11/16/2020 Reviewed January 2020
4. Guidelines for Billing Medicare Beneficiaries When Using the Femtosecond Laser. American Academy of Ophthalmology, American Society of Cataract and Refractive Surgery. 11/2012. Reviewed January 2020
5. Blue Cross Blue Shield Association Medical Policy Reference Manual 9.03.06 - Ophthalmologic Techniques That Evaluate the Posterior Segment for Glaucoma. Last reviewed April 2025. Accessed May 2025.

6. Arnljots U, Nilsson M, Sandvik U, Myrberg IH, Munoz DM, Blomgren K, Hellgren K. Optical Coherence Tomography Identifies Visual Pathway Involvement Earlier than Visual Function Tests in Children with MRI-Verified Optic Pathway Gliomas. *Cancers (Basel)*. 2022 Jan 9;14(2):318. doi: 10.3390/cancers14020318. PMID: 35053482; PMCID: PMC8774215.

Related Policies

Bioengineered Skin and Soft Tissue Substitutes, Amniotic Membrane and Amniotic Fluid

Document Precedence

Blue Cross and Blue Shield of Vermont (Blue Cross VT) Medical Policies are developed to provide clinical guidance and are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. The applicable group/individual contract and member certificate language, or employer's benefit plan if an ASO group, determines benefits that are in effect at the time of service. Since medical practices and knowledge are constantly evolving, Blue Cross VT reserves the right to review and revise its medical policies periodically. To the extent that there may be any conflict between medical policy and contract/employer benefit plan language, the member's contract/employer benefit plan language takes precedence.

Audit Information

Blue Cross VT reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in the medical policy. If an audit identifies instances of non-compliance with this medical policy, Blue Cross VT reserves the right to recoup all non-compliant payments.

Administrative and Contractual Guidance

Benefit Determination Guidance

Prior approval may be required and benefits are subject to all terms, limitations and conditions of the subscriber contract.

Incomplete authorization requests may result in a delay of decision pending submission of missing information. To be considered complete, see policy guidelines above.

NEHP/ABNE members may have different benefits for services listed in this policy. To confirm benefits, please contact the customer service department at the member's health plan.

Federal Employee Program (FEP): Members may have different benefits that apply. For further information please contact FEP customer service or refer to the FEP Service Benefit Plan Brochure. It is important to verify the member's benefits prior to providing the service to determine if benefits are available or if there is a specific exclusion in the member's benefit.

Coverage varies according to the member's group or individual contract. Not all groups are required to follow the Vermont legislative mandates. Member Contract language takes precedence over medical

policy when there is a conflict.

If the member receives benefits through an Administrative Services Only (ASO) group, benefits may vary or not apply. To verify benefit information, please refer to the member's employer benefit plan documents or contact the customer service department. Language in the employer benefit plan documents takes precedence over medical policy when there is a conflict.

Policy Implementation/Update information

05/2003	Clarified managed care and indemnity benefit
01/2003	Updated to address CPT codes 92250 and 92135; supersedes policy/procedure Memo 86-35 and 86-36
11/2001	Updated to reflect current codes; added 92250 to coverage list; updated to include benefits for CPT 92135 and additional covered diagnoses for refraction benefits
04/2006	Updated to clarify vision services as a medical benefit and to include additional CPT and diagnosis codes. Input received from BCBSVT Network ophthalmologists, including Michelle Young, MD; Julie Larson, MD; David Lawlor, MD; Gordon Kelly, MD; Alan Irwin, MD; Robert Millay, MD; and Christopher Chapman, MD
02/2007	Annual review; minor diagnosis code additions. To be reviewed by the CAC 3/08
11/2009	Addition of benefits for vision screening during a preventive medicine service when done in accordance with national guidelines; new technology intraocular lenses added to appendix as not covered.
01/2001	Annual review; clarified OCT eligible diagnoses codes. Added new language relating to vision service coverage in standard contracts.
09/2015	ICD-10 remediation. Updated section headers and updated standard language added.
01/2019	Attachment I Removed Eligible Diagnoses codes and replaced with routine vision codes. Revised policy instructions in Attachment II. E/M code ranges for (new, established, and consultations) added to coding table. Updated Attachment III to update policy instructions. Updated Attachment IV.
08/2019	External Input received from external providers. Policy Name Changed from Vision Services to Vision Services and Medical Coverage for Ocular Disease. Updated Eligible Provider Section. Attachment I Removed Eligible Diagnoses codes and replaced with routine vision codes. Clarification to policy statements. Revised medical criteria on fixed monofocal lenses and premium or refractive intraocular lenses. Revised policy instructions in Attachment II. Code 66999 will suspend for medical review, 92140 deleted, 92775 deleted and replaced with 92273 & 92274. E/M code ranges for (new, established, and consultations) added to coding table. Updated Attachment III to update policy instructions. Updated Attachment IV. Codes Q1005 & V2788 moved from non-covered to investigational. Clarified language around refraction code 92015. Code 92025 changed from being non-covered to medically necessary with eligible diagnoses. Contact bandage lens code 92071 updated eligible diagnoses. Updated code 92134

	with additional criteria.
01/2020	Adaptive Maintenance Updates: Codes 92225 & 92226 deleted. Policy statements remain unchanged. Code 65780 requires prior authorization. Added Z46.0 as preventive diagnosis in Attachment I. Added S0592 as contract exclusion in Attachment II. Added codes 92201& 92202 as requiring prior approval. Codes 66987 & 66988 added to coding table as medically necessary if medical criteria have been met. Code 65778 requires prior authorization.
01/2020 Second Review	Added codes 0191T & 0376T as requiring prior approval. Added criteria for Scleral Contact Lens (PROSE). Removed diagnoses from codes 65756, 65757 & 65770. Added coding for dx for clarification for codes C1818 & L8609. Updated coding table for clarification of instructions regarding diagnoses eligibility. Added language and references regarding the use of lasers in cataract surgery. Codes V2627 & V2531 require prior approval.
03/2020	External Input Received: Removed codes 92201 & 92202 from requiring prior approval. Reviewed at MPT Added codes V2787 & S0596 as investigational. Added code V2107 to coding table.
10/2020	Adaptive Maintenance: Added code V2524 Eligible for: Acquired Absence of Eye and Other Anophthalmos Z90.01, Q11.0, Q11.1
01/2021	Adaptive Maintenance Effective 01/01/2021: Deleted code deleted 99201, Added code 99417 and revised code descriptors 99211-99215, 99202-99205. Added code C9770 as requiring prior approval.
03/2021	Policy Reviewed. References updated. Formatting and minor language changes. No change to policy statement. Codes V2623, V2624, V2625, V2626, V2628, V2629 moved from requiring prior approval to medically necessary. Updated coding table to reflect DME dollar threshold to align with prior approval list.
12/2021	Adaptive Maintenance Effective 01/01/2022: Deleted 0191T & 0376T. Added codes 66989, 66991, 0699T as medically necessary. Added codes 68841 & 0671T as requiring prior approval.
03/2022	Adaptive maintenance Effective 04/01/2022: Added code V2525 as contract exclusion and corrected code V2524 instructions in coding table.
05/2022	Policy reviewed. No changes to policy statement. References updated. Code 92229 was added to require PA on effective 05/01/2022 Investigational policy redesign. Code 0402T description revised effective 07/01/2022. Added Related Policy Section to medical policy.
12/2022	Adaptive Maintenance Effective 01/01/2023: Added "E" to ICD-10-CM code to correct error (92134 eligible with E09.3521). Revised the following code descriptors: 92065, 92229, 92284, 99417, 99242, 99243, 99244, 99245. Deleted code 99241. Added Code: 92066 Contract Exclusion. Added code: 95919 to coding table with instructions.
03/2023	Adaptive Maintenance Effective 04/01/2023: Added codes 0449T & 0450T as medically necessary with table instructions.
06/2023	Adaptive Maintenance Effective 07/01/2023: Added code 0810T as requiring prior approval to the coding table.
09/2023	Adaptive Maintenance Effective 10/01/2023: A9292 added to coding table as investigational. V2526 added to coding table with policy instructions.

09/2023	Policy reviewed. Addition of Neurofibromatosis Type I (Q85.01 Diagnoses code) as indication for 92133 and 92134. Addition D43.9 and D36.10 as eligible diagnoses for 92133 and 92134. Addition of 66982, 66983, 66984 and 92060. Diagnosis Code H36.9 Deleted. Added Codes: H36.811, H36.812, H36.813, H36.819, H36.821, H36.822, H36.823, H36.829, H36.89 to coding table as indication for 92133 and 92134. References updated.
12/2023	Adaptive Maintenance Effective 01/01/2024: Deleted code C9770, added code 67516 as medically necessary to coding table.
09/2024	Policy Reviewed. Removed prior approval requirement for codes 65780, 65778, V2531 and V2627. No change to policy statement. References updated.
12/2024	Adaptive Maintenance Effective 01/01/2025: Added codes: 66683 as investigational & 92137 as requiring prior approval to the coding table. Revised 92132 code descriptor.
01/2025	Coding table updated removed codes 0671T, 0810T, 68841, 92137, 92229 from requiring prior approval.
05/2025	Policy reviewed. No change to policy statement. Clarification of diagnosis requirements for 0671T, 0810T, 68841, 92137, and 92229. References updated.
12/2025	Adaptive Maintenance Effective 01/01/2026: Revised descriptor for code 92284, added code 92288 to coding table with instructions.

Eligible Providers

Qualified healthcare professionals practicing within the scope of their license(s).

Approved by Blue Cross VT Medical Directors

Tom Weigel, MD, MBA
Vice President & Chief Medical Officer

Tammaji P. Kulkarni, MD
Senior Medical Director

Attachment I
Routine Vision Codes

The following codes will be denied as Not Medically Necessary, Contract Exclusions or Investigational. The services below are considered non-covered as a medical vision benefit. However, the codes below may be eligible as a routine vision benefit if the member has a separate routine vision benefit.

Code Type	Number	Description	Policy Instructions
ICD-10-CM	H52.00	Hypermetropia, unspecified eye	Contract Exclusion
ICD-10-CM	H52.01	Hypermetropia, right eye	Contract Exclusion
ICD-10-CM	H52.02	Hypermetropia, left eye	Contract Exclusion
ICD-10-CM	H52.03	Hypermetropia, bilateral eye	Contract Exclusion
ICD-10-CM	H52.10	Myopia, unspecified eye	Contract Exclusion
ICD-10-CM	H52.11	Myopia, right eye	Contract Exclusion
ICD-10-CM	H52.12	Myopia, left eye	Contract Exclusion
ICD-10-CM	H52.13	Myopia, bilateral eye	Contract Exclusion
ICD-10-CM	H52.201	Unspecified Astigmatism, right eye	Contract Exclusion
ICD-10-CM	H52.202	Unspecified Astigmatism, left eye	Contract Exclusion
ICD-10-CM	H52.203	Unspecified Astigmatism, bilateral	Contract Exclusion
ICD-10-CM	H52.209	Unspecified Astigmatism, unspecified eye	Contract Exclusion
ICD-10-CM	H52.211	Irregular Astigmatism, right eye	Contract Exclusion
ICD-10-CM	H52.212	Irregular Astigmatism, left eye	Contract Exclusion
ICD-10-CM	H52.213	Irregular Astigmatism, bilateral	Contract Exclusion
ICD-10-CM	H52.219	Irregular Astigmatism, unspecified eye	Contract Exclusion
ICD-10-CM	H52.221	Regular Astigmatism, right eye	Contract Exclusion
ICD-10-CM	H52.222	Regular Astigmatism, left eye	Contract Exclusion
ICD-10-CM	H52.223	Regular Astigmatism, bilateral	Contract Exclusion
ICD-10-CM	H52.229	Regular Astigmatism, unspecified eye	Contract Exclusion
ICD-10-CM	H52.31	Anisometropia	Contract Exclusion
ICD-10-CM	H52.32	Aniseikonia	Contract Exclusion
ICD-10-CM	H52.4	Presbyopia	Contract Exclusion
ICD-10-CM	H52.511	Internal ophthalmoplegia (complete) (total), right eye	Contract Exclusion
ICD-10-CM	H52.512	Internal ophthalmoplegia (complete) (total), left eye	Contract Exclusion
ICD-10-CM	H52.513	Internal ophthalmoplegia (complete) (total), bilateral eye	Contract Exclusion

ICD-10-CM	H52.519	Internal ophthalmoplegia (complete) (total), unspecified eye	Contract Exclusion
ICD-10-CM	H52.521	Paresis of accommodation, right eye	Contract Exclusion
ICD-10-CM	H52.522	Paresis of accommodation, left eye	Contract Exclusion
ICD-10-CM	H52.523	Paresis of accommodation, bilateral	Contract Exclusion
ICD-10-CM	H52.529	Paresis of accommodation, unspecified eye	Contract Exclusion
ICD-10-CM	H52.531	Spasm of accommodation, right eye	Contract Exclusion
ICD-10-CM	H52.532	Spasm of accommodation, left eye	Contract Exclusion
ICD-10-CM	H52.533	Spasm of accommodation, bilateral	Contract Exclusion
ICD-10-CM	H52.539	Spasm of accommodation, unspecified eye	Contract Exclusion
ICD-10-CM	H52.6	Other disorders of refraction	Contract Exclusion
ICD-10-CM	H52.7	Unspecified disorder of refraction	Contract Exclusion
ICD-10-CM	H53.141	Visual discomfort, right eye	Contract Exclusion
ICD-10-CM	H53.142	Visual discomfort, left eye	Contract Exclusion
ICD-10-CM	H53.143	Visual discomfort, bilateral	Contract Exclusion
ICD-10-CM	H53.149	Visual discomfort, unspecified eye	Contract Exclusion
ICD-10-CM	H53.7	Unspecified disorder of refraction	Contract Exclusion
ICD-10-CM	H53.71	Glare Sensitivity	Contract Exclusion
ICD-10-CM	H53.72	Impaired contrast sensitivity	Contract Exclusion
ICD-10-CM	Z13.5	Encounter for screening for eye and ear disorders	Contract Exclusion
ICD-10-CM	Z01.00	Encounter for examination of eyes and vision without abnormal findings (Encounter for examination of eyes and vision NOS)	Contract Exclusion
ICD-10-CM	Z01.01	Encounter for examination of eyes and vision with abnormal findings (Use additional code to identify abnormal findings)	Contract Exclusion
ICD-10-CM	Z46.0	Encounter for fitting and adjustment of spectacles and contact lenses	Contract Exclusion

Attachment II
CPT® List and Instructions

Routine Vision Codes	Description	Policy Instructions
The following codes will be considered as medically necessary when applicable criteria have been met.		

Routine Vision Codes	Description	Policy Instructions
0671T	Insertion of anterior segment aqueous drainage device into the trabecular meshwork, without external reservoir, and without concomitant cataract removal, one or more	Eligible for ALL Diagnoses Except if Listed in Attachment I
0699T	Injection, posterior chamber of eye, medication	Medically Necessary
0810T	Subretinal injection of a pharmacologic agent, including vitrectomy and 1 or more retinotomies	Eligible for ALL Diagnoses Except if Listed in Attachment I
65756	Keratoplasty (corneal transplant); endothelial	Eligible for ALL Diagnoses Except if Listed in Attachment I
65757	Backbench preparation of corneal endothelial allograft prior to transplantation (List separately in addition to code for primary procedure)	Eligible for ALL Diagnoses Except if Listed in Attachment I
65770	Keratoprosthesis	Eligible for ALL Diagnoses Except if Listed in Attachment I
65778	Placement of amniotic membrane on the ocular surface; without sutures	Medically Necessary
65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layer	Medically Necessary
66683	Iris prosthesis Implantation	Investigational
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; without endoscopic cyclophotocoagulation	Eligible for ALL Diagnoses Except if Listed in Attachment I

Routine Vision Codes	Description	Policy Instructions
66983	Intracapsular cataract extraction with insertion of intraocular lens prosthesis (1 stage procedure)	Eligible for ALL Diagnoses Except if Listed in Attachment I
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); without endoscopic cyclophotocoagulation	Eligible for ALL Diagnoses Except if Listed in Attachment I
66987	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with endoscopic cyclophotocoagulation	Eligible for ALL Diagnoses Except if Listed in Attachment I
66988	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation	Eligible for ALL Diagnoses Except if Listed In Attachment I
66989	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage;	Eligible for ALL Diagnoses Except if Listed In Attachment I

Routine Vision Codes	Description	Policy Instructions
	with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more	
66991	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more	Eligible for ALL Diagnoses Except if Listed In Attachment I
66999	Unlisted procedure, anterior segment of eye	Suspend for Medical Review
67516	injection of a pharmacologic agent into the suprachoroidal space	Medically Necessary
68841	Insertion of drug-eluting implant, including punctal dilation when performed, into lacrimal canaliculus, each	Eligible for ALL Diagnoses Except if Listed in Attachment I
76514	Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)	Eligible for ALL Diagnoses Except if Listed in Attachment I
92002	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient	Eligible for ALL Diagnoses Except if Listed in Attachment I
92004	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits	Eligible for ALL Diagnoses Except if Listed in Attachment I

Routine Vision Codes	Description	Policy Instructions
92012	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient	Eligible for ALL Diagnoses Except if Listed in Attachment I
92014	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits	Eligible for ALL Diagnoses Except if Listed in Attachment I
92015	Determination of Refractive State	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629
92018	Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; complete	Eligible for ALL Diagnoses Except if Listed in Attachment I
92019	Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; limited	Eligible for ALL Diagnoses Except if Listed in Attachment I
92020	Gonioscopy (separate procedure)	Eligible for ALL Diagnoses Except if Listed in Attachment I
92025	Computerized corneal topography, unilateral or bilateral, with interpretation and report	Eligible for: Keratoconus H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629
92060	Sensorimotor examination with multiple measurements of ocular deviation (eg, restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure)	Eligible for ALL Diagnoses Except if Listed in Attachment I

Routine Vision Codes	Description	Policy Instructions
92071	Fitting of contact lens for treatment of ocular surface disease	Eligible for ALL Diagnoses Except if Listed in Attachment I
92072	Fitting of contact lens for management of keratoconus, initial fitting	Eligible for: Keratoconus Only H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629
92081	Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)	Eligible for ALL Diagnoses Except if Listed in Attachment I
92082	Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)	Eligible for ALL Diagnoses Except if Listed in Attachment I
92083	Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30degrees or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)	Eligible for ALL Diagnoses Except if Listed in Attachment I
92100	Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (eg, diurnal curve or medical treatment of acute elevation of intraocular pressure)	Eligible for ALL Diagnoses Except if Listed in Attachment I

Routine Vision Codes	Description	Policy Instructions
92133	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve	Refer to Attachment IV for Diagnoses
92134	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina	Refer to Attachment IV for Diagnoses
92136	Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation	Eligible for ALL Diagnoses Except if Listed in Attachment I
92137	Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; retina, including OCT angiography	Refer to Attachment IV for Diagnoses
92201	Ophthalmoscopy, extended; with retinal drawing and scleral depression of peripheral retinal disease (eg, for retinal tear, retinal detachment, retinal tumor) with interpretation and report, unilateral or bilateral	Eligible for ALL Diagnoses Except if Listed in Attachment I
92202	Ophthalmoscopy, extended; with drawing of optic nerve or macula (eg, for glaucoma, macular pathology, tumor) with interpretation and report, unilateral or bilateral	Eligible for ALL Diagnoses Except if Listed in Attachment I
92227	Remote imaging for detection of retinal disease (eg, retinopathy in a patient with diabetes) with analysis and report under physician supervision, unilateral or bilateral	Eligible for ALL Diagnoses Except if Listed in Attachment I
92228	Remote imaging for monitoring and management of active retinal disease (eg, diabetic retinopathy) with physician review, interpretation and report, unilateral or bilateral	Eligible for ALL Diagnoses Except if Listed in Attachment I

Routine Vision Codes	Description	Policy Instructions
92286	Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis	Eligible for ALL Diagnoses Except if Listed in Attachment I
92287	Anterior segment imaging with interpretation and report; with fluorescein angiography	Eligible for ALL Diagnoses Except if Listed in Attachment I
92288	Screening dark adaptation measurement (eg, rod recovery intercept time), with interpretation and report	Eligible for ALL Diagnoses Except if Listed in Attachment I
92310	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia	Eligible for: Keratoconus Only: H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629
92311	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, 1 eye	Eligible for: Aphakia Only H27.00, H27.01, H27.02, H27.03, Q12.3
92312	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, both eyes	Eligible for: Aphakia Only H27.00, H27.01, H27.02, H27.03, Q12.3
92313	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneoscleral lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629
92314	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens, both eyes except for aphakia	Eligible for: Keratoconus Only H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629
92315	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, 1 eye	Eligible for: Aphakia Only H27.00, H27.01, H27.02, H27.03, Q12.3

Routine Vision Codes	Description	Policy Instructions
92316	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, both eyes	Eligible for: Aphakia Only H27.00, H27.01, H27.02, H27.03, Q12.3
92317	Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneoscleral lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629
92325	Modification of contact lens (separate procedure), with medical supervision of adaptation	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629
92326	Replacement of contact lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629
92340	Fitting of spectacles, except for aphakia; monofocal	Eligible for: Keratoconus Only H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629
92341	Fitting of spectacles, except for aphakia; bifocal	Eligible for: Keratoconus Only H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629
92342	Fitting of spectacles, except for aphakia; multifocal, other than bifocal	Eligible for: Keratoconus Only H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629
92352	Fitting of spectacle prosthesis for aphakia; monofocal	Eligible for: Aphakia Only H27.00, H27.01, H27.02, H27.03, Q12.3
92353	Fitting of spectacle prosthesis for aphakia; multifocal	Eligible for: Aphakia Only H27.00, H27.01, H27.02, H27.03, Q12.3
92354	Fitting of spectacle mounted low vision aid; single element system	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629

Routine Vision Codes	Description	Policy Instructions
92355	Fitting of spectacle mounted low vision aid; telescopic or other compound lens system	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629
92358	Prosthesis service for aphakia, temporary (disposable or loan, including materials)	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629
92370	Repair and refitting spectacles;	Eligible for: Keratoconus Only H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629
92371	spectacle prosthesis for aphakia	Eligible for: Aphakia Only H27.00, H27.01, H27.02, H27.03, Q12.3
95919	Quantitative pupillometry with interpretation and report	Eligible for ALL Diagnoses Except if Listed in Attachment I
99173	Screening test of visual acuity, quantitative, bilateral	Eligible When Rendered in Conjunction with a Preventive Visit in Accordance with National Guidelines.
99202	New Patient -Level 2	Eligible for ALL Diagnoses Except if Listed in Attachment I
99203	New Patient- Level 3	Eligible for ALL Diagnoses Except if Listed in Attachment I
99204	New Patient - Level 4	Eligible for ALL Diagnoses Except if Listed in Attachment I
99205	New Patient Level-5	Eligible for ALL Diagnoses Except if Listed in Attachment I
99211	Established Patient - Level 1	Eligible for ALL Diagnoses Except if Listed in Attachment I
99212	Established Patient- Level 2	Eligible for ALL Diagnoses Except if Listed in Attachment I
99213	Established Patient- Level 3	Eligible for ALL Diagnoses Except if Listed in Attachment I
99214	Established Patient Level -4	Eligible for ALL Diagnoses Except if Listed in Attachment I
99215	Established Patient Level-5	Eligible for ALL Diagnoses Except if Listed in Attachment I

Routine Vision Codes	Description	Policy Instructions
99242	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	Eligible for ALL Diagnoses Except if Listed in Attachment I
99243	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	Eligible for ALL Diagnoses Except if Listed in Attachment I
99244	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	Eligible for ALL Diagnoses Except if Listed in Attachment I
99245	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 55 minutes must be met or exceeded.	Eligible for ALL Diagnoses Except if Listed in Attachment I

Routine Vision Codes	Description	Policy Instructions
99417	Prolonged office or other outpatient evaluation and management service(s) time with or without direct patient contact beyond the minimum required time with or without direct patient contact beyond the usual service of the primary service procedure encounter which when the primary service level has been selected using total time, requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service each 15 minutes of total time (List separately in addition to codes 99205, 99215 for office or other the code of the outpatient Evaluation and Management service)	Eligible for ALL Diagnoses Except if Listed in Attachment I
0402T	Collagen cross-linking of cornea, including removal of the corneal epithelium, when performed, and intraoperative pachymetry, when performed	Eligible for: Progressive Keratoconus & Corneal Ectasia Only. H18.601, H18.602, H18.603, H18.609, H18.621, H18.622, H18.623, H18.629, H18.711, H18.712, H18.713, H18.719 0402T will deny investigational for all other diagnoses not listed above.
0449T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device	Eligible for ALL Diagnoses Except if Listed in Attachment I
0450T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; each additional device (List separately in addition to code for primary procedure)	Eligible for ALL Diagnoses Except if Listed in Attachment I
The following codes will be denied as Not Medically Necessary, Contract Exclusions or Investigational.		
A9292	Prescription digital visual therapy, software-only, fda cleared, per course of treatment	Investigational

Routine Vision Codes	Description	Policy Instructions
92065	Orthoptic and/or pleoptic training; performed by a physician or other qualified health care professional	Contract Exclusion
92066	Orthoptic training; under supervision	Contract Exclusion
65760	Keratomileusis	Contract Exclusion
65765	Keratophakia	Contract Exclusion
65767	Epikeratoplasty	Contract Exclusion
65771	Radial Keratotomy	Contract Exclusion
92132	Scanning computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), anterior segment, with interpretation and report, unilateral or bilateral	Investigational with the Following Diagnoses H40.20X0, H40.20X1, H40.20X2, H40.20X3, H40.20X4, H40.211, H40.212, H40.213, H40.219, H40.2210, H40.2211, H40.2212, H40.2213, H40.2214, H40.2220, H40.2221, H40.2222, H40.2223, H40.2224, H40.2230, H40.2231, H40.2232, H40.2233, H40.2234, H40.2290, H40.2291, H40.2292, H40.2293, H40.2294, H40.231, H40.232, H40.233, H40.239, H40.241, H40.242, H40.243, H40.249
92145	Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report	Investigational for all Diagnoses

Attachment III
HCPCS Code List and Instructions

HCPCS CODE	Description	Policy Instructions
The following HCPCS are considered medically necessary when applicable criteria outlined in the medical policy is met.		
C1818	Integrated keratoprosthesis	Eligible for: Eligible for ALL Diagnoses Except if Listed in Attachment I- Prior approval is required for all DME or DME supplies with a purchase price greater than the dollar threshold. Refer to prior approval list.
L8609	Artificial cornea	Eligible for: Eligible for ALL Diagnoses Except if Listed in Attachment I- Prior approval is required for all DME or DME supplies with a purchase price greater than the dollar threshold. Refer to prior approval list.

HCPCS CODE	Description	Policy Instructions
S0812	Phototherapeutic keratectomy (PTK)	Eligible for: Recurrent Erosion of the Cornea and Anterior Corneal Dystrophies H18.831, H18.832, H18.833, H18.839, H18.59
V2020	Frames, purchases	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629 - Does NOT require prior approval regardless of purchase price.
V2025	Deluxe frame	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2100	Sphere, single vision, plano to plus or minus 4.00, per lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629 - Does NOT require prior approval regardless of purchase price.
V2101	Sphere, single vision, plus or minus 4.12 to plus or minus 7.00d, per lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629 - Does NOT require prior approval regardless of purchase price.
V2102	Sphere, single vision, plus or minus 7.12 to plus or minus 20.00d, per lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, - Does NOT require prior approval regardless of purchase price.
V2103	Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 0.12 to 2.00d cylinder, per lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2104	Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 2.12 to 4.00d cylinder, per lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.

HCPCS CODE	Description	Policy Instructions
V2105	Spherocylinder, single vision, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2106	Spherocylinder, single vision, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2107	Spherocylinder, single vision, plus or minus 4.25 to plus or minus 7.00 sphere, 0.12 to 2.00d cylinder, per lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2108	Spherocylinder, single vision, plus or minus 4.25d to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2109	Spherocylinder, single vision, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2110	Spherocylinder, single vision, plus or minus 4.25 to 7.00d sphere, over 6.00d cylinder, per lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2111	Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 0.25 to 2.25d cylinder, per lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2112	Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611,

HCPCS CODE	Description	Policy Instructions
	sphere, 2.25d to 4.00d cylinder, per lens	H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2113	Spherocylinder, single vision, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2114	Spherocylinder, single vision, sphere over plus or minus 12.00d, per lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2115	Lenticular (myodisc), per lens, single vision	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2118	Aniseikonic lens, single vision	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2121	Lenticular lens, per lens, single	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2199	Not otherwise classified, single vision lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2200	Sphere, bifocal, plano to plus or minus 4.00d, per lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.

HCPCS CODE	Description	Policy Instructions
V2201	Sphere, bifocal, plus or minus 4.12 to plus or minus 7.00d, per lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2202	Sphere, bifocal, plus or minus 7.12 to plus or minus 20.00d, per lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2203	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 0.12 to 2.00d cylinder, per lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2204	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 2.12 to 4.00d cylinder, per lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2205	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder, per lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2206	Spherocylinder, bifocal, plano to plus or minus 4.00d sphere, over 6.00d cylinder. Per lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2207	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 0.12 to 2.00d cylinder, per lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price. Refer to the prior approval list. Does NOT require prior approval regardless of purchase price.

HCPCS CODE	Description	Policy Instructions
V2208	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2209	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2210	Spherocylinder, bifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder, per lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2211	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 0.25 to 2.25d cylinder, per lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2212	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2213	Spherocylinder, bifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2214	Spherocylinder, bifocal, sphere over plus or minus 12.00d, per lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2215	Lenticular (myodisc), per lens, bifocal	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611,

HCPCS CODE	Description	Policy Instructions
		H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2218	Aniseikonic, per lens, bifocal	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2219	Bifocal seg width over 28mm	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2220	Bifocal add over 3.25d	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2221	Lenticular lens, per lens, bifocal	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2299	Specialty bifocal (by report)	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2300	Sphere, trifocal, plano to plus or minus 4.00d, per lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2301	Sphere, trifocal, plus or minus 4.12 to plus or minus 7.00d per lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.

HCPCS CODE	Description	Policy Instructions
V2302	Sphere, trifocal, plus or minus 7.12 to plus or minus 20.00, per lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2303	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 0.12 to 2.00d cylinder, per lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2304	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 2.25 to 4.00d cylinder per lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2305	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, 4.25 to 6.00d cylinder per lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2306	Spherocylinder, trifocal, plano to plus or minus 4.00d sphere, over 6.00d cylinder, per lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price. Refer to the prior approval list. Does NOT require prior approval regardless of purchase price.
V2307	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 0.12 to 2.00d cylinder, per lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2308	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 2.12 to 4.00d cylinder, per lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.

HCPCS CODE	Description	Policy Instructions
V2309	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, 4.25 to 6.00d cylinder, per lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2310	Spherocylinder, trifocal, plus or minus 4.25 to plus or minus 7.00d sphere, over 6.00d cylinder, per lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2311	Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 0.25 to 2.25d cylinder, per lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2312	Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 2.25 to 4.00d cylinder, per lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2313	Spherocylinder, trifocal, plus or minus 7.25 to plus or minus 12.00d sphere, 4.25 to 6.00d cylinder, per lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2314	Spherocylinder, trifocal, sphere over plus or minus 12.00d, per lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2315	Lenticular, (myodisc), per lens, trifocal	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2318	Aniseikonic lens, trifocal	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611,

HCPCS CODE	Description	Policy Instructions
		H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2319	Trifocal seg width over 28 mm	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2320	Trifocal add over 3.25d	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2321	Lenticular lens, per lens, trifocal	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2399	Specialty trifocal (by report)	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2410	Variable asphericity lens, single vision, full field, glass or plastic, per lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2430	Variable asphericity lens, bifocal, full field, glass or plastic, per lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2499	Variable sphericity lens, other type	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.

HCPCS CODE	Description	Policy Instructions
V2500	Contact lens, PMMA, spherical, per lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2501	Contact lens, PMMA, toric or prism ballast, per lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2502	Contact lens PMMA, bifocal, per lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2503	Contact lens, PMMA, color vision deficiency, per lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2510	Contact lens, gas permeable, spherical, per lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2511	Contact lens, gas permeable, toric, prism ballast, per lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2512	Contact lens, gas permeable, bifocal, per lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2513	Contact lens, gas permeable, extended wear, per lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611,

HCPCS CODE	Description	Policy Instructions
		H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2520	Contact lens, hydrophilic, spherical, per lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2521	Contact lens, hydrophilic, toric, or prism ballast, per lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2522	Contact lens, hydrophilic, bifocal, per lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2523	Contact lens, hydrophilic, extended wear, per lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2524	Addition to lens; tint, any color, solid, gradient or equal, excludes photochromatic, any lens material, per lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2526	Contact lens, hydrophilic, with blue-violet filter, per lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2530	Contact lens, scleral, gas impermeable, per lens (for contact lens modification, see 92325)	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622,

HCPCS CODE	Description	Policy Instructions
		H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2531	Contact lens, scleral, gas permeable, per lens (for contact lens modification, see 92325)	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2599	Contact lens, other type	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2623	Prosthetic eye, plastic, custom	Medically Necessary- Does NOT require prior approval regardless of purchase price.
V2624	Polishing/resurfacing of ocular prosthesis	Medically Necessary- Does NOT require prior approval regardless of purchase price.
V2625	Enlargement of ocular prosthesis	Medically Necessary- Does NOT require prior approval regardless of purchase price.
V2626	Reduction of ocular prosthesis	Medically Necessary- Does NOT require prior approval regardless of purchase price.
V2627	Scleral cover shell	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629- Does NOT require prior approval regardless of purchase price.
V2628	Fabrication and fitting of ocular conformer	Medically Necessary- Does NOT require prior approval regardless of purchase price. Refer to the prior approval list.
V2629	Prosthetic eye, other type	Medically Necessary- Does NOT require prior approval regardless of purchase price.

HCPCS CODE	Description	Policy Instructions
V2745	Addition to lens; tint, any color, solid, gradient or equal, excludes photochromatic, any lens material, per lens	Eligible for: Aphakia or Keratoconus Only H27.00, H27.01, H27.02, H27.03, Q12.3, H18.601, H18.602, H18.603, H18.609, H18.611, H18.612, H18.613, H18.619, H18.621, H18.622, H18.623, H18.629 Does NOT require prior approval regardless of purchase price.
The following HCPCS Codes will deny as Not Medically Necessary, Contract Exclusion, or Investigational		
Q1005	New technology, intraocular lens, category 5 as defined in Federal Register notice	Investigational
S0592	Comprehensive contact lens evaluation	Contract Exclusion
S0596	Phakic intraocular lens for correction of refractive error	Investigational
V2525	Contact lens, hydrophilic, dual focus, per lens (Code used for Cooper Vison MiSight contact lens technology for Myopic ametropia)	Contract Exclusion
V2787	Astigmatism correcting function of intraocular lens	Investigational
V2788	Presbyopia correcting function of intraocular lens	Investigational

Attachment IV
Eligible Diagnoses for 92133 92134, or 92137
OCT/SCODI List

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
A18.53	92134, 92137	Tuberculous chorioretinitis	H35.3124	92134, 92137	Nonexudative age-related macular degeneration, left eye, advanced atrophic with subfoveal involvement

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
C69.20	92134, 92137	Malignant neoplasm of unspecified retina	H35.3130	92134, 92137	Nonexudative age-related macular degeneration, bilateral, stage unspecified
C69.21	92134, 92137	Malignant neoplasm of right retina	H35.3131	92134, 92137	Nonexudative age-related macular degeneration, bilateral, early dry stage
C69.22	92134, 92137	Malignant neoplasm of left retina	H35.3132	92134, 92137	Nonexudative age-related macular degeneration, bilateral, intermediate dry stage
D09.20	92134, 92137	Carcinoma in situ of unspecified eye	H35.3133	92134, 92137	Nonexudative age-related macular degeneration, bilateral, advanced atrophic without subfoveal involvement
D09.21	92134, 92137	Carcinoma in situ of right eye	H35.3134	92134, 92137	Nonexudative age-related macular degeneration, bilateral, advanced atrophic with subfoveal involvement
D09.22	92134, 92137	Carcinoma in situ of left eye	H35.3190	92134, 92137	Nonexudative age-related macular degeneration, unspecified eye, stage unspecified
D31.20	92134, 92137	Benign neoplasm of unspecified retina	H35.3191	92134, 92137	Nonexudative age-related macular degeneration, unspecified eye, early dry stage
D31.21	92134, 92137	Benign neoplasm of right retina	H35.3192	92134, 92137	Nonexudative age-related macular degeneration, unspecified eye, intermediate dry stage
D31.22	92134, 92137	Benign neoplasm of left retina	H35.3193	92134, 92137	Nonexudative age-related macular degeneration, unspecified eye, advanced atrophic without subfoveal involvement
D31.90	92134, 92137	Benign neoplasm of unspecified part of unspecified eye	H35.3194	92134, 92137	Nonexudative age-related macular degeneration, unspecified eye, advanced atrophic with subfoveal involvement

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
D31.91	92134, 92137	Benign neoplasm of unspecified part of right eye	H35.3210	92134, 92137	Exudative age-related macular degeneration, right eye, stage unspecified
D31.92	92134, 92137	Benign neoplasm of unspecified part of left eye	H35.3211	92134, 92137	Exudative age-related macular degeneration, right eye, with active choroidal neovascularization
D36.10	92133, 92134, 92137	Benign neoplasm of peripheral nerves and autonomic nervous system, unspecifie	BLANK	BLANK	BLANK
D43.9	92133, 92134, 92137	Neoplasm of uncertain behavior of central nervous system, unspecified	BLANK	BLANK	BLANK
D48.1	92134, 92137	Neoplasm of uncertain behavior of connective and other soft tissue	H35.3212	92134, 92137	Exudative age-related macular degeneration, right eye, with inactive choroidal neovascularization
E08.311	92134, 92137	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema	H35.3213	92134, 92137	Exudative age-related macular degeneration, right eye, with inactive scar
E08.319	92134, 92137	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy without macular edema	H35.3220	92134, 92137	Exudative age-related macular degeneration, left eye, stage unspecified

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E08.3211	92134, 92137	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, right eye.	H35.3221	92134, 92137	Exudative age-related macular degeneration, left eye, with active choroidal neovascularization
E08.3212	92134, 92137	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, left eye	H35.3222	92134, 92137	Exudative age-related macular degeneration, left eye, with inactive choroidal neovascularization
E08.3213	92134, 92137	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, bilateral	H35.3223	92134, 92137	Exudative age-related macular degeneration, left eye, with inactive scar
E08.3219	92134, 92137	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	H35.3230	92134, 92137	Exudative age-related macular degeneration, bilateral, stage unspecified

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E08.3291	92134, 92137	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, right eye	H35.3231	92134, 92137	Exudative age-related macular degeneration, bilateral, with active choroidal neovascularization
E08.3292	92134, 92137	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, left eye	H35.3232	92134, 92137	Exudative age-related macular degeneration, bilateral, with inactive choroidal neovascularization
E08.3293	92134, 92137	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, bilateral	H35.3233	92134, 92137	Exudative age-related macular degeneration, bilateral, with inactive scar
E08.3299	92134, 92137	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	H35.3290	92134, 92137	Exudative age-related macular degeneration, unspecified eye, stage unspecified

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E08.3311	92134, 92137	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema	H35.3291	92134, 92137	Exudative age-related macular degeneration, unspecified eye, with active choroidal neovascularization
E08.3312	92134, 92137	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, left eye	H35.3292	92134, 92137	Exudative age-related macular degeneration, unspecified eye, with inactive choroidal neovascularization
E08.3313	92134, 92137	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	H35.3293	92134, 92137	Exudative age-related macular degeneration, unspecified eye, with inactive scar
E08.3319	92134, 92137	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	H35.33	92134, 92137	Angioid streaks of macula

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E08.3391	92134, 92137	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema	H35.341	92134, 92137	Macular cyst, hole, or pseudohole, right eye
E08.3392	92134, 92137	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, left eye	H35.342	92134, 92137	Macular cyst, hole, or pseudohole, left eye
E08.3393	92134, 92137	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	H35.343	92134, 92137	Macular cyst, hole, or pseudohole, bilateral
E08.3399	92134, 92137	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	H35.349	92134, 92137	Macular cyst, hole, or pseudohole, unspecified eye

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E08.3411	92134, 92137	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, right eye	H35.351	92134, 92137	Cystoid macular degeneration, right eye
E08.3412	92134, 92137	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, left eye	H35.352	92134, 92137	Cystoid macular degeneration, left eye
E08.3413	92134, 92137	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, bilateral	H35.353	92134, 92137	Cystoid macular degeneration, bilateral
E08.3419	92134, 92137	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	H35.359	92134, 92137	Cystoid macular degeneration, unspecified eye

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E08.3491	92134, 92137	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, right eye	H35.361	92134, 92137	Drusen (degenerative) of macula, right eye
E08.3492	92134, 92137	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, left eye	H35.362	92134, 92137	Drusen (degenerative) of macula, left eye
E08.3493	92134, 92137	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, bilateral	H35.363	92134, 92137	Drusen (degenerative) of macula, bilateral
E08.3499	92134, 92137	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	H35.369	92134, 92137	Drusen (degenerative) of macula, unspecified eye

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E08.3511	92134, 92137	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, right eye	H35.371	92134, 92137	Puckering of macula, right eye
E08.3512	92134, 92137	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, left eye	H35.372	92134, 92137	Puckering of macula, left eye
E08.3513	92134, 92137	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, bilateral	H35.373	92134, 92137	Puckering of macula, bilateral
E08.3519	92134, 92137	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, unspecified eye	H35.379	92134, 92137	Puckering of macula, unspecified eye

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E08.3521	92134, 92137	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	H35.381	92134, 92137	Toxic maculopathy, right eye
E08.3522	92134, 92137	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	H35.382	92134, 92137	Toxic maculopathy, left eye
E08.3523	92134, 92137	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	H35.383	92134, 92137	Toxic maculopathy, bilateral

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E08.3529	92134, 92137	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	H35.389	92134, 92137	Toxic maculopathy, unspecified eye
E08.3531	92134, 92137	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	H35.40	92134, 92137	Unspecified peripheral retinal degeneration
E08.3532	92134, 92137	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	H35.411	92134, 92137	Lattice degeneration of retina, right eye

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E08.3533	92134, 92137	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	H35.412	92134, 92137	Lattice degeneration of retina, left eye
E08.3539	92134, 92137	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	H35.413	92134, 92137	Lattice degeneration of retina, bilateral
E08.3541	92134, 92137	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	H35.419	92134, 92137	Lattice degeneration of retina, unspecified eye

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E08.3542	92134, 92137	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	H35.421	92134, 92137	Microcystoid degeneration of retina, right eye
E08.3543	92134, 92137	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	H35.422	92134, 92137	Microcystoid degeneration of retina, left eye

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E08.3549	92134, 92137	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	H35.423	92134, 92137	Microcystoid degeneration of retina, bilateral
E08.3551	92134, 92137	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, right eye	H35.429	92134, 92137	Microcystoid degeneration of retina, unspecified eye
E08.3552	92134, 92137	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, left eye	H35.431	92134, 92137	Paving stone degeneration of retina, right eye
E08.3553	92134, 92137	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, bilateral	H35.432	92134, 92137	Paving stone degeneration of retina, left eye

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E08.3559	92134, 92137	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, unspecified eye	H35.433	92134, 92137	Paving stone degeneration of retina, bilateral
E08.3591	92134, 92137	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema	H35.439	92134, 92137	Paving stone degeneration of retina, unspecified eye
E08.3592	92134, 92137	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, left eye	H35.441	92134, 92137	Age-related reticular degeneration of retina, right eye
E08.3593	92134, 92137	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, bilateral	H35.442	92134, 92137	Age-related reticular degeneration of retina, left eye

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E08.3599	92134, 92137	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, unspecified eye	H35.443	92134, 92137	Age-related reticular degeneration of retina, bilateral
E08.37X1	92134, 92137	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, right eye	H35.449	92134, 92137	Age-related reticular degeneration of retina, unspecified eye
E08.37X2	92134, 92137	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, left eye	H35.451	92134, 92137	Secondary pigmentary degeneration, right eye
E08.37X3	92134, 92137	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, bilateral	H35.452	92134, 92137	Secondary pigmentary degeneration, left eye

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E08.37X9	92134, 92137	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, unspecified eye	H35.453	92134, 92137	Secondary pigmentary degeneration, bilateral
E09.311	92134, 92137	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy with macular edema	H35.459	92134, 92137	Secondary pigmentary degeneration, unspecified eye
E09.319	92134, 92137	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy without macular edema	H35.461	92134, 92137	Secondary vitreoretinal degeneration, right eye
E09.3211	92134, 92137	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	H35.462	92134, 92137	Secondary vitreoretinal degeneration, left eye

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E09.3212	92134, 92137	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye	H35.463	92134, 92137	Secondary vitreoretinal degeneration, bilateral
E09.3213	92134, 92137	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral	H35.469	92134, 92137	Secondary vitreoretinal degeneration, unspecified eye
E09.3219	92134, 92137	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	H35.50	92134, 92137	Unspecified hereditary retinal dystrophy
E09.3291	92134, 92137	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	H35.51	92134, 92137	Vitreoretinal dystrophy

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E09.3292	92134, 92137	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	H35.52	92134, 92137	Pigmentary retinal dystrophy
E09.3293	92134, 92137	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	H35.53	92134, 92137	Other dystrophies primarily involving the sensory retina
E09.3299	92134, 92137	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	H35.54	92134, 92137	Dystrophies primarily involving the retinal pigment epithelium
E09.3311	92134, 92137	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	H35.60	92134, 92137	Retinal hemorrhage, unspecified eye

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E09.3312	92134, 92137	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	H35.61	92134, 92137	Retinal hemorrhage, right eye
E09.3313	92134, 92137	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	H35.62	92134, 92137	Retinal hemorrhage, left eye
E09.3319	92134, 92137	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	H35.63	92134, 92137	Retinal hemorrhage, bilateral
E09.3391	92134, 92137	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	H35.70	92134, 92137	Unspecified separation of retinal layers

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E09.3392	92134, 92137	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	H35.711	92134, 92137	Central serous chorioretinopathy, right eye
E09.3393	92134, 92137	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	H35.712	92134, 92137	Central serous chorioretinopathy, left eye
E09.3399	92134, 92137	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	H35.713	92134, 92137	Central serous chorioretinopathy, bilateral
E09.3411	92134, 92137	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	H35.719	92134, 92137	Central serous chorioretinopathy, unspecified eye

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E09.3412	92134, 92137	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	H35.721	92134, 92137	Serous detachment of retinal pigment epithelium, right eye
E09.3413	92134, 92137	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	H35.722	92134, 92137	Serous detachment of retinal pigment epithelium, left eye
E09.3419	92134, 92137	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	H35.723	92134, 92137	Serous detachment of retinal pigment epithelium, bilateral
E09.3491	92134, 92137	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	H35.729	92134, 92137	Serous detachment of retinal pigment epithelium, unspecified eye

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E09.3492	92134, 92137	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	H35.731	92134, 92137	Hemorrhagic detachment of retinal pigment epithelium, right eye
E09.3493	92134, 92137	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral	H35.732	92134, 92137	Hemorrhagic detachment of retinal pigment epithelium, left eye
E09.3499	92134, 92137	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	H35.733	92134, 92137	Hemorrhagic detachment of retinal pigment epithelium, bilateral
E09.3511	92134, 92137	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	H35.739	92134, 92137	Hemorrhagic detachment of retinal pigment epithelium, unspecified eye

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E09.3512	92134, 92137	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	H35.81	92134, 92137	Retinal edema
E09.3513	92134, 92137	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	H35.82	92134, 92137	Retinal ischemia
E09.3519	92134, 92137	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	H35.89	92134, 92137	Other specified retinal disorders
E09.3521	92134, 92137	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	H36.811 H36.812 H36.813 H36.819 H36.821 H36.822 H36.823 H36.829 H36.89	92133, 92134, 92137	Retinal disorders of the eye

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E09.3522	92134, 92137	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	H40.001	92133, 92134, 92137	Preglaucoma, unspecified, right eye
E09.3523	92134, 92137	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	H40.002	92133, 92134, 92137	Preglaucoma, unspecified, left eye
E09.3529	92134, 92137	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	H40.003	92133, 92134, 92137	Preglaucoma, unspecified, bilateral

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E09.3531	92134, 92137	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	H40.009	92133, 92134, 92137	Preglaucoma, unspecified, unspecified eye
E09.3532	92134, 92137	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	H40.011	92133, 92134, 92137	Open angle with borderline findings, low risk, right eye
E09.3533	92134, 92137	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	H40.012	92133, 92134, 92137	Open angle with borderline findings, low risk, left eye

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E09.3539	92134, 92137	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	H40.013	92133, 92134, 92137	Open angle with borderline findings, low risk, bilateral
E09.3541	92134, 92137	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	H40.019	92133, 92134, 92137	Open angle with borderline findings, low risk, unspecified eye
E09.3542	92134, 92137	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	H40.021	92133, 92134, 92137	Open angle with borderline findings, high risk, right eye

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E09.3543	92134, 92137	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	H40.022	92133, 92134, 92137	Open angle with borderline findings, high risk, left eye
E09.3549	92134, 92137	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	H40.023	92133, 92134, 92137	Open angle with borderline findings, high risk, bilateral
E09.3551	92134, 92137	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, right eye	H40.029	92133, 92134, 92137	Open angle with borderline findings, high risk, unspecified eye

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E09.3552	92134, 92137	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, left eye	H40.031	92133, 92134, 92137	Anatomical narrow angle, right eye
E09.3553	92134, 92137	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	H40.032	92133, 92134, 92137	Anatomical narrow angle, left eye
E09.3559	92134, 92137	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	H40.033	92133, 92134, 92137	Anatomical narrow angle, bilateral
E09.3591	92134, 92137	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	H40.039	92133, 92134, 92137	Anatomical narrow angle, unspecified eye
E09.3592	92134, 92137	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	H40.041	92133, 92134, 92137	Steroid responder, right eye

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E09.3593	92134, 92137	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	H40.042	92133, 92134, 92137	Steroid responder, left eye
E09.3599	92134, 92137	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	H40.043	92133, 92134, 92137	Steroid responder, bilateral
E09.37X1	92134, 92137	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, right eye	H40.049	92133, 92134, 92137	Steroid responder, unspecified eye
E09.37X2	92134, 92137	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, left eye	H40.051	92133, 92134, 92137	Ocular hypertension, right eye

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E09.37X3	92134, 92137	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral	H40.052	92133, 92134, 92137	Ocular hypertension, left eye
E09.37X9	92134, 92137	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye	H40.053	92133, 92134, 92137	Ocular hypertension, bilateral
E10.311	92134, 92137	Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema	H40.059	92133, 92134, 92137	Ocular hypertension, unspecified eye
E10.319	92134, 92137	Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema	H40.061	92133, 92134, 92137	Primary angle closure without glaucoma damage, right eye
E10.3211	92134, 92137	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	H40.062	92133, 92134, 92137	Primary angle closure without glaucoma damage, left eye

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E10.3212	92134, 92137	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye	H40.063	92133, 92134, 92137	Primary angle closure without glaucoma damage, bilateral
E10.3213	92134, 92137	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral	H40.069	92133, 92134, 92137	Primary angle closure without glaucoma damage, unspecified eye
E10.3219	92134, 92137	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	H40.10X0	92133, 92134, 92137	Unspecified open-angle glaucoma, stage unspecified
E10.3291	92134, 92137	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	H40.10X1	92133, 92134, 92137	Unspecified open-angle glaucoma, mild stage
E10.3292	92134, 92137	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	H40.10X2	92133, 92134, 92137	Unspecified open-angle glaucoma, moderate stage

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E10.3293	92134, 92137	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	H40.10X3	92133, 92134, 92137	Unspecified open-angle glaucoma, severe stage
E10.3299	92134, 92137	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	H40.10X4	92133, 92134, 92137	Unspecified open-angle glaucoma, indeterminate stage
E10.3311	92134, 92137	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	H40.1110	92133, 92134, 92137	Primary open-angle glaucoma, right eye, stage unspecified
E10.3312	92134, 92137	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	H40.1111	92133, 92134, 92137	Primary open-angle glaucoma, right eye, mild stage

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E10.3313	92134, 92137	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	H40.1112	92133, 92134, 92137	Primary open-angle glaucoma, right eye, moderate stage
E10.3319	92134, 92137	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	H40.1113	92133, 92134, 92137	Primary open-angle glaucoma, right eye, severe stage
E10.3391	92134, 92137	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	H40.1114	92133, 92134, 92137	Primary open-angle glaucoma, right eye, indeterminate stage
E10.3392	92134, 92137	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	H40.1120	92133, 92134, 92137	Primary open-angle glaucoma, left eye, stage unspecified

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E10.3393	92134, 92137	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	H40.1121	92133, 92134, 92137	Primary open-angle glaucoma, left eye, mild stage
E10.3399	92134, 92137	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	H40.1122	92133, 92134, 92137	Primary open-angle glaucoma, left eye, moderate stage
E10.3411	92134, 92137	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	H40.1123	92133, 92134, 92137	Primary open-angle glaucoma, left eye, severe stage
E10.3412	92134, 92137	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	H40.1124	92133, 92134, 92137	Primary open-angle glaucoma, left eye, indeterminate stage

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E10.3413	92134, 92137	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	H40.1130	92133, 92134, 92137	Primary open-angle glaucoma, bilateral, stage unspecified
E10.3419	92134, 92137	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	H40.1131	92133, 92134, 92137	Primary open-angle glaucoma, bilateral, mild stage
E10.3491	92134, 92137	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema	H40.1132	92133, 92134, 92137	Primary open-angle glaucoma, bilateral, moderate stage
E10.3492	92134, 92137	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	H40.1133	92133, 92134, 92137	Primary open-angle glaucoma, bilateral, severe stage

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E10.3493	92134, 92137	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral	H40.1134	92133, 92134, 92137	Primary open-angle glaucoma, bilateral, indeterminate stage
E10.3499	92134, 92137	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	H40.1190	92133, 92134, 92137	Primary open-angle glaucoma, unspecified eye, stage unspecified
E10.3511	92134, 92137	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	H40.1191	92133, 92134, 92137	Primary open-angle glaucoma, unspecified eye, mild stage
E10.3512	92134, 92137	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	H40.1192	92133, 92134, 92137	Primary open-angle glaucoma, unspecified eye, moderate stage
E10.3513	92134, 92137	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	H40.1193	92133, 92134, 92137	Primary open-angle glaucoma, unspecified eye, severe stage

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E10.3519	92134, 92137	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	H40.1194	92133, 92134, 92137	Primary open-angle glaucoma, unspecified eye, indeterminate stage
E10.3521	92134, 92137	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	H40.1210	92133, 92134, 92137	Low-tension glaucoma, right eye, stage unspecified
E10.3522	92134, 92137	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	H40.1211	92133, 92134, 92137	Low-tension glaucoma, right eye, mild stage
E10.3523	92134, 92137	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	H40.1212	92133, 92134, 92137	Low-tension glaucoma, right eye, moderate stage

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E10.3529	92134, 92137	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	H40.1213	92133, 92134, 92137	Low-tension glaucoma, right eye, severe stage
E10.3531	92134, 92137	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	H40.1214	92133, 92134, 92137	Low-tension glaucoma, right eye, indeterminate stage
E10.3532	92134, 92137	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	H40.1220	92133, 92134, 92137	Low-tension glaucoma, left eye, stage unspecified
E10.3533	92134, 92137	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	H40.1221	92133, 92134, 92137	Low-tension glaucoma, left eye, mild stage

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E10.3539	92134, 92137	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	H40.1222	92133, 92134, 92137	Low-tension glaucoma, left eye, moderate stage
E10.3541	92134, 92137	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	H40.1223	92133, 92134, 92137	Low-tension glaucoma, left eye, severe stage
E10.3542	92134, 92137	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	H40.1224	92133, 92134, 92137	Low-tension glaucoma, left eye, indeterminate stage

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E10.3543	92134, 92137	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	H40.1230	92133, 92134, 92137	Low-tension glaucoma, bilateral, stage unspecified
E10.3549	92134, 92137	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	H40.1231	92133, 92134, 92137	Low-tension glaucoma, bilateral, mild stage
E10.3551	92134, 92137	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, right eye	H40.1232	92133, 92134, 92137	Low-tension glaucoma, bilateral, moderate stage
E10.3552	92134, 92137	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, left eye	H40.1233	92133, 92134, 92137	Low-tension glaucoma, bilateral, severe stage

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E10.3553	92134, 92137	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	H40.1234	92133, 92134, 92137	Low-tension glaucoma, bilateral, indeterminate stage
E10.3559	92134, 92137	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	H40.1290	92133, 92134, 92137	Low-tension glaucoma, unspecified eye, stage unspecified
E10.3591	92134, 92137	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	H40.1291	92133, 92134, 92137	Low-tension glaucoma, unspecified eye, mild stage
E10.3592	92134, 92137	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	H40.1292	92133, 92134, 92137	Low-tension glaucoma, unspecified eye, moderate stage
E10.3593	92134, 92137	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	H40.1293	92133, 92134, 92137	Low-tension glaucoma, unspecified eye, severe stage

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E10.3599	92134, 92137	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	H40.1294	92133, 92134, 92137	Low-tension glaucoma, unspecified eye, indeterminate stage
E10.36	92134, 92137	Type 1 diabetes mellitus with diabetic cataract	H40.1310	92133, 92134, 92137	Pigmentary glaucoma, right eye, stage unspecified
E10.37X1	92134, 92137	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye	H40.1311	92133, 92134, 92137	Pigmentary glaucoma, right eye, mild stage
E10.37X2	92134, 92137	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye	H40.1312	92133, 92134, 92137	Pigmentary glaucoma, right eye, moderate stage
E10.37X3	92134, 92137	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral	H40.1313	92133, 92134, 92137	Pigmentary glaucoma, right eye, severe stage
E10.37X9	92134, 92137	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye	H40.1314	92133, 92134, 92137	Pigmentary glaucoma, right eye, indeterminate stage

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E10.39	92134, 92137	Type 1 diabetes mellitus with other diabetic ophthalmic complication	H40.1320	92133, 92134, 92137	Pigmentary glaucoma, left eye, stage unspecified
E10.65	92134, 92137	Type 1 diabetes mellitus with hyperglycemia	H40.1321	92133, 92134, 92137	Pigmentary glaucoma, left eye, mild stage
E10.69	92134, 92137	Type 1 diabetes mellitus with other specified complication	H40.1322	92133, 92134, 92137	Pigmentary glaucoma, left eye, moderate stage
E11.311	92134, 92137	Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema	H40.1323	92133, 92134, 92137	Pigmentary glaucoma, left eye, severe stage
E11.319	92134, 92137	Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema	H40.1324	92133, 92134, 92137	Pigmentary glaucoma, left eye, indeterminate stage
E11.3211	92134, 92137	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	H40.1330	92133, 92134, 92137	Pigmentary glaucoma, bilateral, stage unspecified

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E11.3212	92134, 92137	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye	H40.1331	92133, 92134, 92137	Pigmentary glaucoma, bilateral, mild stage
E11.3213	92134, 92137	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral	H40.1332	92134, 92137	Pigmentary glaucoma, bilateral, moderate stage
E11.3219	92134, 92137	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	H40.1333	92133, 92134, 92137	Pigmentary glaucoma, bilateral, severe stage
E11.3291	92134, 92137	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	H40.1334	92134, 92137	Pigmentary glaucoma, bilateral, indeterminate stage
E11.3292	92134, 92137	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	H40.1390	92133, 92134, 92137	Pigmentary glaucoma, unspecified eye, stage unspecified

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E11.3293	92134, 92137	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	H40.1391	92134, 92137	Pigmentary glaucoma, unspecified eye, mild stage
E11.3299	92134, 92137	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	H40.1392	92133, 92134, 92137	Pigmentary glaucoma, unspecified eye, moderate stage
E11.3311	92134, 92137	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	H40.1393	92133, 92134, 92137	Pigmentary glaucoma, unspecified eye, severe stage
E11.3312	92134, 92137	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	H40.1394	92133, 92134, 92137	Pigmentary glaucoma, unspecified eye, indeterminate stage

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E11.3313	92134, 92137	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	H40.1410	92133, 92134, 92137	Capsular glaucoma with pseudoexfoliation of lens, right eye, stage unspecified
E11.3319	92134, 92137	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	H40.1411	92133, 92134, 92137	Capsular glaucoma with pseudoexfoliation of lens, right eye, mild stage
E11.3391	92134, 92137	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	H40.1412	92133, 92134, 92137	Capsular glaucoma with pseudoexfoliation of lens, right eye, moderate stage
E11.3392	92134, 92137	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	H40.1413	92133, 92134, 92137	Capsular glaucoma with pseudoexfoliation of lens, right eye, severe stage

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E11.3393	92134, 92137	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	H40.1414	92133, 92134, 92137	Capsular glaucoma with pseudoexfoliation of lens, right eye, indeterminate stage
E11.3399	92134, 92137	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	H40.1420	92133, 92134, 92137	Capsular glaucoma with pseudoexfoliation of lens, left eye, stage unspecified
E11.3411	92134, 92137	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	H40.1421	92133, 92134, 92137	Capsular glaucoma with pseudoexfoliation of lens, left eye, mild stage
E11.3412	92134, 92137	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	H40.1422	92133, 92134, 92137	Capsular glaucoma with pseudoexfoliation of lens, left eye, moderate stage

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E11.3413	92134, 92137	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	H40.1423	92133, 92134, 92137	Capsular glaucoma with pseudoexfoliation of lens, left eye, severe stage
E11.3419	92134, 92137	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	H40.1424	92133, 92134, 92137	Capsular glaucoma with pseudoexfoliation of lens, left eye, indeterminate stage
E11.3491	92134, 92137	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	H40.1430	92133, 92134, 92137	Capsular glaucoma with pseudoexfoliation of lens, bilateral, stage unspecified
E11.3492	92134, 92137	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	H40.1431	92133, 92134, 92137	Capsular glaucoma with pseudoexfoliation of lens, bilateral, mild stage

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E11.3493	92134, 92137	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral	H40.1432	92133, 92134, 92137	Capsular glaucoma with pseudoexfoliation of lens, bilateral, moderate stage
E11.3499	92134, 92137	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	H40.1433	92133, 92134, 92137	Capsular glaucoma with pseudoexfoliation of lens, bilateral, severe stage
E11.3511	92134, 92137	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	H40.1434	92133, 92134, 92137	Capsular glaucoma with pseudoexfoliation of lens, bilateral, indeterminate stage
E11.3512	92134, 92137	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	H40.1490	92133, 92134, 92137	Capsular glaucoma with pseudoexfoliation of lens, unspecified eye, stage unspecified
E11.3513	92134, 92137	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	H40.1491	92133, 92134, 92137	Capsular glaucoma with pseudoexfoliation of lens, unspecified eye, mild stage

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E11.3519	92134, 92137	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	H40.1492	92133, 92134, 92137	Capsular glaucoma with pseudoexfoliation of lens, unspecified eye, moderate stage
E11.3521	92134, 92137	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	H40.1493	92133, 92134, 92137	Capsular glaucoma with pseudoexfoliation of lens, unspecified eye, severe stage
E11.3522	92134, 92137	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	H40.1494	92133, 92134, 92137	Capsular glaucoma with pseudoexfoliation of lens, unspecified eye, indeterminate stage
E11.3523	92134, 92137	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	H40.151	92133, 92134, 92137	Residual stage of open-angle glaucoma, right eye

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E11.3529	92134, 92137	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	H40.152	92133, 92134, 92137	Residual stage of open-angle glaucoma, left eye
E11.3531	92134, 92137	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	H40.153	92133, 92134, 92137	Residual stage of open-angle glaucoma, bilateral
E11.3532	92134, 92137	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	H40.159	92133, 92134, 92137	Residual stage of open-angle glaucoma, unspecified eye
E11.3533	92134, 92137	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	H40.20X0	92133, 92134, 92137	Unspecified primary angle-closure glaucoma, stage unspecified

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E11.3539	92134, 92137	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	H40.20X1	92133, 92134, 92137	Unspecified primary angle-closure glaucoma, mild stage
E11.3541	92134, 92137	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	H40.20X2	92133, 92134, 92137	Unspecified primary angle-closure glaucoma, moderate stage
E11.3542	92134, 92137	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	H40.20X3	92133, 92134, 92137	Unspecified primary angle-closure glaucoma, severe stage

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E11.3543	92134, 92137	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	H40.20X4	92133, 92134, 92137	Unspecified primary angle-closure glaucoma, indeterminate stage
E11.3549	92134, 92137	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	H40.211	92133, 92134, 92137	Acute angle-closure glaucoma, right eye
E11.3551	92134, 92137	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, right eye	H40.212	92133, 92134, 92137	Acute angle-closure glaucoma, left eye
E11.3552	92134, 92137	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, left eye	H40.213	92133, 92134, 92137	Acute angle-closure glaucoma, bilateral

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E11.3553	92134, 92137	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	H40.219	92133, 92134, 92137	Acute angle-closure glaucoma, unspecified eye
E11.3559	92134, 92137	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	H40.2210	92133, 92134, 92137	Chronic angle-closure glaucoma, right eye, stage unspecified
E11.3591	92134, 92137	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	H40.2211	92133, 92134, 92137	Chronic angle-closure glaucoma, right eye, mild stage
E11.3592	92134, 92137	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	H40.2212	92133, 92134, 92137	Chronic angle-closure glaucoma, right eye, moderate stage
E11.3593	92134, 92137	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	H40.2213	92133, 92134, 92137	Chronic angle-closure glaucoma, right eye, severe stage

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E11.3599	92134, 92137	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	H40.2214	92133, 92134, 92137	Chronic angle-closure glaucoma, right eye, indeterminate stage
E11.36	92134, 92137	Type 2 diabetes mellitus with diabetic cataract	H40.2220	92133, 92134, 92137	Chronic angle-closure glaucoma, left eye, stage unspecified
E11.37X1	92134, 92137	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye	H40.2221	92133, 92134, 92137	Chronic angle-closure glaucoma, left eye, mild stage
E11.37X2	92134, 92137	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye	H40.2222	92133, 92134, 92137	Chronic angle-closure glaucoma, left eye, moderate stage
E11.37X3	92134, 92137	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral	H40.2223	92133, 92134, 92137	Chronic angle-closure glaucoma, left eye, severe stage
E11.37X9	92134, 92137	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye	H40.2224	92133, 92134, 92137	Chronic angle-closure glaucoma, left eye, indeterminate stage

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E11.39	92134, 92137	Type 2 diabetes mellitus with other diabetic ophthalmic complication	H40.2230	92133, 92134, 92137	Chronic angle-closure glaucoma, bilateral, stage unspecified
E11.40	92134, 92137	Type 2 diabetes mellitus with diabetic neuropathy, unspecified	H40.2231	92133, 92134, 92137	Chronic angle-closure glaucoma, bilateral, mild stage
E11.41	92134, 92137	Type 2 diabetes mellitus with diabetic mononeuropathy	H40.2232	92133, 92134, 92137	Chronic angle-closure glaucoma, bilateral, moderate stage
E11.42	92134, 92137	Type 2 diabetes mellitus with diabetic polyneuropathy	H40.2233	92133, 92134, 92137	Chronic angle-closure glaucoma, bilateral, severe stage
E11.43	92134, 92137	Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy	H40.2234	92133, 92134, 92137	Chronic angle-closure glaucoma, bilateral, indeterminate stage
E11.44	92134, 92137	Type 2 diabetes mellitus with diabetic amyotrophy	H40.2290	92133, 92134, 92137	Chronic angle-closure glaucoma, unspecified eye, stage unspecified
E11.49	92134, 92137	Type 2 diabetes mellitus with other diabetic neurological complication	H40.2291	92133, 92134, 92137	Chronic angle-closure glaucoma, unspecified eye, mild stage
E11.51	92134, 92137	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene	H40.2292	92133, 92134, 92137	Chronic angle-closure glaucoma, unspecified eye, moderate stage

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E11.52	92134, 92137	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene	H40.2293	92133, 92134, 92137	Chronic angle-closure glaucoma, unspecified eye, severe stage
E11.59	92134, 92137	Type 2 diabetes mellitus with other circulatory complications	H40.2294	92133, 92134, 92137	Chronic angle-closure glaucoma, unspecified eye, indeterminate stage
E11.610	92134, 92137	Type 2 diabetes mellitus with diabetic neuropathic arthropathy	H40.231	92133, 92134, 92137	Intermittent angle-closure glaucoma, right eye
E11.618	92134, 92137	Type 2 diabetes mellitus with other diabetic arthropathy	H40.232	92133, 92134, 92137	Intermittent angle-closure glaucoma, left eye
E11.620	92134, 92137	Type 2 diabetes mellitus with diabetic dermatitis	H40.233	92133, 92134, 92137	Intermittent angle-closure glaucoma, bilateral
E11.628	92134, 92137	Type 2 diabetes mellitus with other skin complications	H40.239	92133, 92134, 92137	Intermittent angle-closure glaucoma, unspecified eye
E11.65	92134, 92137	Type 2 diabetes mellitus with hyperglycemia	H40.241	92133, 92134, 92137	Residual stage of angle-closure glaucoma, right eye
E11.8	92134, 92137	Type 2 diabetes mellitus with unspecified complications	H40.242	92133, 92134, 92137	Residual stage of angle-closure glaucoma, left eye
E11.9	92134, 92137	Type 2 diabetes mellitus without complications	H40.243	92133, 92134, 92137	Residual stage of angle-closure glaucoma, bilateral

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E13.311	92134, 92137	Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema	H40.249	92133, 92134, 92137	Residual stage of angle-closure glaucoma, unspecified eye
E13.319	92134, 92137	Other specified diabetes mellitus with unspecified diabetic retinopathy without macular edema	H40.30X0	92133, 92134, 92137	Glaucoma secondary to eye trauma, unspecified eye, stage unspecified
E13.3211	92134, 92137	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye	H40.30X1	92133, 92134, 92137	Glaucoma secondary to eye trauma, unspecified eye, mild stage
E13.3212	92134, 92137	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye	H40.30X2	92133, 92134, 92137	Glaucoma secondary to eye trauma, unspecified eye, moderate stage
E13.3213	92134, 92137	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral	H40.30X3	92133, 92134, 92137	Glaucoma secondary to eye trauma, unspecified eye, severe stage

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E13.3219	92134, 92137	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye	H40.30X4	92133, 92134, 92137	Glaucoma secondary to eye trauma, unspecified eye, indeterminate stage
E13.3291	92134, 92137	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye	H40.31X0	92133, 92134, 92137	Glaucoma secondary to eye trauma, right eye, stage unspecified
E13.3292	92134, 92137	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye	H40.31X1	92133, 92134, 92137	Glaucoma secondary to eye trauma, right eye, mild stage
E13.3293	92134, 92137	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral	H40.31X2	92133, 92134, 92137	Glaucoma secondary to eye trauma, right eye, moderate stage

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E13.3299	92134, 92137	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye	H40.31X3	92133, 92134, 92137	Glaucoma secondary to eye trauma, right eye, severe stage
E13.3311	92134, 92137	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye	H40.31X4	92133, 92134, 92137	Glaucoma secondary to eye trauma, right eye, indeterminate stage
E13.3312	92134, 92137	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye	H40.32X0	92133, 92134, 92137	Glaucoma secondary to eye trauma, left eye, stage unspecified
E13.3313	92134, 92137	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral	H40.32X1	92133, 92134, 92137	Glaucoma secondary to eye trauma, left eye, mild stage

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E13.3319	92134, 92137	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye	H40.32X2	92133, 92134, 92137	Glaucoma secondary to eye trauma, left eye, moderate stage
E13.3391	92134, 92137	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye	H40.32X3	92133, 92134, 92137	Glaucoma secondary to eye trauma, left eye, severe stage
E13.3392	92134, 92137	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye	H40.32X4	92133, 92134, 92137	Glaucoma secondary to eye trauma, left eye, indeterminate stage
E13.3393	92134, 92137	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral	H40.33X0	92133, 92134, 92137	Glaucoma secondary to eye trauma, bilateral, stage unspecified

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E13.3399	92134, 92137	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye	H40.33X1	92133, 92134, 92137	Glaucoma secondary to eye trauma, bilateral, mild stage
E13.3411	92134, 92137	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye	H40.33X2	92133, 92134, 92137	Glaucoma secondary to eye trauma, bilateral, moderate stage
E13.3412	92134, 92137	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye	H40.33X3	92133, 92134, 92137	Glaucoma secondary to eye trauma, bilateral, severe stage
E13.3413	92134, 92137	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral	H40.33X4	92133, 92134, 92137	Glaucoma secondary to eye trauma, bilateral, indeterminate stage

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E13.3419	92134, 92137	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye	H40.40X0	92133, 92134, 92137	Glaucoma secondary to eye inflammation, unspecified eye, stage unspecified
E13.3491	92134, 92137	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye	H40.40X1	92133, 92134, 92137	Glaucoma secondary to eye inflammation, unspecified eye, mild stage
E13.3492	92134, 92137	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye	H40.40X2	92133, 92134, 92137	Glaucoma secondary to eye inflammation, unspecified eye, moderate stage
E13.3493	92134, 92137	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral	H40.40X3	92133, 92134, 92137	Glaucoma secondary to eye inflammation, unspecified eye, severe stage

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E13.3499	92134, 92137	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye	H40.40X4	92133, 92134, 92137	Glaucoma secondary to eye inflammation, unspecified eye, indeterminate stage
E13.3511	92134, 92137	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye	H40.41X0	92133, 92134, 92137	Glaucoma secondary to eye inflammation, right eye, stage unspecified
E13.3512	92134, 92137	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye	H40.41X1	92133, 92134, 92137	Glaucoma secondary to eye inflammation, right eye, mild stage
E13.3513	92134, 92137	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral	H40.41X2	92133, 92134, 92137	Glaucoma secondary to eye inflammation, right eye, moderate stage
E13.3519	92134, 92137	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye	H40.41X3	92133, 92134, 92137	Glaucoma secondary to eye inflammation, right eye, severe stage

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E13.3521	92134, 92137	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye	H40.41X4	92133, 92134, 92137	Glaucoma secondary to eye inflammation, right eye, indeterminate stage
E13.3522	92134, 92137	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye	H40.42X0	92133, 92134, 92137	Glaucoma secondary to eye inflammation, left eye, stage unspecified
E13.3523	92134, 92137	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral	H40.42X1	92133, 92134, 92137	Glaucoma secondary to eye inflammation, left eye, mild stage
E13.3529	92134, 92137	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye	H40.42X2	92133, 92134, 92137	Glaucoma secondary to eye inflammation, left eye, moderate stage

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E13.3531	92134, 92137	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye	H40.42X3	92133, 92134, 92137	Glaucoma secondary to eye inflammation, left eye, severe stage
E13.3532	92134, 92137	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye	H40.42X4	92133, 92134, 92137	Glaucoma secondary to eye inflammation, left eye, indeterminate stage
E13.3533	92134, 92137	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral	H40.43X0	92133, 92134, 92137	Glaucoma secondary to eye inflammation, bilateral, stage unspecified
E13.3539	92134, 92137	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye	H40.43X1	92133, 92134, 92137	Glaucoma secondary to eye inflammation, bilateral, mild stage

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E13.3541	92134, 92137	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye	H40.43X2	92133, 92134, 92137	Glaucoma secondary to eye inflammation, bilateral, moderate stage
E13.3542	92134, 92137	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye	H40.43X3	92133, 92134, 92137	Glaucoma secondary to eye inflammation, bilateral, severe stage
E13.3543	92134, 92137	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral	H40.43X4	92133, 92134, 92137	Glaucoma secondary to eye inflammation, bilateral, indeterminate stage

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E13.3549	92134, 92137	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye	H40.50X0	92133, 92134, 92137	Glaucoma secondary to other eye disorders, unspecified eye, stage unspecified
E13.3551	92134, 92137	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, right eye	H40.50X1	92133, 92134, 92137	Glaucoma secondary to other eye disorders, unspecified eye, mild stage
E13.3552	92134, 92137	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, left eye	H40.50X2	92133, 92134, 92137	Glaucoma secondary to other eye disorders, unspecified eye, moderate stage
E13.3553	92134, 92137	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, bilateral	H40.50X3	92133, 92134, 92137	Glaucoma secondary to other eye disorders, unspecified eye, severe stage

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E13.3559	92134, 92137	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye	H40.50X4	92133, 92134, 92137	Glaucoma secondary to other eye disorders, unspecified eye, indeterminate stage
E13.3591	92134, 92137	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye	H40.51X0	92133, 92134, 92137	Glaucoma secondary to other eye disorders, right eye, stage unspecified
E13.3592	92134, 92137	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye	H40.51X1	92133, 92134, 92137	Glaucoma secondary to other eye disorders, right eye, mild stage
E13.3593	92134, 92137	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral	H40.51X2	92133, 92134, 92137	Glaucoma secondary to other eye disorders, right eye, moderate stage
E13.3599	92134, 92137	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye	H40.51X3	92133, 92134, 92137	Glaucoma secondary to other eye disorders, right eye, severe stage

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
E13.36	92134, 92137	Other specified diabetes mellitus with diabetic cataract	H40.51X4	92133, 92134, 92137	Glaucoma secondary to other eye disorders, right eye, indeterminate stage
E13.37X1	92134, 92137	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, right eye	H40.52X0	92133, 92134, 92137	Glaucoma secondary to other eye disorders, left eye, stage unspecified
E13.37X2	92134, 92137	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, left eye	H40.52X1	92133, 92134, 92137	Glaucoma secondary to other eye disorders, left eye, mild stage
E13.37X3	92134, 92137	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral	H40.52X2	92133, 92134, 92137	Glaucoma secondary to other eye disorders, left eye, moderate stage
E13.37X9	92134, 92137	Other specified diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye	H40.52X3	92133, 92134, 92137	Glaucoma secondary to other eye disorders, left eye, severe stage
E13.39	92134, 92137	Other specified diabetes mellitus with other diabetic ophthalmic complication	H40.52X4	92133, 92134, 92137	Glaucoma secondary to other eye disorders, left eye, indeterminate stage

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
G93.2	92134, 92137	Benign intracranial hypertension	H40.53X0	92133, 92134, 92137	Glaucoma secondary to other eye disorders, bilateral, stage unspecified
H30.001	92134, 92137	Unspecified focal chorioretinal inflammation, right eye	H40.53X1	92133, 92134, 92137	Glaucoma secondary to other eye disorders, bilateral, mild stage
H30.002	92134, 92137	Unspecified focal chorioretinal inflammation, left eye	H40.53X2	92133, 92134, 92137	Glaucoma secondary to other eye disorders, bilateral, moderate stage
H30.003	92134, 92137	Unspecified focal chorioretinal inflammation, bilateral	H40.53X3	92133, 92134, 92137	Glaucoma secondary to other eye disorders, bilateral, severe stage
H30.009	92134, 92137	Unspecified focal chorioretinal inflammation, unspecified eye	H40.53X4	92133, 92134, 92137	Glaucoma secondary to other eye disorders, bilateral, indeterminate stage
H30.011	92134, 92137	Focal chorioretinal inflammation, juxtapapillary, right eye	H40.60X0	92133, 92134, 92137	Glaucoma secondary to drugs, unspecified eye, stage unspecified
H30.012	92134, 92137	Focal chorioretinal inflammation, juxtapapillary, left eye	H40.60X1	92133, 92134, 92137	Glaucoma secondary to drugs, unspecified eye, mild stage
H30.013	92134, 92137	Focal chorioretinal inflammation, juxtapapillary, bilateral	H40.60X2	92133, 92134, 92137	Glaucoma secondary to drugs, unspecified eye, moderate stage
H30.019	92134, 92137	Focal chorioretinal inflammation, juxtapapillary, unspecified eye	H40.60X3	92133, 92134, 92137	Glaucoma secondary to drugs, unspecified eye, severe stage

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
H30.021	92134, 92137	Focal chorioretinal inflammation of posterior pole, right eye	H40.60X4	92133, 92134, 92137	Glaucoma secondary to drugs, unspecified eye, indeterminate stage
H30.022	92134, 92137	Focal chorioretinal inflammation of posterior pole, left eye	H40.61X0	92133, 92134, 92137	Glaucoma secondary to drugs, right eye, stage unspecified
H30.023	92134, 92137	Focal chorioretinal inflammation of posterior pole, bilateral	H40.61X1	92133, 92134, 92137	Glaucoma secondary to drugs, right eye, mild stage
H30.029	92134, 92137	Focal chorioretinal inflammation of posterior pole, unspecified eye	H40.61X2	92133, 92134, 92137	Glaucoma secondary to drugs, right eye, moderate stage
H30.031	92134, 92137	Focal chorioretinal inflammation, peripheral, right eye	H40.61X3	92133, 92134, 92137	Glaucoma secondary to drugs, right eye, severe stage
H30.032	92134, 92137	Focal chorioretinal inflammation, peripheral, left eye	H40.61X4	92133, 92134, 92137	Glaucoma secondary to drugs, right eye, indeterminate stage
H30.033	92134, 92137	Focal chorioretinal inflammation, peripheral, bilateral	H40.62X0	92133, 92134, 92137	Glaucoma secondary to drugs, left eye, stage unspecified
H30.039	92134, 92137	Focal chorioretinal inflammation, peripheral, unspecified eye	H40.62X1	92133, 92134, 92137	Glaucoma secondary to drugs, left eye, mild stage
H30.041	92134, 92137	Focal chorioretinal inflammation, macular or paramacular, right eye	H40.62X2	92133, 92134, 92137	Glaucoma secondary to drugs, left eye, moderate stage

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
H30.042	92134, 92137	Focal chorioretinal inflammation, macular or paramacular, left eye	H40.62X3	92133, 92134, 92137	Glaucoma secondary to drugs, left eye, severe stage
H30.043	92134, 92137	Focal chorioretinal inflammation, macular or paramacular, bilateral	H40.62X4	92133, 92134, 92137	Glaucoma secondary to drugs, left eye, indeterminate stage
H30.049	92134, 92137	Focal chorioretinal inflammation, macular or paramacular, unspecified eye	H40.63X0	92133, 92134, 92137	Glaucoma secondary to drugs, bilateral, stage unspecified
H30.101	92134, 92137	Unspecified disseminated chorioretinal inflammation, right eye	H40.63X1	92133, 92134, 92137	Glaucoma secondary to drugs, bilateral, mild stage
H30.102	92134, 92137	Unspecified disseminated chorioretinal inflammation, left eye	H40.63X2	92133, 92134, 92137	Glaucoma secondary to drugs, bilateral, moderate stage
H30.103	92134, 92137	Unspecified disseminated chorioretinal inflammation, bilateral	H40.63X3	92133, 92134, 92137	Glaucoma secondary to drugs, bilateral, severe stage
H30.109	92134, 92137	Unspecified disseminated chorioretinal inflammation, unspecified eye	H40.63X4	92133, 92134, 92137	Glaucoma secondary to drugs, bilateral, indeterminate stage

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
H30.111	92134, 92137	Disseminated chorioretinal inflammation of posterior pole, right eye	H40.811	92133, 92134, 92137	Glaucoma with increased episcleral venous pressure, right eye
H30.112	92134, 92137	Disseminated chorioretinal inflammation of posterior pole, left eye	H40.812	92133, 92134, 92137	Glaucoma with increased episcleral venous pressure, left eye
H30.113	92134, 92137	Disseminated chorioretinal inflammation of posterior pole, bilateral	H40.813	92133, 92134, 92137	Glaucoma with increased episcleral venous pressure, bilateral
H30.119	92134, 92137	Disseminated chorioretinal inflammation of posterior pole, unspecified eye	H40.819	92133, 92134, 92137	Glaucoma with increased episcleral venous pressure, unspecified eye
H30.121	92134, 92137	Disseminated chorioretinal inflammation, peripheral right eye	H40.821	92133, 92134, 92137	Hypersecretion glaucoma, right eye
H30.122	92134, 92137	Disseminated chorioretinal inflammation, peripheral, left eye	H40.822	92133, 92134, 92137	Hypersecretion glaucoma, left eye
H30.123	92134, 92137	Disseminated chorioretinal inflammation, peripheral, bilateral	H40.823	92133, 92134, 92137	Hypersecretion glaucoma, bilateral

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
H30.129	92134, 92137	Disseminated chorioretinal inflammation, peripheral, unspecified eye	H40.829	92133, 92134, 92137	Hypersecretion glaucoma, unspecified eye
H30.131	92134, 92137	Disseminated chorioretinal inflammation, generalized, right eye	H40.831	92133, 92134, 92137	Aqueous misdirection, right eye
H30.132	92134, 92137	Disseminated chorioretinal inflammation, generalized, left eye	H40.832	92133, 92134, 92137	Aqueous misdirection, left eye
H30.133	92134, 92137	Disseminated chorioretinal inflammation, generalized, bilateral	H40.833	92133, 92134, 92137	Aqueous misdirection, bilateral
H30.139	92134, 92137	Disseminated chorioretinal inflammation, generalized, unspecified eye	H40.839	92133, 92134, 92137	Aqueous misdirection, unspecified eye
H30.141	92134, 92137	Acute posterior multifocal placoid pigment epitheliopathy, right eye	H40.89	92133, 92134, 92137	Other specified glaucoma
H30.142	92134, 92137	Acute posterior multifocal placoid pigment epitheliopathy, left eye	H40.9	92133, 92134, 92137	Unspecified glaucoma

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
H30.143	92134, 92137	Acute posterior multifocal placoid pigment epitheliopathy, bilateral	H42	92133, 92134, 92137	Glaucoma in diseases classified elsewhere
H30.149	92134, 92137	Acute posterior multifocal placoid pigment epitheliopathy, unspecified eye	H43.00	92134, 92137	Vitreous prolapse, unspecified eye
H30.20	92134, 92137	Posterior cyclitis, unspecified eye	H43.01	92134, 92137	Vitreous prolapse, right eye
H30.21	92134, 92137	Posterior cyclitis, right eye	H43.02	92134, 92137	Vitreous prolapse, left eye
H30.22	92134, 92137	Posterior cyclitis, left eye	H43.03	92134, 92137	Vitreous prolapse, bilateral
H30.23	92134, 92137	Posterior cyclitis, bilateral	H43.10	92134, 92137	Vitreous hemorrhage, unspecified eye
H30.811	92134, 92137	Harada's disease, right eye	H43.11	92134, 92137	Vitreous hemorrhage, right eye
H30.812	92134, 92137	Harada's disease, left eye	H43.12	92134, 92137	Vitreous hemorrhage, left eye
H30.813	92134, 92137	Harada's disease, bilateral	H43.13	92134, 92137	Vitreous hemorrhage, bilateral
H30.819	92134, 92137	Harada's disease, unspecified eye	H43.20	92134, 92137	Crystalline deposits in vitreous body, unspecified eye
H30.891	92134, 92137	Other chorioretinal inflammations, right eye	H43.21	92134, 92137	Crystalline deposits in vitreous body, right eye
H30.892	92134, 92137	Other chorioretinal inflammations, left eye	H43.22	92134, 92137	Crystalline deposits in vitreous body, left eye
H30.893	92134, 92137	Other chorioretinal inflammations, bilateral	H43.23	92134, 92137	Crystalline deposits in vitreous body, bilateral
H30.899	92134, 92137	Other chorioretinal inflammations, unspecified eye	H43.311	92134, 92137	Vitreous membranes and strands, right eye

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
H30.90	92134, 92137	Unspecified chorioretinal inflammation, unspecified eye	H43.312	92134, 92137	Vitreous membranes and strands, left eye
H30.91	92134, 92137	Unspecified chorioretinal inflammation, right eye	H43.313	92134, 92137	Vitreous membranes and strands, bilateral
H30.92	92134, 92137	Unspecified chorioretinal inflammation, left eye	H43.319	92134, 92137	Vitreous membranes and strands, unspecified eye
H30.93	92134, 92137	Unspecified chorioretinal inflammation, bilateral	H43.391	92134, 92137	Other vitreous opacities, right eye
H31.001	92134, 92137	Unspecified chorioretinal scars, right eye	H43.392	92134, 92137	Other vitreous opacities, left eye
H31.002	92134, 92137	Unspecified chorioretinal scars, left eye	H43.393	92134, 92137	Other vitreous opacities, bilateral
H31.003	92134, 92137	Unspecified chorioretinal scars, bilateral	H43.399	92134, 92137	Other vitreous opacities, unspecified eye
H31.009	92134, 92137	Unspecified chorioretinal scars, unspecified eye	H43.811	92134, 92137	Vitreous degeneration, right eye
H31.011	92134, 92137	Macula scars of posterior pole (postinflammatory) (post-traumatic), right eye	H43.812	92134, 92137	Vitreous degeneration, left eye
H31.012	92134, 92137	Macula scars of posterior pole (postinflammatory) (post-traumatic), left eye	H43.813	92134, 92137	Vitreous degeneration, bilateral

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
H31.013	92134, 92137	Macula scars of posterior pole (postinflammatory) (post-traumatic), bilateral	H43.819	92134, 92137	Vitreous degeneration, unspecified eye
H31.019	92134, 92137	Macula scars of posterior pole (postinflammatory) (post-traumatic), unspecified eye	H43.821	92134, 92137	Vitreomacular adhesion, right eye
H31.021	92134, 92137	Solar retinopathy, right eye	H43.822	92134, 92137	Vitreomacular adhesion, left eye
H31.022	92134, 92137	Solar retinopathy, left eye	H43.823	92134, 92137	Vitreomacular adhesion, bilateral
H31.023	92134, 92137	Solar retinopathy, bilateral	H43.829	92134, 92137	Vitreomacular adhesion, unspecified eye
H31.029	92134, 92137	Solar retinopathy, unspecified eye	H43.89	92134, 92137	Other disorders of vitreous body
H31.091	92134, 92137	Other chorioretinal scars, right eye	H43.9	92134, 92137	Unspecified disorder of vitreous body
H31.092	92134, 92137	Other chorioretinal scars, left eye	H44.131	92134, 92137	Sympathetic uveitis, right eye
H31.093	92134, 92137	Other chorioretinal scars, bilateral	H44.132	92134, 92137	Sympathetic uveitis, left eye
H31.099	92134, 92137	Other chorioretinal scars, unspecified eye	H44.133	92134, 92137	Sympathetic uveitis, bilateral
H31.101	92134, 92137	Choroidal degeneration, unspecified, right eye	H44.139	92134, 92137	Sympathetic uveitis, unspecified eye
H31.102	92134, 92137	Choroidal degeneration, unspecified, left eye	H44.19	92134, 92137	Other endophthalmitis

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
H31.103	92134, 92137	Choroidal degeneration, unspecified, bilateral	H44.20	92134, 92137	Degenerative myopia, unspecified eye
H31.109	92134, 92137	Choroidal degeneration, unspecified, unspecified eye	H44.21	92134, 92137	Degenerative myopia, right eye
H31.111	92134, 92137	Age-related choroidal atrophy, right eye	H44.22	92134, 92137	Degenerative myopia, left eye
H31.112	92134, 92137	Age-related choroidal atrophy, left eye	H44.23	92134, 92137	Degenerative myopia, bilateral
H31.113	92134, 92137	Age-related choroidal atrophy, bilateral	H44.2A1	92134, 92137	Degenerative myopia with choroidal neovascularization, right eye
H31.119	92134, 92137	Age-related choroidal atrophy, unspecified eye	H44.2A2	92134, 92137	Degenerative myopia with choroidal neovascularization, left eye
H31.121	92134, 92137	Diffuse secondary atrophy of choroid, right eye	H44.2A3	92134, 92137	Degenerative myopia with choroidal neovascularization, bilateral eye
H31.122	92134, 92137	Diffuse secondary atrophy of choroid, left eye	H44.2A9	92134, 92137	Degenerative myopia with choroidal neovascularization, unspecified eye
H31.123	92134, 92137	Diffuse secondary atrophy of choroid, bilateral	H44.2B1	92134, 92137	Degenerative myopia with macular hole, right eye
H31.129	92134, 92137	Diffuse secondary atrophy of choroid, unspecified eye	H44.2B2	92134, 92137	Degenerative myopia with macular hole, left eye
H31.301	92134, 92137	Unspecified choroidal hemorrhage, right eye	H44.2B3	92134, 92137	Degenerative myopia with macular hole, bilateral eye

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
H31.302	92134, 92137	Unspecified choroidal hemorrhage, left eye	H44.2B9	92134, 92137	Degenerative myopia with macular hole, unspecified eye
H31.303	92134, 92137	Unspecified choroidal hemorrhage, bilateral	H44.2C1	92134, 92137	Degenerative myopia with retinal detachment, right eye
H31.309	92134, 92137	Unspecified choroidal hemorrhage, unspecified eye	H44.2C2	92134, 92137	Degenerative myopia with retinal detachment, left eye
H31.311	92134, 92137	Expulsive choroidal hemorrhage, right eye	H44.2C3	92134, 92137	Degenerative myopia with retinal detachment, bilateral eye
H31.312	92134, 92137	Expulsive choroidal hemorrhage, left eye	H44.2C9	92134, 92137	Degenerative myopia with retinal detachment, unspecified eye
H31.313	92134, 92137	Expulsive choroidal hemorrhage, bilateral	H44.2D1	92134, 92137	Degenerative myopia with foveoschisis, right eye
H31.319	92134, 92137	Expulsive choroidal hemorrhage, unspecified eye	H44.2D2	92134, 92137	Degenerative myopia with foveoschisis, left eye
H31.321	92134, 92137	Choroidal rupture, right eye	H44.2D3	92134, 92137	Degenerative myopia with foveoschisis, bilateral eye
H31.322	92134, 92137	Choroidal rupture, left eye	H44.2D9	92134, 92137	Degenerative myopia with foveoschisis, unspecified eye
H31.323	92134, 92137	Choroidal rupture, bilateral	H44.2E1	92134, 92137	Degenerative myopia with other maculopathy, right eye
H31.329	92134, 92137	Choroidal rupture, unspecified eye	H44.2E2	92134, 92137	Degenerative myopia with other maculopathy, left eye
H31.401	92134, 92137	Unspecified choroidal detachment, right eye	H44.2E3	92134, 92137	Degenerative myopia with other maculopathy, bilateral eye

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
H31.402	92134, 92137	Unspecified choroidal detachment, left eye	H44.2E9	92134, 92137	Degenerative myopia with other maculopathy, unspecified eye
H31.403	92134, 92137	Unspecified choroidal detachment, bilateral	H44.40	92133, 92134, 92137	Unspecified hypotony of eye
H31.409	92134, 92137	Unspecified choroidal detachment, unspecified eye	H44.411	92134, 92137	Flat anterior chamber hypotony of right eye
H31.411	92134, 92137	Hemorrhagic choroidal detachment, right eye	H44.412	92134, 92137	Flat anterior chamber hypotony of left eye
H31.412	92134, 92137	Hemorrhagic choroidal detachment, left eye	H44.413	92134, 92137	Flat anterior chamber hypotony of eye, bilateral
H31.413	92134, 92137	Hemorrhagic choroidal detachment, bilateral	H44.419	92134, 92137	Flat anterior chamber hypotony of unspecified eye
H31.419	92134, 92137	Hemorrhagic choroidal detachment, unspecified eye	H44.421	92133, 92134, 92137	Hypotony of right eye due to ocular fistula
H31.421	92134, 92137	Serous choroidal detachment, right eye	H44.422	92133, 92134, 92137	Hypotony of left eye due to ocular fistula
H31.422	92134, 92137	Serous choroidal detachment, left eye	H44.423	92133, 92134, 92137	Hypotony of eye due to ocular fistula, bilateral
H31.423	92134, 92137	Serous choroidal detachment, bilateral	H44.429	92133, 92134, 92137	Hypotony of unspecified eye due to ocular fistula

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
H31.429	92134, 92137	Serous choroidal detachment, unspecified eye	H44.431	92133, 92134, 92137	Hypotony of eye due to other ocular disorders, right eye
H32	92134, 92137	Chorioretinal disorders in diseases classified elsewhere	H44.432	92133, 92134, 92137	Hypotony of eye due to other ocular disorders, left eye
H33.001	92134, 92137	Unspecified retinal detachment with retinal break, right eye	H44.433	92133, 92134, 92137	Hypotony of eye due to other ocular disorders, bilateral
H33.002	92134, 92137	Unspecified retinal detachment with retinal break, left eye	H44.439	92133, 92134, 92137	Hypotony of eye due to other ocular disorders, unspecified eye
H33.003	92134, 92137	Unspecified retinal detachment with retinal break, bilateral	H44.441	92133	Primary hypotony of right eye
H33.009	92134, 92137	Unspecified retinal detachment with retinal break, unspecified eye	H44.442	92133	Primary hypotony of left eye
H33.011	92134, 92137	Retinal detachment with single break, right eye	H44.443	92133	Primary hypotony of eye, bilateral
H33.012	92134, 92137	Retinal detachment with single break, left eye	H44.449	92133	Primary hypotony of unspecified eye
H33.013	92134, 92137	Retinal detachment with single break, bilateral	H46.00	92133, 92134, 92137	Optic papillitis, unspecified eye

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
H33.019	92134, 92137	Retinal detachment with single break, unspecified eye	H46.01	92133, 92134, 92137	Optic papillitis, right eye
H33.021	92134, 92137	Retinal detachment with multiple breaks, right eye	H46.02	92133, 92134, 92137	Optic papillitis, left eye
H33.022	92134, 92137	Retinal detachment with multiple breaks, left eye	H46.03	92133, 92134, 92137	Optic papillitis, bilateral
H33.023	92134, 92137	Retinal detachment with multiple breaks, bilateral	H46.10	92133, 92134, 92137	Retrobulbar neuritis, unspecified eye
H33.029	92134, 92137	Retinal detachment with multiple breaks, unspecified eye	H46.11	92133, 92134, 92137	Retrobulbar neuritis, right eye
H33.031	92134, 92137	Retinal detachment with giant retinal tear, right eye	H46.12	92133, 92134, 92137	Retrobulbar neuritis, left eye
H33.032	92134, 92137	Retinal detachment with giant retinal tear, left eye	H46.13	92133, 92134, 92137	Retrobulbar neuritis, bilateral
H33.033	92134, 92137	Retinal detachment with giant retinal tear, bilateral	H46.2	92133, 92134, 92137	Nutritional optic neuropathy
H33.039	92134, 92137	Retinal detachment with giant retinal tear, unspecified eye	H46.3	92133, 92134, 92137	Toxic optic neuropathy

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
H33.041	92134, 92137	Retinal detachment with retinal dialysis, right eye	H46.8	92133, 92134, 92137	Other optic neuritis
H33.042	92134, 92137	Retinal detachment with retinal dialysis, left eye	H46.9	92133, 92134, 92137	Unspecified optic neuritis
H33.043	92134, 92137	Retinal detachment with retinal dialysis, bilateral	H47.011	92133, 92134, 92137	Ischemic optic neuropathy, right eye
H33.049	92134, 92137	Retinal detachment with retinal dialysis, unspecified eye	H47.012	92133, 92134, 92137	Ischemic optic neuropathy, left eye
H33.051	92134, 92137	Total retinal detachment, right eye	H47.013	92133, 92134, 92137	Ischemic optic neuropathy, bilateral
H33.052	92134, 92137	Total retinal detachment, left eye	H47.019	92133, 92134, 92137	Ischemic optic neuropathy, unspecified eye
H33.053	92134, 92137	Total retinal detachment, bilateral	H47.021	92133, 92134, 92137	Hemorrhage in optic nerve sheath, right eye
H33.059	92134, 92137	Total retinal detachment, unspecified eye	H47.022	92133, 92134, 92137	Hemorrhage in optic nerve sheath, left eye
H33.101	92134, 92137	Unspecified retinoschisis, right eye	H47.023	92133, 92134, 92137	Hemorrhage in optic nerve sheath, bilateral
H33.102	92134, 92137	Unspecified retinoschisis, left eye	H47.029	92133, 92134, 92137	Hemorrhage in optic nerve sheath, unspecified eye
H33.103	92134, 92137	Unspecified retinoschisis, bilateral	H47.031	92134, 92137	Optic nerve hypoplasia, right eye

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
H33.109	92134, 92137	Unspecified retinoschisis, unspecified eye	H47.032	92134, 92137	Optic nerve hypoplasia, left eye
H33.121	92134, 92137	Parasitic cyst of retina, right eye	H47.033	92134, 92137	Optic nerve hypoplasia, bilateral
H33.122	92134, 92137	Parasitic cyst of retina, left eye	H47.039	92134, 92137	Optic nerve hypoplasia, unspecified eye
H33.123	92134, 92137	Parasitic cyst of retina, bilateral	H47.091	92133, 92134, 92137	Other disorders of optic nerve, not elsewhere classified, right eye
H33.129	92134, 92137	Parasitic cyst of retina, unspecified eye	H47.092	92133, 92134, 92137	Other disorders of optic nerve, not elsewhere classified, left eye
H33.191	92134, 92137	Other retinoschisis and retinal cysts, right eye	H47.093	92133, 92134, 92137	Other disorders of optic nerve, not elsewhere classified, bilateral
H33.192	92134, 92137	Other retinoschisis and retinal cysts, left eye	H47.099	92133, 92134, 92137	Other disorders of optic nerve, not elsewhere classified, unspecified eye
H33.193	92134, 92137	Other retinoschisis and retinal cysts, bilateral	H47.10	92133, 92134, 92137	Unspecified papilledema
H33.199	92134, 92137	Other retinoschisis and retinal cysts, unspecified eye	H47.11	92133, 92134, 92137	Papilledema associated with increased intracranial pressure
H33.20	92134, 92137	Serous retinal detachment, unspecified eye	H47.12	92133, 92134, 92137	Papilledema associated with decreased ocular pressure
H33.21	92134, 92137	Serous retinal detachment, right eye	H47.13	92133, 92134, 92137	Papilledema associated with retinal disorder
H33.22	92134, 92137	Serous retinal detachment, left eye	H47.141	92133, 92134, 92137	Foster-Kennedy syndrome, right eye
H33.23	92134, 92137	Serous retinal detachment, bilateral	H47.142	92133, 92134, 92137	Foster-Kennedy syndrome, left eye

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
H33.301	92134, 92137	Unspecified retinal break, right eye	H47.143	92133, 92134, 92137	Foster-Kennedy syndrome, bilateral
H33.302	92134, 92137	Unspecified retinal break, left eye	H47.149	92133, 92134, 92137	Foster-Kennedy syndrome, unspecified eye
H33.303	92134, 92137	Unspecified retinal break, bilateral	H47.20	92133	Unspecified optic atrophy
H33.309	92134, 92137	Unspecified retinal break, unspecified eye	H47.211	92134, 92137	Primary optic atrophy, right eye
H33.311	92134, 92137	Horseshoe tear of retina without detachment, right eye	H47.212	92134, 92137	Primary optic atrophy, left eye
H33.312	92134, 92137	Horseshoe tear of retina without detachment, left eye	H47.213	92134, 92137	Primary optic atrophy, bilateral
H33.313	92134, 92137	Horseshoe tear of retina without detachment, bilateral	H47.219	92134, 92137	Primary optic atrophy, unspecified eye
H33.319	92134, 92137	Horseshoe tear of retina without detachment, unspecified eye	H47.22	92133, 92134, 92137	Hereditary optic atrophy
H33.321	92134, 92137	Round hole, right eye	H47.231	92133, 92134, 92137	Glaucomatous optic atrophy, right eye
H33.322	92134, 92137	Round hole, left eye	H47.232	92133, 92134, 92137	Glaucomatous optic atrophy, left eye
H33.323	92134, 92137	Round hole, bilateral	H47.233	92133, 92134, 92137	Glaucomatous optic atrophy, bilateral

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
H33.329	92134, 92137	Round hole, unspecified eye	H47.239	92133, 92134, 92137	Glaucomatous optic atrophy, unspecified eye
H33.331	92134, 92137	Multiple defects of retina without detachment, right eye	H47.291	92133, 92134, 92137	Other optic atrophy, right eye
H33.332	92134, 92137	Multiple defects of retina without detachment, left eye	H47.292	92133, 92134, 92137	Other optic atrophy, left eye
H33.333	92134, 92137	Multiple defects of retina without detachment, bilateral	H47.293	92133, 92134, 92137	Other optic atrophy, bilateral
H33.339	92134, 92137	Multiple defects of retina without detachment, unspecified eye	H47.299	92133, 92134, 92137	Other optic atrophy, unspecified eye
H33.40	92134, 92137	Traction detachment of retina, unspecified eye	H47.311	92133, 92134, 92137	Coloboma of optic disc, right eye
H33.41	92134, 92137	Traction detachment of retina, right eye	H47.312	92133, 92134, 92137	Coloboma of optic disc, left eye
H33.42	92134, 92137	Traction detachment of retina, left eye	H47.313	92133, 92134, 92137	Coloboma of optic disc, bilateral
H33.43	92134, 92137	Traction detachment of retina, bilateral	H47.319	92133, 92134, 92137	Coloboma of optic disc, unspecified eye
H33.8	92134, 92137	Other retinal detachments	H47.321	92133, 92134, 92137	Drusen of optic disc, right eye
H34.00	92134, 92137	Transient retinal artery occlusion, unspecified eye	H47.322	92133, 92134, 92137	Drusen of optic disc, left eye

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
H34.01	92134, 92137	Transient retinal artery occlusion, right eye	H47.323	92133, 92134, 92137	Drusen of optic disc, bilateral
H34.02	92134, 92137	Transient retinal artery occlusion, left eye	H47.329	92133, 92134, 92137	Drusen of optic disc, unspecified eye
H34.03	92134, 92137	Transient retinal artery occlusion, bilateral	H47.331	92133, 92134, 92137	Pseudopapilledema of optic disc, right eye
H34.10	92134, 92137	Central retinal artery occlusion, unspecified eye	H47.332	92133, 92134, 92137	Pseudopapilledema of optic disc, left eye
H34.11	92134, 92137	Central retinal artery occlusion, right eye	H47.333	92133, 92134, 92137	Pseudopapilledema of optic disc, bilateral
H34.12	92134, 92137	Central retinal artery occlusion, left eye	H47.339	92133, 92134, 92137	Pseudopapilledema of optic disc, unspecified eye
H34.13	92134, 92137	Central retinal artery occlusion, bilateral	H47.391	92133, 92134, 92137	Other disorders of optic disc, right eye
H34.211	92134, 92137	Partial retinal artery occlusion, right eye	H47.392	92133, 92134, 92137	Other disorders of optic disc, left eye
H34.212	92134, 92137	Partial retinal artery occlusion, left eye	H47.393	92133, 92134, 92137	Other disorders of optic disc, bilateral
H34.213	92134, 92137	Partial retinal artery occlusion, bilateral	H47.399	92133, 92134, 92137	Other disorders of optic disc, unspecified eye
H34.219	92134, 92137	Partial retinal artery occlusion, unspecified eye	H47.41	92133	Disorders of optic chiasm in (due to) inflammatory disorders
H34.231	92134, 92137	Retinal artery branch occlusion, right eye	H47.42	92133	Disorders of optic chiasm in (due to) neoplasm

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
H34.232	92134, 92137	Retinal artery branch occlusion, left eye	H47.43	92133	Disorders of optic chiasm in (due to) vascular disorders
H34.233	92134, 92137	Retinal artery branch occlusion, bilateral	H47.49	92133	Disorders of optic chiasm in (due to) other disorders
H34.239	92134, 92137	Retinal artery branch occlusion, unspecified eye	H47.511	92133	Disorders of visual pathways in (due to) inflammatory disorders, right side
H34.8110	92134, 92137	Central retinal vein occlusion, right eye with macular edema	H47.512	92133	Disorders of visual pathways in (due to) inflammatory disorders, left side
H34.8111	92134, 92137	Central retinal vein occlusion, right eye, with retinal neovascularization	H47.519	92133	Disorders of visual pathways in (due to) inflammatory disorders, unspecified side
H34.8112	92134, 92137	Central retinal vein occlusion, right eye, stable	H47.521	92133	Disorders of visual pathways in (due to) neoplasm, right side
H34.8120	92134, 92137	Central retinal vein occlusion, left eye with macular edema	H47.522	92133	Disorders of visual pathways in (due to) neoplasm, left side
H34.8121	92134, 92137	Central retinal vein occlusion, left eye, with retinal neovascularization	H47.529	92133	Disorders of visual pathways in (due to) neoplasm, unspecified side
H34.8122	92134, 92137	Central retinal vein occlusion, left eye, stable	H47.531	92133	Disorders of visual pathways in (due to) vascular disorders, right side
H34.8130	92134, 92137	Central retinal vein occlusion, bilateral with macular edema	H47.532	92133	Disorders of visual pathways in (due to) vascular disorders, left side

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
H34.8131	92134, 92137	Central retinal vein occlusion, bilateral, with retinal neovascularization	H47.539	92133	Disorders of visual pathways in (due to) vascular disorders, unspecified side
H34.8132	92134, 92137	Central retinal vein occlusion, bilateral, stable	H47.611	92133	Cortical blindness, right side of brain
H34.8190	92134, 92137	Central retinal vein occlusion, unspecified eye with macular edema	H47.612	92133	Cortical blindness, left side of brain
H34.8191	92134, 92137	Central retinal vein occlusion, unspecified eye, with retinal neovascularization	H47.619	92133	Cortical blindness, unspecified side of brain
H34.8192	92134, 92137	Central retinal vein occlusion, unspecified eye, stable	H47.621	92133	Disorders of visual cortex in (due to) inflammatory disorders, right side of brain
H34.821	92134, 92137	Venous engorgement, right eye	H47.622	92133	Disorders of visual cortex in (due to) inflammatory disorders, left side of brain
H34.822	92134, 92137	Venous engorgement, left eye	H47.629	92133	Disorders of visual cortex in (due to) inflammatory disorders, unspecified side of brain
H34.823	92134, 92137	Venous engorgement, bilateral	H47.631	92133	Disorders of visual cortex in (due to) neoplasm, right side of brain
H34.829	92134, 92137	Venous engorgement, unspecified eye	H47.632	92133	Disorders of visual cortex in (due to) neoplasm, left side of brain

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
H34.8310	92134, 92137	Tributary (branch) retinal vein occlusion, right eye with macular edema	H47.639	92133	Disorders of visual cortex in (due to) neoplasm, unspecified side of brain
H34.8311	92134, 92137	Tributary (branch) retinal vein occlusion, right eye, with retinal neovascularization	H47.641	92133	Disorders of visual cortex in (due to) vascular disorders, right side of brain
H34.8312	92134, 92137	Tributary (branch) retinal vein occlusion, right eye, stable	H47.642	92133	Disorders of visual cortex in (due to) vascular disorders, left side of brain
H34.8320	92134, 92137	Tributary (branch) retinal vein occlusion, left eye, with macular edema	H47.649	92133	Disorders of visual cortex in (due to) vascular disorders, unspecified side of brain
H34.8321	92134, 92137	Tributary (branch) retinal vein occlusion, left eye, with retinal neovascularization	H47.9	92133	Unspecified disorder of visual pathways
H34.8322	92134, 92137	Tributary (branch) retinal vein occlusion, left eye, stable	H53.041	92133	Amblyopia suspect, right eye
H34.8330	92134, 92137	Tributary (branch) retinal vein occlusion, bilateral, with macular edema	H53.042	92133	Amblyopia suspect, left eye

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
H34.8331	92134, 92137	Tributary (branch) retinal vein occlusion, bilateral, with retinal neovascularization	H53.043	92133	Amblyopia suspect, bilateral
H34.8332	92134, 92137	Tributary (branch) retinal vein occlusion, bilateral, stable	H53.049	92133	Amblyopia suspect, unspecified eye
H34.8390	92134, 92137	Tributary (branch) retinal vein occlusion, unspecified eye, with macular edema	H53.131	92133, 92134, 92137	Sudden visual loss, right eye
H34.8391	92134, 92137	Tributary (branch) retinal vein occlusion, unspecified eye, with retinal neovascularization	H53.132	92133, 92134, 92137	Sudden visual loss, left eye
H34.8392	92134, 92137	Tributary (branch) retinal vein occlusion, unspecified eye, stable	H53.133	92133, 92134, 92137	Sudden visual loss, bilateral
H34.9	92134, 92137	Unspecified retinal vascular occlusion	H53.139	92133, 92134, 92137	Sudden visual loss, unspecified eye
H35.00	92134, 92137	Unspecified background retinopathy	H53.15	92133, 92134, 92137	Visual distortions of shape and size
H35.011	92134, 92137	Changes in retinal vascular appearance, right eye	H53.40	92133	Unspecified visual field defects

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
H35.012	92134, 92137	Changes in retinal vascular appearance, left eye	H53.411	92133, 92134, 92137	Scotoma involving central area, right eye
H35.013	92134, 92137	Changes in retinal vascular appearance, bilateral	H53.412	92133, 92134, 92137	Scotoma involving central area, left eye
H35.019	92134, 92137	Changes in retinal vascular appearance, unspecified eye	H53.413	92133, 92134, 92137	Scotoma involving central area, bilateral
H35.021	92134, 92137	Exudative retinopathy, right eye	H53.419	92133, 92134, 92137	Scotoma involving central area, unspecified eye
H35.022	92134, 92137	Exudative retinopathy, left eye	H53.421	92133, 92134, 92137	Scotoma of blind spot area, right eye
H35.023	92134, 92137	Exudative retinopathy, bilateral	H53.422	92133, 92134, 92137	Scotoma of blind spot area, left eye
H35.029	92134, 92137	Exudative retinopathy, unspecified eye	H53.423	92133, 92134, 92137	Scotoma of blind spot area, bilateral
H35.031	92134, 92137	Hypertensive retinopathy, right eye	H53.429	92133, 92134, 92137	Scotoma of blind spot area, unspecified eye
H35.032	92134, 92137	Hypertensive retinopathy, left eye	H53.431	92133, 92134, 92137	Sector or arcuate defects, right eye
H35.033	92134, 92137	Hypertensive retinopathy, bilateral	H53.432	92133, 92134, 92137	Sector or arcuate defects, left eye
H35.039	92134, 92137	Hypertensive retinopathy, unspecified eye	H53.433	92133, 92134, 92137	Sector or arcuate defects, bilateral

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
H35.041	92134, 92137	Retinal micro-aneurysms, unspecified, right eye	H53.439	92133, 92134, 92137	Sector or arcuate defects, unspecified eye
H35.042	92134, 92137	Retinal micro-aneurysms, unspecified, left eye	H53.451	92133, 92134, 92137	Other localized visual field defect, right eye
H35.043	92134, 92137	Retinal micro-aneurysms, unspecified, bilateral	H53.452	92133, 92134, 92137	Other localized visual field defect, left eye
H35.049	92134, 92137	Retinal micro-aneurysms, unspecified, unspecified eye	H53.453	92133, 92134, 92137	Other localized visual field defect, bilateral
H35.051	92134, 92137	Retinal neovascularization, unspecified, right eye	H53.459	92133, 92134, 92137	Other localized visual field defect, unspecified eye
H35.052	92134, 92137	Retinal neovascularization, unspecified, left eye	H53.481	92133, 92134, 92137	Generalized contraction of visual field, right eye
H35.053	92134, 92137	Retinal neovascularization, unspecified, bilateral	H53.482	92133, 92134, 92137	Generalized contraction of visual field, left eye
H35.059	92134, 92137	Retinal neovascularization, unspecified, unspecified eye	H53.483	92133, 92134, 92137	Generalized contraction of visual field, bilateral
H35.061	92134, 92137	Retinal vasculitis, right eye	H53.489	92133, 92134, 92137	Generalized contraction of visual field, unspecified eye
H35.062	92134, 92137	Retinal vasculitis, left eye	H59.031	92134, 92137	Cystoid macular edema following cataract surgery, right eye

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
H35.063	92134, 92137	Retinal vasculitis, bilateral	H59.032	92134, 92137	Cystoid macular edema following cataract surgery, left eye
H35.069	92134, 92137	Retinal vasculitis, unspecified eye	H59.033	92134, 92137	Cystoid macular edema following cataract surgery, bilateral
H35.071	92134, 92137	Retinal telangiectasis, right eye	H59.039	92134, 92137	Cystoid macular edema following cataract surgery, unspecified eye
H35.072	92134, 92137	Retinal telangiectasis, left eye	M05.09	92134, 92137	Felty's syndrome, multiple sites
H35.073	92134, 92137	Retinal telangiectasis, bilateral	M06.00	92134, 92137	Rheumatoid arthritis without rheumatoid factor, unspecified site
H35.079	92134, 92137	Retinal telangiectasis, unspecified eye	M06.09	92134, 92137	Rheumatoid arthritis without rheumatoid factor, multiple sites
H35.09	92134, 92137	Other intraretinal microvascular abnormalities	M06.4	92134, 92137	Inflammatory polyarthropathy
H35.101	92134, 92137	Retinopathy of prematurity, unspecified, right eye	M32.19	92134, 92137	Other organ or system involvement in systemic lupus erythematosus
H35.102	92134, 92137	Retinopathy of prematurity, unspecified, left eye	Q14.1	92134, 92137	Congenital malformation of retina
H35.103	92134, 92137	Retinopathy of prematurity, unspecified, bilateral	Q14.2	92133, 92134, 92137	Congenital malformation of optic disc
H35.109	92134, 92137	Retinopathy of prematurity, unspecified, unspecified eye	Q14.3	92134, 92137	Congenital malformation of choroid

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
H35.111	92134, 92137	Retinopathy of prematurity, stage 0, right eye	Q14.8	92134, 92137	Other congenital malformations of posterior segment of eye
H35.112	92134, 92137	Retinopathy of prematurity, stage 0, left eye	Q14.9	92134, 92137	Congenital malformation of posterior segment of eye, unspecified
H35.113	92134, 92137	Retinopathy of prematurity, stage 0, bilateral	Q15.0	92133, 92134, 92137	Congenital glaucoma
H35.119	92134, 92137	Retinopathy of prematurity, stage 0, unspecified eye	Q75.2	92134, 92137	Hypertelorism
BLANK	BLANK	BLANK	Q85.01	92133, 92134, 92137	Neurofibromatosis, type 1
H35.121	92134, 92137	Retinopathy of prematurity, stage 1, right eye	S05.10XA	92134, 92137	Contusion of eyeball and orbital tissues, unspecified eye, initial encounter
H35.122	92134, 92137	Retinopathy of prematurity, stage 1, left eye	S05.10XD	92134, 92137	Contusion of eyeball and orbital tissues, unspecified eye, subsequent encounter
H35.123	92134, 92137	Retinopathy of prematurity, stage 1, bilateral	S05.10XS	92134, 92137	Contusion of eyeball and orbital tissues, unspecified eye, sequela
H35.129	92134, 92137	Retinopathy of prematurity, stage 1, unspecified eye	S05.11XA	92134, 92137	Contusion of eyeball and orbital tissues, right eye, initial encounter
H35.131	92134, 92137	Retinopathy of prematurity, stage 2, right eye	S05.11XD	92134, 92137	Contusion of eyeball and orbital tissues, right eye, subsequent encounter
H35.132	92134, 92137	Retinopathy of prematurity, stage 2, left eye	S05.11XS	92134, 92137	Contusion of eyeball and orbital tissues, right eye, sequela
H35.133	92134, 92137	Retinopathy of prematurity, stage 2, bilateral	S05.12XA	92134, 92137	Contusion of eyeball and orbital tissues, left eye, initial encounter

Eligible Diagnoses for 92133, 92134, or 92137			Eligible Diagnoses for 92133, 92134, or 92137		
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
H35.139	92134, 92137	Retinopathy of prematurity, stage 2, unspecified eye	S05.12XD	92134, 92137	Contusion of eyeball and orbital tissues, left eye, subsequent encounter
H35.141	92134, 92137	Retinopathy of prematurity, stage 3, right eye	S05.12XS	92134, 92137	Contusion of eyeball and orbital tissues, left eye, sequela
H35.142	92134, 92137	Retinopathy of prematurity, stage 3, left eye	Z79.3	92133, 92134, 92137	Long term (current) use of hormonal contraceptives
H35.143	92134, 92137	Retinopathy of prematurity, stage 3, bilateral	Z79.891	92133, 92134, 92137	Long term (current) use of opiate analgesic
H35.149	92134, 92137	Retinopathy of prematurity, stage 3, unspecified eye	Z79.899	92133, 92134, 92137	Other long term (current) drug therapy
H35.151	92134, 92137	Retinopathy of prematurity, stage 4, right eye			
H35.152	92134, 92137	Retinopathy of prematurity, stage 4, left eye			
H35.153	92134, 92137	Retinopathy of prematurity, stage 4, bilateral			
H35.159	92134, 92137	Retinopathy of prematurity, stage 4, unspecified eye			
H35.161	92134, 92137	Retinopathy of prematurity, stage 5, right eye			
H35.162	92134, 92137	Retinopathy of prematurity, stage 5, left eye			
H35.163	92134, 92137	Retinopathy of prematurity, stage 5, bilateral			

Eligible Diagnoses for 92133, 92134, or 92137		Eligible Diagnoses for 92133, 92134, or 92137			
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
H35.169	92134, 92137	Retinopathy of prematurity, stage 5, unspecified eye			
H35.171	92134, 92137	Retrolental fibroplasia, right eye			
H35.172	92134, 92137	Retrolental fibroplasia, left eye			
H35.173	92134, 92137	Retrolental fibroplasia, bilateral			
H35.179	92134, 92137	Retrolental fibroplasia, unspecified eye			
H35.20	92134, 92137	Other non-diabetic proliferative retinopathy, unspecified eye			
H35.21	92134, 92137	Other non-diabetic proliferative retinopathy, right eye			
H35.22	92134, 92137	Other non-diabetic proliferative retinopathy, left eye			
H35.23	92134, 92137	Other non-diabetic proliferative retinopathy, bilateral			
H35.30	92134, 92137	Unspecified macular degeneration			

Eligible Diagnoses for 92133, 92134, or 92137		Eligible Diagnoses for 92133, 92134, or 92137			
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
H35.3110	92134, 92137	Nonexudative age-related macular degeneration, right eye, stage unspecified			
H35.3111	92134, 92137	Nonexudative age-related macular degeneration, right eye, early dry stage			
H35.3112	92134, 92137	Nonexudative age-related macular degeneration, right eye, intermediate dry stage			
H35.3113	92134, 92137	Nonexudative age-related macular degeneration, right eye, advanced atrophic without subfoveal involvement			
H35.3114	92134, 92137	Nonexudative age-related macular degeneration, right eye, advanced atrophic with subfoveal involvement			
H35.3120	92134, 92137	Nonexudative age-related macular degeneration, left eye, stage unspecified			

Eligible Diagnoses for 92133, 92134, or 92137		Eligible Diagnoses for 92133, 92134, or 92137			
ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor	ICD-10-CM Code	Eligible with CPT® Code(s)	ICD-10-CM Descriptor
H35.3121	92134, 92137	Nonexudative age-related macular degeneration, left eye, early dry stage			
H35.3122	92134, 92137	Nonexudative age-related macular degeneration, left eye, intermediate dry stage			
H35.3123	92134, 92137	Nonexudative age-related macular degeneration, left eye, advanced atrophic without subfoveal involvement			