

Intravitreal Corticosteroid Injections or Implants

- Iluvien (fluocinolone acetonide intravitreal implant)
- Dextenza (dexamethasone ophthalmic insert)
- Ozurdex (dexamethasone intravitreal implant)
- Retisert (fluocinolone acetonide intravitreal implant)
- Triesence (triamcinolone acetonide injectable suspension)
- Xipere (triamcinolone acetonide injectable suspension)
- Yutiq (fluocinolone acetonide intravitreal implant)

Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Clinical guidelines are applicable according to policy and plan type. The Plan may delegate utilization management decisions of certain services to third parties who may develop and adopt their own clinical criteria.

Coverage of services is subject to the terms, conditions, and limitations of a member's policy, as well as applicable state and federal law. Clinical guidelines are also subject to in-force criteria such as the Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) for Medicare Advantage plans. Please refer to the member's policy documents (e.g., Certificate/Evidence of Coverage, Schedule of Benefits, Plan Formulary) or contact the Plan to confirm coverage.

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Summary

Ocular inflammatory diseases contribute to visual loss and ocular morbidity worldwide. Corticosteroids help reduce swelling and inflammation.

Intravitreal injections administer a medication directly into the space in the back of the eye called the vitreous cavity. The procedure is usually performed by a trained retina specialist in the office setting.

Definitions

“Diabetic macular edema” is a complication of diabetes and diabetic retinopathy. Chronic hyperglycemia disrupts the blood–retina barrier (BRB), which leads to the accumulation of excess fluid in the extracellular space within the retina in the macular area.

“Macular edema following retinal vein occlusion (RVO)” is swelling in the macula caused by a blockage in a retinal vein. There are two main types of RVO, branch retinal vein occlusion (BRVO) occurs when a smaller branch of the main retinal vein is blocked or central retinal vein occlusion (CRVO) when the main retinal vein is blocked.

“Documentation” refers to written information, including but not limited to:

1. Up-to-date chart notes, relevant test results, and/or relevant imaging reports to support diagnoses; or
2. Prescription claims records, and/or prescription receipts to support prior trials of formulary alternatives.

“Macular edema associated with uveitis” is a complication of uveitis causing inflammation that leads to BRB to break down allowing accumulation of excess fluid in the macula.

“No evidence of” indicates that the reviewer has not identified any records of the specified item or condition within the submitted materials or claims history. In the absence of such evidence, the member is considered eligible. If any evidence of the item or condition is present upon review of the request, the applicant does not qualify.

“Non-infectious uveitis affecting the posterior segment of the eye” is inflammation in the back of the eye. Unlike infectious uveitis it is not caused by pathogens. Causes for non-infectious uveitis can be eye injury or linked to an underlying autoimmune disease (e.g., multiple sclerosis, sarcoidosis, ulcerative colitis, Crohn's disease, rheumatoid arthritis, or psoriatic arthritis). It is considered chronic when it persists for months after stopping treatment. In clinical trials, chronic was defined as one or both eyes having a history of recurrent non-infectious uveitis affecting the posterior segment of the eye with or without anterior uveitis > 1 year duration.

“Ocular inflammation and pain following ophthalmic surgery” is a response after surgery. Some inflammation and discomfort is a part of the healing process, but prolonged or severe symptoms may indicate a complication of surgery.

“Ocular itching associated with allergic conjunctivitis” is a symptom of eye allergies when exposed to allergens.

“Uveitis” is a group of disorders characterized by intraocular inflammation. Locations of inflammation can occur in the anterior (front of the eye), intermediate (gel in the middle of the eye and behind the lens), posterior (back of the eye), or panuveitis (inside the eye that similarly affects the front, middle, and back of the eye).

“Vitreotomy” is a type of eye surgery to treat certain problems within the retina and vitreous. The ophthalmologist removes some or all of the vitreous from the middle of the eye. During a vitrectomy, visualization is needed for the ophthalmologist to see structures inside the eye.

“[s]” indicates state mandates may apply.

Clinical Indications

Medical Necessity Criteria for Clinical Review

General Medical Necessity Criteria

The Plan considers intravitreal corticosteroid injection or implant medically necessary when ALL of the following criteria are met:

1. The medication is prescribed by or in consultation with an ophthalmologist, ophthalmic surgeon, or retinal specialist; *AND*
2. The member meets ONE of the following criteria:
 - a. IF the request is for Iluvien (fluocinolone acetonide intravitreal implant), Ozurdex (dexamethasone intravitreal implant), Xipere (triamcinolone acetonide injectable suspension), or Yutiq (fluocinolone acetonide intravitreal implant), the member is 18 years of age or older; *or*
 - b. IF the request is for Dextenza (dexamethasone ophthalmic insert), the member meets ONE of the following:
 - i. IF the diagnosis is for ocular inflammation and pain following ophthalmic surgery the member is a pediatric (from birth) or an adult; *or*
 - ii. IF the diagnosis is for ocular itching associated with allergic conjunctivitis the member is 2 years of age or older; *or*
 - c. IF the request is for Retisert (fluocinolone acetonide intravitreal implant), the member is 12 years of age or older; *or*
 - d. IF the request is for Triesence (triamcinolone acetonide injectable suspension), the member is a pediatric or an adult; *AND*
3. There is documentation of which eye(s) are being treated (e.g., right, left, or both); *AND*
4. There is documentation of baseline visual acuity; *AND*
5. The member meets ALL of the following:
 - a. No evidence of ocular or periocular infections (e.g., viral disease of the cornea and conjunctiva including active epithelial herpes simplex keratitis (dendritic keratitis), vaccinia, varicella, mycobacterial infections and fungal diseases); *and*
 - b. IF the request is for Iluvien (fluocinolone acetonide intravitreal implant) or Ozurdex (dexamethasone intravitreal implant), no evidence of glaucoma (i.e., cup to disc ratios of greater than 0.8); *AND*
6. The product is being prescribed at a dose and frequency that is within FDA approved labeling for the requested indication (see [Appendix A](#)); *AND*
7. There is no evidence that the requested product will be administered with other intravitreal corticosteroid injections or implants; *AND*
8. The member meets the applicable [Medical Necessity Criteria for Initial Clinical Review](#) or [Subsequent Clinical Review](#) listed below.

Medical Necessity Criteria for Initial Clinical Review

Initial Drug and Indication-Specific Criteria

Iluvien (fluocinolone acetonide intravitreal implant)

Diabetic Macular Edema

The Plan considers Iluvien (fluocinolone acetonide intravitreal implant) medically necessary when ALL of the following criteria are met:

9. The member meets the above [General Medical Necessity Criteria](#); *AND*
10. The member has a diagnosis of diabetic macular edema (DME); *AND*
11. The member has been previously treated with a course of corticosteroid [e.g. Ozurdex (dexamethasone intravitreal implant)] and did not have a clinically significant rise in intraocular pressure; *AND*
12. The member is unable to use, or has tried and failed ONE intravitreal anti-vascular endothelial growth factor (VEGF) agent (i.e., aflibercept, bevacizumab, or ranibizumab)^[s].

If the above prior authorization criteria are met, the requested product will be authorized for up to 2 implants (1 implant per eye) for up to 12-months.^[s]

Chronic Non-Infectious Uveitis Affecting the Posterior Segment

The Plan considers Iluvien (fluocinolone acetonide intravitreal implant) medically necessary when ALL of the following criteria are met:

9. The member meets the above [General Medical Necessity Criteria](#); *AND*
10. The member has a diagnosis of chronic non-infectious uveitis affecting the posterior segment of the eye; *AND*
11. The member has a history of recurrent non-infectious uveitis for 1 year or more; *AND*
12. The member is unable to use, or has tried and failed ONE of the following^[s]:
 - a. A systemic corticosteroid (e.g., prednisone, methylprednisolone); *or*
 - b. A non-biologic immunosuppressive therapy (e.g., azathioprine, cyclophosphamide, cyclosporine, methotrexate, mycophenolate mofetil).

If the above prior authorization criteria are met, the requested product will be authorized for up to 2 implants (1 implant per eye) for up to 12-months.^[s]

Dextenza (dexamethasone ophthalmic insert)

Ocular Inflammation and Pain following Ophthalmic Surgery

The Plan considers Dextenza (dexamethasone ophthalmic insert) medically necessary when ALL of the following criteria are met:

9. The member meets the above [General Medical Necessity Criteria](#); *AND*

10. The member has a diagnosis of ocular inflammation and pain following ophthalmic surgery (e.g., cataract surgery); *AND*
11. The member is unable to use, or has tried and failed ALL of the following topical ophthalmic treatments^[s]:
 - a. A NSAID (e.g., ketorolac tromethamine, bromfenac, nepafenac); *and*
 - b. A corticosteroid [e.g., loteprednol etabonate, prednisolone acetate, dexamethasone, difluprednate, FML Forte (fluorometholone)].

If the above prior authorization criteria are met, the requested product will be authorized for up to 2 inserts (1 insert per eye) for up to 30-days.^[s]

Ocular Itching Associated with Allergic Conjunctivitis

The Plan considers Dextenza (dexamethasone ophthalmic insert) medically necessary when ALL of the following criteria are met:

9. The member meets the above [General Medical Necessity Criteria](#); *AND*
10. The member has a diagnosis of ocular itching associated with allergic conjunctivitis; *AND*
11. The member is unable to use, or has tried and failed TWO of the following topical ophthalmic treatments^[s]:
 - a. An antihistamine (e.g., azelastine, olopatadine, epinastine); *and*
 - b. A mast cell stabilizer (e.g., cromolyn sodium, nedocromil); *and*
 - c. A NSAID (e.g., ketorolac tromethamine); *AND*
12. The member is unable to use, or has tried and failed ONE topical ophthalmic corticosteroid (e.g., loteprednol etabonate, prednisolone acetate, dexamethasone).

If the above prior authorization criteria are met, the requested product will be authorized for up to 2 inserts (1 insert per eye) for up to 30-days.^[s]

Ozurdex (dexamethasone intravitreal implant)

Diabetic Macular Edema or Macular Edema following Branch Retinal Vein Occlusion (BRVO) or Central Retinal Vein Occlusion (CRVO)

The Plan considers Ozurdex (dexamethasone intravitreal implant) medically necessary when ALL of the following criteria are met:

9. The member meets the above [General Medical Necessity Criteria](#); *AND*
10. The member meets ONE of the following diagnoses:
 - a. Diabetic macular edema (DME); *or*
 - b. Macular edema following branch retinal vein occlusion (BRVO); *or*
 - c. Macular edema following central retinal vein occlusion (CRVO); *AND*
11. The member is unable to use, or has tried and failed ONE intravitreal anti-vascular endothelial growth factor (VEGF) agent (i.e., aflibercept, bevacizumab, or ranibizumab)^[s].

If the above prior authorization criteria are met, the requested product will be authorized for up to 2 implants (1 implant per eye) for up to 6-months.^[s]

Non-Infectious Uveitis affecting the Posterior Segment of the Eye

The Plan considers Ozurdex (dexamethasone intravitreal implant) medically necessary when ALL of the following criteria are met:

9. The member meets the above [General Medical Necessity Criteria](#); *AND*
10. The member has a diagnosis of non-infectious uveitis affecting the posterior segment of the eye;
AND
11. The member is unable to use, or has tried and failed ONE of the following^[s]:
 - a. A systemic corticosteroid (e.g., prednisone, methylprednisolone); *or*
 - b. A non-biologic immunosuppressive therapy (e.g., azathioprine, cyclophosphamide, cyclosporine, methotrexate, mycophenolate mofetil).

If the above prior authorization criteria are met, the requested product will be authorized for up to 2 implants (1 implant per eye) for up to 6-months.^[s]

Retisert (fluocinolone acetonide intravitreal implant)

Chronic Non-Infectious Uveitis Affecting the Posterior Segment

The Plan considers Retisert (fluocinolone acetonide intravitreal implant) medically necessary when ALL of the following criteria are met:

9. The member meets the above [General Medical Necessity Criteria](#); *AND*
10. The member has a diagnosis of chronic non-infectious uveitis affecting the posterior segment of the eye; *AND*
11. The member has a history of recurrent non-infectious uveitis for 1 year or more; *AND*
12. The member is unable to use, or has tried and failed ONE of the following^[s]:
 - a. A systemic corticosteroid (e.g., prednisone, methylprednisolone); *or*
 - b. A non-biologic immunosuppressive therapy (e.g., azathioprine, cyclophosphamide, cyclosporine, methotrexate, mycophenolate mofetil).
13. The member is unable to use, or has tried and failed TWO of the following^[s]:
 - a. Iluvien (fluocinolone acetonide intravitreal implant); *and/or*
 - b. Ozurdex (dexamethasone intravitreal implant); *and/or*
 - c. Yutiq (fluocinolone acetonide intravitreal implant).

If the above prior authorization criteria are met, the requested product will be authorized for up to 2 implants (1 implant per eye) for up to 12-months.^[s]

Triesence (triamcinolone acetonide injectable suspension)

Treatment of Ophthalmic Diseases or Visualization During Vitrectomy

The Plan considers Triesence (triamcinolone acetonide injectable suspension) medically necessary when ALL of the following criteria are met:

9. The member meets the above [General Medical Necessity Criteria](#); *AND*
10. The member has a diagnosis of ONE of the following:
 - a. Sympathetic ophthalmia; *or*
 - b. Temporal arteritis; *or*
 - c. Uveitis; *or*
 - d. Ocular inflammatory conditions unresponsive to topical corticosteroids; *or*
 - e. Visualization during vitrectomy; *or*
 - f. Supported by compendia or evidence-based published dosing guidelines for the requested indication.

If the above prior authorization criteria are met, the requested product will be authorized for ONE of the following:

- Treatment of Ophthalmic Diseases^[s]: up to 6 months
- Visualization During Vitrectomy^[s]: one time authorization for the affected eye (1 injection per eye)

Xipere (triamcinolone acetonide injectable suspension)

Macular Edema Associated with Uveitis

The Plan considers Xipere (triamcinolone acetonide injectable suspension) medically necessary when ALL of the following criteria are met:

9. The member meets the above [General Medical Necessity Criteria](#); *AND*
10. The member has a diagnosis of macular edema associated with anterior-, intermediate-, posterior-, or pan-uveitis; *AND*
11. The member does NOT have infectious uveitis; *AND*
12. The member is unable to use, or has tried and failed ONE of the following^[s]:
 - a. A systemic corticosteroid (e.g., prednisone, methylprednisolone); *or*
 - b. An ophthalmic topical corticosteroid [e.g., loteprednol etabonate, prednisolone acetate, dexamethasone, difluprednate, FML Forte (fluorometholone)]; *or*
 - c. An intravitreal or subtenons triamcinolone acetonide injection.

If the above prior authorization criteria are met, the requested product will be authorized for up to 4 injections (2 injections per eye) for up to 6-months.^[s]

Yutiq (fluocinolone acetonide intravitreal implant)

Chronic Non-Infectious Uveitis Affecting the Posterior Segment

The Plan considers Yutiq (fluocinolone acetonide intravitreal implant) medically necessary when ALL of the following criteria are met:

9. The member meets the above [General Medical Necessity Criteria](#); *AND*
10. The member has a diagnosis of chronic non-infectious uveitis affecting the posterior segment of the eye; *AND*
11. The member has a history of recurrent non-infectious uveitis for 1 year or more; *AND*
12. The member is unable to use, or has tried and failed **ONE** of the following^[s]:
 - a. A systemic corticosteroid (e.g., prednisone, methylprednisolone); *or*
 - b. A non-biologic immunosuppressive therapy (e.g., azathioprine, cyclophosphamide, cyclosporine, methotrexate, mycophenolate mofetil).

If the above prior authorization criteria are met, the requested product will be authorized for up to 2 implants (1 implant per eye) for up to 12-months.^[s]

Continued Care

[Medical Necessity Criteria for Subsequent Clinical Review](#)

Subsequent Medical Necessity Criteria

The Plan considers intravitreal corticosteroid injection or implant medically necessary when ALL of the following criteria are met:

1. The member meets the above applicable [General Medical Necessity Criteria](#); *AND*
2. IF the member has developed a condition in an untreated eye, the member needs to meet the [Medical Necessity Criteria for Initial Clinical Review - Initial Drug and Indication-Specific Criteria](#); *AND*
3. The member meets **ONE** of the following durations since the prior treatment of the same eye(s):
 - a. IF the request is for Iluvien (fluocinolone acetonide intravitreal implant) at least 36 months have elapsed since last administration; *or*
 - b. IF the request is for Dexenza (dexamethasone ophthalmic insert) continued use is not applicable (see [Experimental or Investigational / Not Medically Necessary](#)); *or*
 - c. IF the request is for Ozurdex (dexamethasone intravitreal implant) at least 6 months have elapsed since last administration; *or*
 - d. IF the request is for Retisert (fluocinolone acetonide intravitreal implant) at least 30 months have elapsed since last administration; *or*
 - e. IF the request is for Yutiq (fluocinolone acetonide intravitreal implant) at least 36 months have elapsed since last administration; *or*
 - f. Not applicable for Triesence (triamcinolone acetonide injectable suspension) or Xipere (triamcinolone acetonide injectable suspension), continue below; *AND*
4. The member meets **ONE** of the following indications after treatment of the requested product:
 - a. IF the request is for diabetic macular edema (DME), the member experienced an initial positive response, but subsequently has experienced loss in visual acuity OR an increase in retinal thickness, secondary to recurrent or worsening DME; *or*

- b. IF the request is for non-infectious uveitis affecting the posterior segment, the member experienced an initial positive response, but has subsequently experienced a loss in visual acuity; *or*
 - c. IF the request is for macular edema following branch retinal vein occlusion (BRVO) OR central retinal vein occlusion (CRVO) OR macular edema associated with uveitis, the member experienced an initial positive response, but has subsequently experienced a loss in visual acuity; *or*
Note: initial positive response can be improvement or maintenance in best corrected visual acuity [BCVA] or visual field, reduction or maintenance in central subfield thickness (CST), a reduction in the rate of vision decline or reduction in the risk of more severe vision loss, or reduction in inflammation.
 - d. IF the request is for Triesence (triamcinolone acetonide injectable suspension), the member continues to need treatment for ONE of the following:
 - i. sympathetic ophthalmia; *or*
 - ii. temporal arteritis; *or*
 - iii. uveitis; *or*
 - iv. ocular inflammatory conditions unresponsive to topical corticosteroids; *or*
 - v. visualization during vitrectomy; *or*
 - vi. supported by compendia or evidence-based published dosing guidelines for the requested indication; **AND**
5. The prescriber attests that benefits outweigh the risks (e.g., cataract formation, elevated intraocular pressure, hypotony, endophthalmitis) and the member is likely to benefit with retreatment.

If the above reauthorization criteria are met, the requested product will be authorized for ONE of the following^[s]:

- Iluvien (fluocinolone acetonide intravitreal implant): up to 2 implants (1 implant per eye) for up to 12-months; *or*
- Ozurdex (dexamethasone intravitreal implant): up to 2 implants (1 implant per eye) for up to 6-months; *or*
- Retisert (fluocinolone acetonide intravitreal implant): up to 2 implants (1 implant per eye) for up to 12-months; *or*
- Triesence (triamcinolone acetonide injectable suspension):
 - Treatment of Ophthalmic Diseases: up to 6 months
 - Visualization During Vitrectomy: one time authorization for the affected eye (1 injection per eye); *or*
- Xipere (triamcinolone acetonide injectable suspension): up to 6 months; *or*
- Yutiq (fluocinolone acetonide intravitreal implant): up to 2 implants (1 implant per eye) for up to 12-months.

Experimental or Investigational or unproven^[s]

Intravitreal corticosteroid injections or implants listed in this policy for any other indication or use is considered experimental, investigational, or unproven. Non-covered indications include, but are not limited to, the following:

- Retreatment with Dextenza (dexamethasone ophthalmic insert) after treating both eyes. Dextenza was studied in cataract surgery over post-operative day 8 or post-operative day 14. Dextenza was studied over 8 days for itching associated with allergic conjunctivitis. Dextenza releases a 0.4 mg dose of dexamethasone for up to 30 days following insertion. Retreatment after 30 days was not studied. Prolonged corticosteroid use, especially dexamethasone, increases the risk of significant side effects including increased intraocular pressure which can lead to glaucoma or irreversible damage to the optic nerve, cataract formation, and increased risk of infection.

Applicable Billing Codes

Table 1	
CPT/HCPCS codes considered medically necessary if criteria are met:	
<i>Code</i>	<i>Description</i>
J1096	Dextenza Dexamethasone, lacrimal ophthalmic insert, 0.1 mg
J3299	Xipere Injection, triamcinolone acetonide (xipere), 1 mg
J7311	Retisert Injection, fluocinolone acetonide, intravitreal implant (retisert), 0.01 mg
J7312	Ozurdex Injection, dexamethasone, intravitreal implant, 0.1 mg
J7313	Iluvien Injection, fluocinolone acetonide, intravitreal implant (iluvien), 0.01 mg
J7314	Yutiq Injection, fluocinolone acetonide, intravitreal implant (yutiq), 0.01 mg
J3300	Triesence Injection, triamcinolone acetonide, preservative free, 1 mg

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 1 (CPT/HCPCS) codes if criteria are met:	
<i>Code</i>	<i>Description</i>
A18.50	Tuberculosis of eye, unspecified
A18.51	Tuberculous episcleritis
A18.52	Tuberculous keratitis
A18.53	Tuberculous chorioretinitis
A18.54	Tuberculous iridocyclitis
A18.59	Other tuberculosis of eye
A21.1	Oculoglandular tularemia
A32.81	Oculoglandular listeriosis
A36.86	Diphtheritic conjunctivitis
A39.89	Other meningococcal infections
A50.01	Early congenital syphilitic oculopathy
A50.30	Late congenital syphilitic oculopathy, unspecified
A50.31	Late congenital syphilitic interstitial keratitis
A50.32	Late congenital syphilitic chorioretinitis
A50.39	Other late congenital syphilitic oculopathy
A50.53	Hutchinson's triad
A51.43	Secondary syphilitic oculopathy
A52.71	Late syphilitic oculopathy
A54.31	Gonococcal conjunctivitis
A54.32	Gonococcal iridocyclitis
A54.33	Gonococcal keratitis
A54.39	Other gonococcal eye infection
A71.0	Initial stage of trachoma

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 1 (CPT/HCPCS) codes if criteria are met:	
<i>Code</i>	<i>Description</i>
A71.1	Active stage of trachoma
A71.9	Trachoma, unspecified
A74.0	Chlamydial conjunctivitis
B00.51	Herpesviral iridocyclitis
B00.52	Herpesviral keratitis
B00.53	Herpesviral conjunctivitis
B00.59	Other herpesviral disease of eye
B01.81	Varicella keratitis
B02.30	Zoster ocular disease, unspecified
B02.31	Zoster conjunctivitis
B02.32	Zoster iridocyclitis
B02.33	Zoster keratitis
B02.34	Zoster scleritis
B02.39	Other herpes zoster eye disease
B05.81	Measles keratitis and keratoconjunctivitis
B09	Unspecified viral infection characterized by skin and mucous membrane lesions
B30.0	Keratoconjunctivitis due to adenovirus
B30.1	Conjunctivitis due to adenovirus
B30.2	Viral pharyngoconjunctivitis
B30.3	Acute epidemic hemorrhagic conjunctivitis (enteroviral)
B30.8	Other viral conjunctivitis
B30.9	Viral conjunctivitis, unspecified
B58.00	Toxoplasma oculopathy, unspecified

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 1 (CPT/HCPCS) codes if criteria are met:	
<i>Code</i>	<i>Description</i>
B58.01	Toxoplasma chorioretinitis
B58.09	Other toxoplasma oculopathy
B60.12	Conjunctivitis due to Acanthamoeba
B60.13	Keratoconjunctivitis due to Acanthamoeba
B60.19	Other acanthamebic disease
B60.8	Other specified protozoal diseases
B73.09	Onchocerciasis with other eye involvement
B83.0	Visceral larva migrans
B88.0	Other acariasis
B96.5	Pseudomonas (aeruginosa) (mallei) (pseudomallei) as the cause of diseases classified elsewhere
C90.00	Multiple myeloma not having achieved remission
C90.01	Multiple myeloma in remission
C90.02	Multiple myeloma in relapse
C90.10	Plasma cell leukemia not having achieved remission
C90.11	Plasma cell leukemia in remission
C90.12	Plasma cell leukemia in relapse
D86.83	Sarcoid iridocyclitis
D86.89	Sarcoidosis of other sites
D89.813	Graft-versus-host disease, unspecified
E08.311	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema
E08.319	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy without macular edema

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 1 (CPT/HCPCS) codes if criteria are met:	
<i>Code</i>	<i>Description</i>
E08.3211	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, right eye
E08.3212	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, left eye
E08.3213	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E08.3219	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
E08.3311	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E08.3312	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E08.3313	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E08.3319	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
E08.3411	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, right eye
E08.3412	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, left eye
E08.3413	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E08.3419	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
E08.3511	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, right eye
E08.3512	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, left eye
E08.3513	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, bilateral

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 1 (CPT/HCPCS) codes if criteria are met:	
<i>Code</i>	<i>Description</i>
E08.3519	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, unspecified eye
E09.311	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy with macular edema
E09.3211	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
E09.3212	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E09.3213	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E09.3219	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
E09.3311	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E09.3312	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E09.3313	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E09.3319	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
E09.3411	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E09.3412	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E09.3413	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E09.3419	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
E09.3511	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 1 (CPT/HCPCS) codes if criteria are met:	
<i>Code</i>	<i>Description</i>
E09.3512	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E09.3513	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E09.3519	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
E10.311	Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema
E10.3211	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
E10.3212	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E10.3213	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E10.3219	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
E10.3311	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E10.3312	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E10.3313	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E10.3319	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
E10.3411	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E10.3412	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E10.3413	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 1 (CPT/HCPCS) codes if criteria are met:	
<i>Code</i>	<i>Description</i>
E10.3419	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
E10.3511	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E10.3512	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E10.3513	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E10.3519	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
E11.311	Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema
E11.3211	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
E11.3212	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E11.3213	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E11.3219	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
E11.3311	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E11.3312	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E11.3313	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E11.3319	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
E11.3411	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 1 (CPT/HCPCS) codes if criteria are met:	
<i>Code</i>	<i>Description</i>
E11.3412	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E11.3413	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E11.3419	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
E11.3511	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E11.3512	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E11.3513	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E11.3519	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
E11.39	Type 2 diabetes mellitus with other diabetic ophthalmic complication
E13.311	Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema
E13.3211	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
E13.3212	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E13.3213	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E13.3219	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
E13.3311	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E13.3312	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E13.3313	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 1 (CPT/HCPCS) codes if criteria are met:	
<i>Code</i>	<i>Description</i>
E13.3319	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
E13.3411	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E13.3412	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E13.3413	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E13.3419	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
E13.3511	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E13.3512	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E13.3513	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E13.3519	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
H00.011	Hordeolum externum right upper eyelid
H00.012	Hordeolum externum right lower eyelid
H00.013	Hordeolum externum right eye, unspecified eyelid
H00.014	Hordeolum externum left upper eyelid
H00.015	Hordeolum externum left lower eyelid
H00.016	Hordeolum externum left eye, unspecified eyelid
H00.019	Hordeolum externum unspecified eye, unspecified eyelid
H00.021	Hordeolum internum right upper eyelid
H00.022	Hordeolum internum right lower eyelid
H00.023	Hordeolum internum right eye, unspecified eyelid

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 1 (CPT/HCPCS) codes if criteria are met:	
<i>Code</i>	<i>Description</i>
H00.024	Hordeolum internum left upper eyelid
H00.025	Hordeolum internum left lower eyelid
H00.026	Hordeolum internum left eye, unspecified eyelid
H00.029	Hordeolum internum unspecified eye, unspecified eyelid
H00.031	Abscess of right upper eyelid
H00.032	Abscess of right lower eyelid
H00.033	Abscess of eyelid right eye, unspecified eyelid
H00.034	Abscess of left upper eyelid
H00.035	Abscess of left lower eyelid
H00.036	Abscess of eyelid left eye, unspecified eyelid
H00.039	Abscess of eyelid unspecified eye, unspecified eyelid
H00.11	Chalazion right upper eyelid
H00.12	Chalazion right lower eyelid
H00.13	Chalazion right eye, unspecified eyelid
H00.14	Chalazion left upper eyelid
H00.15	Chalazion left lower eyelid
H00.16	Chalazion left eye, unspecified eyelid
H00.19	Chalazion unspecified eye, unspecified eyelid
H01.001	Unspecified blepharitis right upper eyelid
H01.002	Unspecified blepharitis right lower eyelid
H01.003	Unspecified blepharitis right eye, unspecified eyelid
H01.004	Unspecified blepharitis left upper eyelid
H01.005	Unspecified blepharitis left lower eyelid

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 1 (CPT/HCPCS) codes if criteria are met:	
<i>Code</i>	<i>Description</i>
H01.006	Unspecified blepharitis left eye, unspecified eyelid
H01.009	Unspecified blepharitis unspecified eye, unspecified eyelid
H01.00A	Unspecified blepharitis right eye, upper and lower eyelids
H01.00B	Unspecified blepharitis left eye, upper and lower eyelids
H01.011	Ulcerative blepharitis right upper eyelid
H01.012	Ulcerative blepharitis right lower eyelid
H01.013	Ulcerative blepharitis right eye, unspecified eyelid
H01.014	Ulcerative blepharitis left upper eyelid
H01.015	Ulcerative blepharitis left lower eyelid
H01.016	Ulcerative blepharitis left eye, unspecified eyelid
H01.019	Ulcerative blepharitis unspecified eye, unspecified eyelid
H01.01A	Ulcerative blepharitis right eye, upper and lower eyelids
H01.01B	Ulcerative blepharitis left eye, upper and lower eyelids
H01.021	Squamous blepharitis right upper eyelid
H01.022	Squamous blepharitis right lower eyelid
H01.023	Squamous blepharitis right eye, unspecified eyelid
H01.024	Squamous blepharitis left upper eyelid
H01.025	Squamous blepharitis left lower eyelid
H01.026	Squamous blepharitis left eye, unspecified eyelid
H01.029	Squamous blepharitis unspecified eye, unspecified eyelid
H01.02A	Squamous blepharitis right eye, upper and lower eyelids
H01.02B	Squamous blepharitis left eye, upper and lower eyelids
H01.111	Allergic dermatitis of right upper eyelid

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 1 (CPT/HCPCS) codes if criteria are met:	
<i>Code</i>	<i>Description</i>
H01.112	Allergic dermatitis of right lower eyelid
H01.113	Allergic dermatitis of right eye, unspecified eyelid
H01.114	Allergic dermatitis of left upper eyelid
H01.115	Allergic dermatitis of left lower eyelid
H01.116	Allergic dermatitis of left eye, unspecified eyelid
H01.119	Allergic dermatitis of unspecified eye, unspecified eyelid
H01.121	Discoid lupus erythematosus of right upper eyelid
H01.122	Discoid lupus erythematosus of right lower eyelid
H01.123	Discoid lupus erythematosus of right eye, unspecified eyelid
H01.124	Discoid lupus erythematosus of left upper eyelid
H01.125	Discoid lupus erythematosus of left lower eyelid
H01.126	Discoid lupus erythematosus of left eye, unspecified eyelid
H01.129	Discoid lupus erythematosus of unspecified eye, unspecified eyelid
H01.131	Eczematous dermatitis of right upper eyelid
H01.132	Eczematous dermatitis of right lower eyelid
H01.133	Eczematous dermatitis of right eye, unspecified eyelid
H01.134	Eczematous dermatitis of left upper eyelid
H01.135	Eczematous dermatitis of left lower eyelid
H01.136	Eczematous dermatitis of left eye, unspecified eyelid
H01.139	Eczematous dermatitis of unspecified eye, unspecified eyelid
H01.8	Other specified inflammations of eyelid
H01.9	Unspecified inflammation of eyelid
H04.009	Unspecified dacryoadenitis, unspecified lacrimal gland

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 1 (CPT/HCPCS) codes if criteria are met:	
<i>Code</i>	<i>Description</i>
H04.9	Disorder of lacrimal system, unspecified
H05.00	Unspecified acute inflammation of orbit
H05.011	Cellulitis of right orbit
H05.012	Cellulitis of left orbit
H05.013	Cellulitis of bilateral orbits
H05.019	Cellulitis of unspecified orbit
H05.021	Osteomyelitis of right orbit
H05.022	Osteomyelitis of left orbit
H05.023	Osteomyelitis of bilateral orbits
H05.029	Osteomyelitis of unspecified orbit
H05.031	Periostitis of right orbit
H05.032	Periostitis of left orbit
H05.033	Periostitis of bilateral orbits
H05.039	Periostitis of unspecified orbit
H05.041	Tenonitis of right orbit
H05.042	Tenonitis of left orbit
H05.043	Tenonitis of bilateral orbits
H05.049	Tenonitis of unspecified orbit
H05.10	Unspecified chronic inflammatory disorders of orbit
H05.111	Granuloma of right orbit
H05.112	Granuloma of left orbit
H05.113	Granuloma of bilateral orbits
H05.119	Granuloma of unspecified orbit

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 1 (CPT/HCPCS) codes if criteria are met:	
<i>Code</i>	<i>Description</i>
H05.121	Orbital myositis, right orbit
H05.122	Orbital myositis, left orbit
H05.123	Orbital myositis, bilateral
H05.129	Orbital myositis, unspecified orbit
H05.221	Edema of right orbit
H05.222	Edema of left orbit
H05.223	Edema of bilateral orbit
H05.229	Edema of unspecified orbit
H10.011	Acute follicular conjunctivitis, right eye
H10.012	Acute follicular conjunctivitis, left eye
H10.013	Acute follicular conjunctivitis, bilateral
H10.019	Acute follicular conjunctivitis, unspecified eye
H10.021	Other mucopurulent conjunctivitis, right eye
H10.022	Other mucopurulent conjunctivitis, left eye
H10.023	Other mucopurulent conjunctivitis, bilateral
H10.029	Other mucopurulent conjunctivitis, unspecified eye
H10.10	Acute atopic conjunctivitis, unspecified eye
H10.11	Acute atopic conjunctivitis, right eye
H10.12	Acute atopic conjunctivitis, left eye
H10.13	Acute atopic conjunctivitis, bilateral
H10.211	Acute toxic conjunctivitis, right eye
H10.212	Acute toxic conjunctivitis, left eye
H10.213	Acute toxic conjunctivitis, bilateral

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 1 (CPT/HCPCS) codes if criteria are met:	
<i>Code</i>	<i>Description</i>
H10.219	Acute toxic conjunctivitis, unspecified eye
H10.221	Pseudomembranous conjunctivitis, right eye
H10.222	Pseudomembranous conjunctivitis, left eye
H10.223	Pseudomembranous conjunctivitis, bilateral
H10.229	Pseudomembranous conjunctivitis, unspecified eye
H10.231	Serous conjunctivitis, except viral, right eye
H10.232	Serous conjunctivitis, except viral, left eye
H10.233	Serous conjunctivitis, except viral, bilateral
H10.239	Serous conjunctivitis, except viral, unspecified eye
H10.30	Unspecified acute conjunctivitis, unspecified eye
H10.31	Unspecified acute conjunctivitis, right eye
H10.32	Unspecified acute conjunctivitis, left eye
H10.33	Unspecified acute conjunctivitis, bilateral
H10.401	Unspecified chronic conjunctivitis, right eye
H10.402	Unspecified chronic conjunctivitis, left eye
H10.403	Unspecified chronic conjunctivitis, bilateral
H10.409	Unspecified chronic conjunctivitis, unspecified eye
H10.411	Chronic giant papillary conjunctivitis, right eye
H10.412	Chronic giant papillary conjunctivitis, left eye
H10.413	Chronic giant papillary conjunctivitis, bilateral
H10.419	Chronic giant papillary conjunctivitis, unspecified eye
H10.421	Simple chronic conjunctivitis, right eye
H10.422	Simple chronic conjunctivitis, left eye

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 1 (CPT/HCPCS) codes if criteria are met:	
<i>Code</i>	<i>Description</i>
H10.423	Simple chronic conjunctivitis, bilateral
H10.429	Simple chronic conjunctivitis, unspecified eye
H10.431	Chronic follicular conjunctivitis, right eye
H10.432	Chronic follicular conjunctivitis, left eye
H10.433	Chronic follicular conjunctivitis, bilateral
H10.439	Chronic follicular conjunctivitis, unspecified eye
H10.44	Vernal conjunctivitis
H10.45	Other chronic allergic conjunctivitis
H10.501	Unspecified blepharoconjunctivitis, right eye
H10.502	Unspecified blepharoconjunctivitis, left eye
H10.503	Unspecified blepharoconjunctivitis, bilateral
H10.509	Unspecified blepharoconjunctivitis, unspecified eye
H10.511	Ligneous conjunctivitis, right eye
H10.512	Ligneous conjunctivitis, left eye
H10.513	Ligneous conjunctivitis, bilateral
H10.519	Ligneous conjunctivitis, unspecified eye
H10.521	Angular blepharoconjunctivitis, right eye
H10.522	Angular blepharoconjunctivitis, left eye
H10.523	Angular blepharoconjunctivitis, bilateral
H10.529	Angular blepharoconjunctivitis, unspecified eye
H10.531	Contact blepharoconjunctivitis, right eye
H10.532	Contact blepharoconjunctivitis, left eye
H10.533	Contact blepharoconjunctivitis, bilateral

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 1 (CPT/HCPCS) codes if criteria are met:	
<i>Code</i>	<i>Description</i>
H10.539	Contact blepharoconjunctivitis, unspecified eye
H10.811	Pingueculitis, right eye
H10.812	Pingueculitis, left eye
H10.813	Pingueculitis, bilateral
H10.819	Pingueculitis, unspecified eye
H10.821	Rosacea conjunctivitis, right eye
H10.822	Rosacea conjunctivitis, left eye
H10.823	Rosacea conjunctivitis, bilateral
H10.829	Rosacea conjunctivitis, unspecified eye
H10.89	Other conjunctivitis
H10.9	Unspecified conjunctivitis
H11.221	Conjunctival granuloma, right eye
H11.222	Conjunctival granuloma, left eye
H11.223	Conjunctival granuloma, bilateral
H11.229	Conjunctival granuloma, unspecified
H15.001	Unspecified scleritis, right eye
H15.002	Unspecified scleritis, left eye
H15.003	Unspecified scleritis, bilateral
H15.009	Unspecified scleritis, unspecified eye
H15.011	Anterior scleritis, right eye
H15.012	Anterior scleritis, left eye
H15.013	Anterior scleritis, bilateral
H15.019	Anterior scleritis, unspecified eye

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 1 (CPT/HCPCS) codes if criteria are met:	
<i>Code</i>	<i>Description</i>
H15.021	Brawny scleritis, right eye
H15.022	Brawny scleritis, left eye
H15.023	Brawny scleritis, bilateral
H15.029	Brawny scleritis, unspecified eye
H15.031	Posterior scleritis, right eye
H15.032	Posterior scleritis, left eye
H15.033	Posterior scleritis, bilateral
H15.039	Posterior scleritis, unspecified eye
H15.041	Scleritis with corneal involvement, right eye
H15.042	Scleritis with corneal involvement, left eye
H15.043	Scleritis with corneal involvement, bilateral
H15.049	Scleritis with corneal involvement, unspecified eye
H15.091	Other scleritis, right eye
H15.092	Other scleritis, left eye
H15.093	Other scleritis, bilateral
H15.099	Other scleritis, unspecified eye
H15.101	Unspecified episcleritis, right eye
H15.102	Unspecified episcleritis, left eye
H15.103	Unspecified episcleritis, bilateral
H15.109	Unspecified episcleritis, unspecified eye
H15.111	Episcleritis periodica fugax, right eye
H15.112	Episcleritis periodica fugax, left eye
H15.113	Episcleritis periodica fugax, bilateral

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 1 (CPT/HCPCS) codes if criteria are met:	
<i>Code</i>	<i>Description</i>
H15.119	Episcleritis periodica fugax, unspecified eye
H15.121	Nodular episcleritis, right eye
H15.122	Nodular episcleritis, left eye
H15.123	Nodular episcleritis, bilateral
H15.129	Nodular episcleritis, unspecified eye
H16.001	Unspecified corneal ulcer, right eye
H16.002	Unspecified corneal ulcer, left eye
H16.003	Unspecified corneal ulcer, bilateral
H16.009	Unspecified corneal ulcer, unspecified eye
H16.011	Central corneal ulcer, right eye
H16.012	Central corneal ulcer, left eye
H16.013	Central corneal ulcer, bilateral
H16.019	Central corneal ulcer, unspecified eye
H16.021	Ring corneal ulcer, right eye
H16.022	Ring corneal ulcer, left eye
H16.023	Ring corneal ulcer, bilateral
H16.029	Ring corneal ulcer, unspecified eye
H16.031	Corneal ulcer with hypopyon, right eye
H16.032	Corneal ulcer with hypopyon, left eye
H16.033	Corneal ulcer with hypopyon, bilateral
H16.039	Corneal ulcer with hypopyon, unspecified eye
H16.041	Marginal corneal ulcer, right eye
H16.042	Marginal corneal ulcer, left eye

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 1 (CPT/HCPCS) codes if criteria are met:	
<i>Code</i>	<i>Description</i>
H16.043	Marginal corneal ulcer, bilateral
H16.049	Marginal corneal ulcer, unspecified eye
H16.051	Mooren's corneal ulcer, right eye
H16.052	Mooren's corneal ulcer, left eye
H16.053	Mooren's corneal ulcer, bilateral
H16.059	Mooren's corneal ulcer, unspecified eye
H16.061	Mycotic corneal ulcer, right eye
H16.062	Mycotic corneal ulcer, left eye
H16.063	Mycotic corneal ulcer, bilateral
H16.069	Mycotic corneal ulcer, unspecified eye
H16.071	Perforated corneal ulcer, right eye
H16.072	Perforated corneal ulcer, left eye
H16.073	Perforated corneal ulcer, bilateral
H16.079	Perforated corneal ulcer, unspecified eye
H16.101	Unspecified superficial keratitis, right eye
H16.102	Unspecified superficial keratitis, left eye
H16.103	Unspecified superficial keratitis, bilateral
H16.109	Unspecified superficial keratitis, unspecified eye
H16.111	Macular keratitis, right eye
H16.112	Macular keratitis, left eye
H16.113	Macular keratitis, bilateral
H16.119	Macular keratitis, unspecified eye
H16.121	Filamentary keratitis, right eye

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 1 (CPT/HCPCS) codes if criteria are met:	
<i>Code</i>	<i>Description</i>
H16.122	Filamentary keratitis, left eye
H16.123	Filamentary keratitis, bilateral
H16.129	Filamentary keratitis, unspecified eye
H16.131	Photokeratitis, right eye
H16.132	Photokeratitis, left eye
H16.133	Photokeratitis, bilateral
H16.139	Photokeratitis, unspecified eye
H16.141	Punctate keratitis, right eye
H16.142	Punctate keratitis, left eye
H16.143	Punctate keratitis, bilateral
H16.149	Punctate keratitis, unspecified eye
H16.201	Unspecified keratoconjunctivitis, right eye
H16.202	Unspecified keratoconjunctivitis, left eye
H16.203	Unspecified keratoconjunctivitis, bilateral
H16.209	Unspecified keratoconjunctivitis, unspecified eye
H16.211	Exposure keratoconjunctivitis, right eye
H16.212	Exposure keratoconjunctivitis, left eye
H16.213	Exposure keratoconjunctivitis, bilateral
H16.219	Exposure keratoconjunctivitis, unspecified eye
H16.221	Keratoconjunctivitis sicca, not specified as Sjögren's, right eye
H16.222	Keratoconjunctivitis sicca, not specified as Sjögren's, left eye
H16.223	Keratoconjunctivitis sicca, not specified as Sjögren's, bilateral
H16.229	Keratoconjunctivitis sicca, not specified as Sjögren's, unspecified eye

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 1 (CPT/HCPCS) codes if criteria are met:	
<i>Code</i>	<i>Description</i>
H16.231	Neurotrophic keratoconjunctivitis, right eye
H16.232	Neurotrophic keratoconjunctivitis, left eye
H16.233	Neurotrophic keratoconjunctivitis, bilateral
H16.239	Neurotrophic keratoconjunctivitis, unspecified eye
H16.241	Ophthalmia nodosa, right eye
H16.242	Ophthalmia nodosa, left eye
H16.243	Ophthalmia nodosa, bilateral
H16.249	Ophthalmia nodosa, unspecified eye
H16.251	Phlyctenular keratoconjunctivitis, right eye
H16.252	Phlyctenular keratoconjunctivitis, left eye
H16.253	Phlyctenular keratoconjunctivitis, bilateral
H16.259	Phlyctenular keratoconjunctivitis, unspecified eye
H16.261	Vernal keratoconjunctivitis, with limbar and corneal involvement, right eye
H16.262	Vernal keratoconjunctivitis, with limbar and corneal involvement, left eye
H16.263	Vernal keratoconjunctivitis, with limbar and corneal involvement, bilateral
H16.269	Vernal keratoconjunctivitis, with limbar and corneal involvement, unspecified eye
H16.291	Other keratoconjunctivitis, right eye
H16.292	Other keratoconjunctivitis, left eye
H16.293	Other keratoconjunctivitis, bilateral
H16.299	Other keratoconjunctivitis, unspecified eye
H16.301	Unspecified interstitial keratitis, right eye
H16.302	Unspecified interstitial keratitis, left eye
H16.303	Unspecified interstitial keratitis, bilateral

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 1 (CPT/HCPCS) codes if criteria are met:	
<i>Code</i>	<i>Description</i>
H16.309	Unspecified interstitial keratitis, unspecified eye
H16.311	Corneal abscess, right eye
H16.312	Corneal abscess, left eye
H16.313	Corneal abscess, bilateral
H16.319	Corneal abscess, unspecified eye
H16.321	Diffuse interstitial keratitis, right eye
H16.322	Diffuse interstitial keratitis, left eye
H16.323	Diffuse interstitial keratitis, bilateral
H16.329	Diffuse interstitial keratitis, unspecified eye
H16.331	Sclerosing keratitis, right eye
H16.332	Sclerosing keratitis, left eye
H16.333	Sclerosing keratitis, bilateral
H16.339	Sclerosing keratitis, unspecified eye
H16.391	Other interstitial and deep keratitis, right eye
H16.392	Other interstitial and deep keratitis, left eye
H16.393	Other interstitial and deep keratitis, bilateral
H16.399	Other interstitial and deep keratitis, unspecified eye
H16.401	Unspecified corneal neovascularization, right eye
H16.402	Unspecified corneal neovascularization, left eye
H16.403	Unspecified corneal neovascularization, bilateral
H16.409	Unspecified corneal neovascularization, unspecified eye
H16.421	Pannus (corneal), right eye
H16.422	Pannus (corneal), left eye

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 1 (CPT/HCPCS) codes if criteria are met:	
<i>Code</i>	<i>Description</i>
H16.423	Pannus (corneal), bilateral
H16.429	Pannus (corneal), unspecified eye
H16.8	Other keratitis
H16.9	Unspecified keratitis
H18.239	Secondary corneal edema, unspecified eye
H18.829	Corneal disorder due to contact lens, unspecified eye
H18.9	Unspecified disorder of cornea
H20.00	Unspecified acute and subacute iridocyclitis
H20.011	Primary iridocyclitis, right eye
H20.012	Primary iridocyclitis, left eye
H20.013	Primary iridocyclitis, bilateral
H20.019	Primary iridocyclitis, unspecified eye
H20.021	Recurrent acute iridocyclitis, right eye
H20.022	Recurrent acute iridocyclitis, left eye
H20.023	Recurrent acute iridocyclitis, bilateral
H20.029	Recurrent acute iridocyclitis, unspecified eye
H20.031	Secondary infectious iridocyclitis, right eye
H20.032	Secondary infectious iridocyclitis, left eye
H20.033	Secondary infectious iridocyclitis, bilateral
H20.039	Secondary infectious iridocyclitis, unspecified eye
H20.041	Secondary noninfectious iridocyclitis, right eye
H20.042	Secondary noninfectious iridocyclitis, left eye
H20.043	Secondary noninfectious iridocyclitis, bilateral

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 1 (CPT/HCPCS) codes if criteria are met:	
<i>Code</i>	<i>Description</i>
H20.049	Secondary noninfectious iridocyclitis, unspecified eye
H20.051	Hypopyon, right eye
H20.052	Hypopyon, left eye
H20.053	Hypopyon, bilateral
H20.059	Hypopyon, unspecified eye
H20.10	Chronic iridocyclitis, unspecified eye
H20.11	Chronic iridocyclitis, right eye
H20.12	Chronic iridocyclitis, left eye
H20.13	Chronic iridocyclitis, bilateral
H20.20	Lens-induced iridocyclitis, unspecified eye
H20.21	Lens-induced iridocyclitis, right eye
H20.22	Lens-induced iridocyclitis, left eye
H20.23	Lens-induced iridocyclitis, bilateral
H20.811	Fuchs' heterochromic cyclitis, right eye
H20.812	Fuchs' heterochromic cyclitis, left eye
H20.813	Fuchs' heterochromic cyclitis, bilateral
H20.819	Fuchs' heterochromic cyclitis, unspecified eye
H20.821	Vogt-Koyanagi syndrome, right eye
H20.822	Vogt-Koyanagi syndrome, left eye
H20.823	Vogt-Koyanagi syndrome, bilateral
H20.829	Vogt-Koyanagi syndrome, unspecified eye
H20.9	Unspecified iridocyclitis
H21.9	Unspecified disorder of iris and ciliary body

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 1 (CPT/HCPCS) codes if criteria are met:	
<i>Code</i>	<i>Description</i>
H30.001	Unspecified focal chorioretinal inflammation, right eye
H30.002	Unspecified focal chorioretinal inflammation, left eye
H30.003	Unspecified focal chorioretinal inflammation, bilateral
H30.009	Unspecified focal chorioretinal inflammation, unspecified eye
H30.011	Focal chorioretinal inflammation, juxtapapillary, right eye
H30.012	Focal chorioretinal inflammation, juxtapapillary, left eye
H30.013	Focal chorioretinal inflammation, juxtapapillary, bilateral
H30.019	Focal chorioretinal inflammation, juxtapapillary, unspecified eye
H30.021	Focal chorioretinal inflammation of posterior pole, right eye
H30.022	Focal chorioretinal inflammation of posterior pole, left eye
H30.023	Focal chorioretinal inflammation of posterior pole, bilateral
H30.029	Focal chorioretinal inflammation of posterior pole, unspecified eye
H30.031	Focal chorioretinal inflammation, peripheral, right eye
H30.032	Focal chorioretinal inflammation, peripheral, left eye
H30.033	Focal chorioretinal inflammation, peripheral, bilateral
H30.039	Focal chorioretinal inflammation, peripheral, unspecified eye
H30.041	Focal chorioretinal inflammation, macular or paramacular, right eye
H30.042	Focal chorioretinal inflammation, macular or paramacular, left eye
H30.043	Focal chorioretinal inflammation, macular or paramacular, bilateral
H30.049	Focal chorioretinal inflammation, macular or paramacular, unspecified eye
H30.101	Unspecified disseminated chorioretinal inflammation, right eye
H30.102	Unspecified disseminated chorioretinal inflammation, left eye
H30.103	Unspecified disseminated chorioretinal inflammation, bilateral

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 1 (CPT/HCPCS) codes if criteria are met:	
<i>Code</i>	<i>Description</i>
H30.109	Unspecified disseminated chorioretinal inflammation, unspecified eye
H30.111	Disseminated chorioretinal inflammation of posterior pole, right eye
H30.112	Disseminated chorioretinal inflammation of posterior pole, left eye
H30.113	Disseminated chorioretinal inflammation of posterior pole, bilateral
H30.119	Disseminated chorioretinal inflammation of posterior pole, unspecified eye
H30.121	Disseminated chorioretinal inflammation, peripheral right eye
H30.122	Disseminated chorioretinal inflammation, peripheral, left eye
H30.123	Disseminated chorioretinal inflammation, peripheral, bilateral
H30.129	Disseminated chorioretinal inflammation, peripheral, unspecified eye
H30.131	Disseminated chorioretinal inflammation, generalized, right eye
H30.132	Disseminated chorioretinal inflammation, generalized, left eye
H30.133	Disseminated chorioretinal inflammation, generalized, bilateral
H30.139	Disseminated chorioretinal inflammation, generalized, unspecified eye
H30.141	Acute posterior multifocal placoid pigment epitheliopathy, right eye
H30.142	Acute posterior multifocal placoid pigment epitheliopathy, left eye
H30.143	Acute posterior multifocal placoid pigment epitheliopathy, bilateral
H30.149	Acute posterior multifocal placoid pigment epitheliopathy, unspecified eye
H30.20	Posterior cyclitis, unspecified eye
H30.21	Posterior cyclitis, right eye
H30.22	Posterior cyclitis, left eye
H30.23	Posterior cyclitis, bilateral
H30.811	Harada's disease, right eye
H30.812	Harada's disease, left eye

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 1 (CPT/HCPCS) codes if criteria are met:	
<i>Code</i>	<i>Description</i>
H30.813	Harada's disease, bilateral
H30.819	Harada's disease, unspecified eye
H30.891	Other chorioretinal inflammations, right eye
H30.892	Other chorioretinal inflammations, left eye
H30.893	Other chorioretinal inflammations, bilateral
H30.899	Other chorioretinal inflammations, unspecified eye
H30.90	Unspecified chorioretinal inflammation, unspecified eye
H30.91	Unspecified chorioretinal inflammation, right eye
H30.92	Unspecified chorioretinal inflammation, left eye
H30.93	Unspecified chorioretinal inflammation, bilateral
H31.8	Other specified disorders of choroid
H32	Chorioretinal disorders in diseases classified elsewhere
H34.8110	Central retinal vein occlusion, right eye, with macular edema
H34.8111	Central retinal vein occlusion, right eye, with retinal neovascularization
H34.8112	Central retinal vein occlusion, right eye, stable
H34.8120	Central retinal vein occlusion, left eye, with macular edema
H34.8130	Central retinal vein occlusion, bilateral, with macular edema
H34.8190	Central retinal vein occlusion, unspecified eye, with macular edema
H34.821	Venous engorgement, right eye
H34.822	Venous engorgement, left eye
H34.823	Venous engorgement, bilateral
H34.829	Venous engorgement, unspecified eye
H34.8310	Tributary (branch) retinal vein occlusion, right eye, with macular edema

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 1 (CPT/HCPCS) codes if criteria are met:	
<i>Code</i>	<i>Description</i>
H34.8311	Tributary (branch) retinal vein occlusion, right eye, with retinal neovascularization
H34.8312	Tributary (branch) retinal vein occlusion, right eye, stable
H34.8320	Tributary (branch) retinal vein occlusion, left eye, with macular edema
H34.8330	Tributary (branch) retinal vein occlusion, bilateral, with macular edema
H34.8390	Tributary (branch) retinal vein occlusion, unspecified eye, with macular edema
H34.9	Unspecified retinal vascular occlusion
H35.021	Exudative retinopathy, right eye
H35.022	Exudative retinopathy, left eye
H35.023	Exudative retinopathy, bilateral
H35.029	Exudative retinopathy, unspecified eye
H35.061	Retinal vasculitis, right eye
H35.062	Retinal vasculitis, left eye
H35.063	Retinal vasculitis, bilateral
H35.069	Retinal vasculitis, unspecified eye
H35.729	Serous detachment of retinal pigment epithelium, unspecified eye
H35.81	Retinal edema
H40.40X0	Glaucoma secondary to eye inflammation, unspecified eye, stage unspecified
H40.40X1	Glaucoma secondary to eye inflammation, unspecified eye, mild stage
H40.40X2	Glaucoma secondary to eye inflammation, unspecified eye, moderate stage
H40.40X3	Glaucoma secondary to eye inflammation, unspecified eye, severe stage
H40.40X4	Glaucoma secondary to eye inflammation, unspecified eye, indeterminate stage
H40.41X0	Glaucoma secondary to eye inflammation, right eye, stage unspecified
H40.41X1	Glaucoma secondary to eye inflammation, right eye, mild stage

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 1 (CPT/HCPCS) codes if criteria are met:	
<i>Code</i>	<i>Description</i>
H40.41X2	Glaucoma secondary to eye inflammation, right eye, moderate stage
H40.41X3	Glaucoma secondary to eye inflammation, right eye, severe stage
H40.41X4	Glaucoma secondary to eye inflammation, right eye, indeterminate stage
H40.42X0	Glaucoma secondary to eye inflammation, left eye, stage unspecified
H40.42X1	Glaucoma secondary to eye inflammation, left eye, mild stage
H40.42X2	Glaucoma secondary to eye inflammation, left eye, moderate stage
H40.42X3	Glaucoma secondary to eye inflammation, left eye, severe stage
H40.42X4	Glaucoma secondary to eye inflammation, left eye, indeterminate stage
H40.43X0	Glaucoma secondary to eye inflammation, bilateral, stage unspecified
H40.43X1	Glaucoma secondary to eye inflammation, bilateral, mild stage
H40.43X2	Glaucoma secondary to eye inflammation, bilateral, moderate stage
H40.43X3	Glaucoma secondary to eye inflammation, bilateral, severe stage
H40.43X4	Glaucoma secondary to eye inflammation, bilateral, indeterminate stage
H43.89	Other disorders of vitreous body
H44.001	Unspecified purulent endophthalmitis, right eye
H44.002	Unspecified purulent endophthalmitis, left eye
H44.003	Unspecified purulent endophthalmitis, bilateral
H44.009	Unspecified purulent endophthalmitis, unspecified eye
H44.011	Panophthalmitis (acute), right eye
H44.012	Panophthalmitis (acute), left eye
H44.013	Panophthalmitis (acute), bilateral
H44.019	Panophthalmitis (acute), unspecified eye
H44.021	Vitreous abscess (chronic), right eye

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 1 (CPT/HCPCS) codes if criteria are met:	
<i>Code</i>	<i>Description</i>
H44.022	Vitreous abscess (chronic), left eye
H44.023	Vitreous abscess (chronic), bilateral
H44.029	Vitreous abscess (chronic), unspecified eye
H44.111	Panuveitis, right eye
H44.112	Panuveitis, left eye
H44.113	Panuveitis, bilateral
H44.119	Panuveitis, unspecified eye
H44.121	Parasitic endophthalmitis, unspecified, right eye
H44.122	Parasitic endophthalmitis, unspecified, left eye
H44.123	Parasitic endophthalmitis, unspecified, bilateral
H44.129	Parasitic endophthalmitis, unspecified, unspecified eye
H44.131	Sympathetic uveitis, right eye
H44.132	Sympathetic uveitis, left eye
H44.133	Sympathetic uveitis, bilateral
H44.139	Sympathetic uveitis, unspecified eye
H44.19	Other endophthalmitis
H46.00	Optic papillitis, unspecified eye
H46.01	Optic papillitis, right eye
H46.02	Optic papillitis, left eye
H46.03	Optic papillitis, bilateral
H57.10	Ocular pain, unspecified eye
H57.11	Ocular pain, right eye
H57.12	Ocular pain, left eye

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 1 (CPT/HCPCS) codes if criteria are met:	
<i>Code</i>	<i>Description</i>
H57.13	Ocular pain, bilateral
H57.89	Other specified disorders of eye and adnexa
H59.40	Inflammation (infection) of postprocedural bleb, unspecified
H59.41	Inflammation (infection) of postprocedural bleb, stage 1
H59.42	Inflammation (infection) of postprocedural bleb, stage 2
H59.43	Inflammation (infection) of postprocedural bleb, stage 3
H60.00	Abscess of external ear, unspecified ear
H60.01	Abscess of right external ear
H60.02	Abscess of left external ear
H60.03	Abscess of external ear, bilateral
H60.10	Cellulitis of external ear, unspecified ear
H60.11	Cellulitis of right external ear
H60.12	Cellulitis of left external ear
H60.13	Cellulitis of external ear, bilateral
H60.20	Malignant otitis externa, unspecified ear
H60.21	Malignant otitis externa, right ear
H60.22	Malignant otitis externa, left ear
H60.23	Malignant otitis externa, bilateral
H60.311	Diffuse otitis externa, right ear
H60.312	Diffuse otitis externa, left ear
H60.313	Diffuse otitis externa, bilateral
H60.319	Diffuse otitis externa, unspecified ear
H60.321	Hemorrhagic otitis externa, right ear

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 1 (CPT/HCPCS) codes if criteria are met:	
<i>Code</i>	<i>Description</i>
H60.322	Hemorrhagic otitis externa, left ear
H60.323	Hemorrhagic otitis externa, bilateral
H60.329	Hemorrhagic otitis externa, unspecified ear
H60.391	Other infective otitis externa, right ear
H60.392	Other infective otitis externa, left ear
H60.393	Other infective otitis externa, bilateral
H60.399	Other infective otitis externa, unspecified ear
H60.501	Unspecified acute noninfective otitis externa, right ear
H60.502	Unspecified acute noninfective otitis externa, left ear
H60.503	Unspecified acute noninfective otitis externa, bilateral
H60.509	Unspecified acute noninfective otitis externa, unspecified ear
H60.511	Acute actinic otitis externa, right ear
H60.512	Acute actinic otitis externa, left ear
H60.513	Acute actinic otitis externa, bilateral
H60.519	Acute actinic otitis externa, unspecified ear
H60.521	Acute chemical otitis externa, right ear
H60.522	Acute chemical otitis externa, left ear
H60.523	Acute chemical otitis externa, bilateral
H60.529	Acute chemical otitis externa, unspecified ear
H60.531	Acute contact otitis externa, right ear
H60.532	Acute contact otitis externa, left ear
H60.533	Acute contact otitis externa, bilateral
H60.539	Acute contact otitis externa, unspecified ear

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 1 (CPT/HCPCS) codes if criteria are met:	
<i>Code</i>	<i>Description</i>
H60.541	Acute eczematoid otitis externa, right ear
H60.542	Acute eczematoid otitis externa, left ear
H60.543	Acute eczematoid otitis externa, bilateral
H60.549	Acute eczematoid otitis externa, unspecified ear
H60.551	Acute reactive otitis externa, right ear
H60.552	Acute reactive otitis externa, left ear
H60.553	Acute reactive otitis externa, bilateral
H60.559	Acute reactive otitis externa, unspecified ear
H60.591	Other noninfective acute otitis externa, right ear
H60.592	Other noninfective acute otitis externa, left ear
H60.593	Other noninfective acute otitis externa, bilateral
H60.599	Other noninfective acute otitis externa, unspecified ear
H60.60	Unspecified chronic otitis externa, unspecified ear
H60.61	Unspecified chronic otitis externa, right ear
H60.62	Unspecified chronic otitis externa, left ear
H60.63	Unspecified chronic otitis externa, bilateral
H60.8X1	Other otitis externa, right ear
H60.8X2	Other otitis externa, left ear
H60.8X3	Other otitis externa, bilateral
H60.8X9	Other otitis externa, unspecified ear
H60.90	Unspecified otitis externa, unspecified ear
H60.91	Unspecified otitis externa, right ear
H60.92	Unspecified otitis externa, left ear

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 1 (CPT/HCPCS) codes if criteria are met:	
<i>Code</i>	<i>Description</i>
H60.93	Unspecified otitis externa, bilateral
J44.0	Chronic obstructive pulmonary disease with (acute) lower respiratory infection
L71.0	Perioral dermatitis
L71.1	Rhinophyma
L71.8	Other rosacea
L71.9	Rosacea, unspecified
M02.30	Reiter's disease, unspecified site
M31.5	Giant cell arteritis with polymyalgia rheumatica
M31.6	Other giant cell arteritis
M35.01	Sjögren syndrome with keratoconjunctivitis
M45.9	Ankylosing spondylitis of unspecified sites in spine
P39.1	Neonatal conjunctivitis and dacryocystitis
Q13.89	Other congenital malformations of anterior segment of eye
Q13.9	Congenital malformation of anterior segment of eye, unspecified
S05.00XA	Injury of conjunctiva and corneal abrasion without foreign body, unspecified eye, initial encounter
S05.00XD	Injury of conjunctiva and corneal abrasion without foreign body, unspecified eye, subsequent encounter
S05.00XS	Injury of conjunctiva and corneal abrasion without foreign body, unspecified eye, sequela
S05.01XA	Injury of conjunctiva and corneal abrasion without foreign body, right eye, initial encounter
S05.01XD	Injury of conjunctiva and corneal abrasion without foreign body, right eye, subsequent encounter
S05.01XS	Injury of conjunctiva and corneal abrasion without foreign body, right eye, sequela

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 1 (CPT/HCPCS) codes if criteria are met:	
<i>Code</i>	<i>Description</i>
S05.02XA	Injury of conjunctiva and corneal abrasion without foreign body, left eye, initial encounter
S05.02XD	Injury of conjunctiva and corneal abrasion without foreign body, left eye, subsequent encounter
S05.02XS	Injury of conjunctiva and corneal abrasion without foreign body, left eye, sequela
T26.00XA	Burn of unspecified eyelid and periocular area, initial encounter
T26.01XA	Burn of right eyelid and periocular area, initial encounter
T26.02XA	Burn of left eyelid and periocular area, initial encounter
T26.10XA	Burn of cornea and conjunctival sac, unspecified eye, initial encounter
T26.11XA	Burn of cornea and conjunctival sac, right eye, initial encounter
T26.12XA	Burn of cornea and conjunctival sac, left eye, initial encounter
T26.20XA	Burn with resulting rupture and destruction of unspecified eyeball, initial encounter
T26.21XA	Burn with resulting rupture and destruction of right eyeball, initial encounter
T26.22XA	Burn with resulting rupture and destruction of left eyeball, initial encounter
T26.30XA	Burns of other specified parts of unspecified eye and adnexa, initial encounter
T26.31XA	Burns of other specified parts of right eye and adnexa, initial encounter
T26.32XA	Burns of other specified parts of left eye and adnexa, initial encounter
T26.40XA	Burn of unspecified eye and adnexa, part unspecified, initial encounter
T26.41XA	Burn of right eye and adnexa, part unspecified, initial encounter
T26.42XA	Burn of left eye and adnexa, part unspecified, initial encounter
T26.50XA	Corrosion of unspecified eyelid and periocular area, initial encounter
T26.51XA	Corrosion of right eyelid and periocular area, initial encounter
T26.52XA	Corrosion of left eyelid and periocular area, initial encounter

Table 2	
ICD-10 diagnosis codes considered medically necessary with Table 1 (CPT/HCPCS) codes if criteria are met:	
<i>Code</i>	<i>Description</i>
T26.60XA	Corrosion of cornea and conjunctival sac, unspecified eye, initial encounter
T26.61XA	Corrosion of cornea and conjunctival sac, right eye, initial encounter
T26.62XA	Corrosion of cornea and conjunctival sac, left eye, initial encounter
T26.70XA	Corrosion with resulting rupture and destruction of unspecified eyeball, initial encounter
T26.71XA	Corrosion with resulting rupture and destruction of right eyeball, initial encounter
T26.72XA	Corrosion with resulting rupture and destruction of left eyeball, initial encounter
T26.80XA	Corrosions of other specified parts of unspecified eye and adnexa, initial encounter
T26.81XA	Corrosions of other specified parts of right eye and adnexa, initial encounter
T26.82XA	Corrosions of other specified parts of left eye and adnexa, initial encounter
T26.90XA	Corrosion of unspecified eye and adnexa, part unspecified, initial encounter
T26.91XA	Corrosion of right eye and adnexa, part unspecified, initial encounter
T26.92XA	Corrosion of left eye and adnexa, part unspecified, initial encounter
Y83.9	Surgical procedure, unspecified as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
Y84.9	Medical procedure, unspecified as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure

References

1. American Academy of Ophthalmology. Diabetic Macular Edema: Diagnosis and Management. 2021. Available at: <https://www.aao.org/eyenet/article/diabetic-macular-edema-diagnosis-and-management>. Accessed October 8, 2025.
2. American Academy of Ophthalmology. EyeWiki. Available at: https://eyewiki.org/Main_Page. Accessed October 9, 2025.

3. Bielory L, Delgado L, Katelaris CH, Leonardi A, Rosario N, Vichyanoud P. ICON: Diagnosis and management of allergic conjunctivitis. *Ann Allergy Asthma Immunol.* 2020 Feb;124(2):118-134. doi: 10.1016/j.anaai.2019.11.014. Epub 2019 Nov 21. PMID: 31759180.
4. Iluvien (fluocinolone) [prescribing information]. Alpharetta, GA: Alimera Sciences Inc; December 2025.
5. Dextenza (dexamethasone) [prescribing information]. Bedford, MA: Ocular Therapeutix Inc; April 2025.
6. Massa H, Pipis SY, Adewoyin T, Vergados A, Patra S, Panos GD. Macular edema associated with non-infectious uveitis: pathophysiology, etiology, prevalence, impact and management challenges. *Clin Ophthalmol.* 2019 Sep 10;13:1761-1777. doi: 10.2147/OPHTH.S180580. PMID: 31571815; PMCID: PMC6750710.
7. McLaurin EB, Evans D, Repke CS, et al. Phase 3 randomized study of efficacy and safety of a dexamethasone intracanalicular insert in patients with allergic conjunctivitis. *Am J Ophthalmol.* 2021;229:288-300.
8. Ozurdex (dexamethasone) [prescribing information]. North Chicago, IL: AbbVie Inc; March 2026.
9. Pesonen M, Kankaanpää E, Vottonen P. Cost-effectiveness of dexamethasone and triamcinolone for the treatment of diabetic macular oedema in Finland: A Markov-model. *Acta Ophthalmol.* 2021 Nov;99(7):e1146-e1153. doi: 10.1111/aos.14745. Epub 2021 Jan 9. PMID: 33421332; PMCID: PMC8597173.
10. Retisert (fluocinolone) [prescribing information]. Bridgewater, NJ: Bausch & Lomb Americas Inc; April 2025.
11. Schmidt-Erfurth U, Garcia-Arumi J, Bandello F, Berg K, Chakravarthy U, Gerendas BS, Jonas J, Larsen M, Tadayoni R, Loewenstein A. Guidelines for the Management of Diabetic Macular Edema by the European Society of Retina Specialists (EURETINA). *Ophthalmologica.* 2017;237(4):185-222. doi: 10.1159/000458539. Epub 2017 Apr 20. PMID: 28423385.
12. The Foundation - American Society of Retina Specialists. Intravitreal Injections. Available at: <https://www.asrs.org/patients/retinal-diseases/33/intravitreal-injections>. Accessed October 9, 2025.
13. The Rheumatologist. Uveitis: A Brief Primer for the Rheumatologist. Available at: <https://www.the-rheumatologist.org/article/uveitis-a-brief-primer-for-the-rheumatologist/?singlepage=1>. Accessed October 10, 2025.
14. Triesence (triamcinolone) [prescribing information]. Nashville, TN: Harrow Eye LLC; March 2024.
15. Varu DM, Rhee MK, Akpek EK, Amescua G, Farid M, Garcia-Ferrer FJ, Lin A, Musch DC, Mah FS, Dunn SP; American Academy of Ophthalmology Preferred Practice Pattern Cornea and External Disease Panel. Conjunctivitis Preferred Practice Pattern. *Ophthalmology.* 2019 Jan;126(1):P94-P169. doi: 10.1016/j.ophtha.2018.10.020. Epub 2018 Oct 23. PMID: 30366797.
16. Xipere (triamcinolone) [prescribing information]. Bridgewater, NJ: Bausch & Lomb Americas Inc; May 2025.
17. Yutiq (fluocinolone acetonide intravitreal implant) [prescribing information]. Watertown, MA: EyePoint Pharmaceuticals US Inc; January 2026.

Appendix A

Table 3: Dosage and Frequency of Intravitreal Corticosteroid Injections or Implants

Product	Dosage and Frequency
Iluvien (fluocinolone acetonide intravitreal implant)	One (1) implant per eye OR two (2) implants (1 per eye) per 36 months
Dextenza (dexamethasone ophthalmic insert)	One (1) insert per eye OR two (2) inserts (1 per eye) for up to 30 days

Product	Dosage and Frequency
Ozurdex (dexamethasone intravitreal implant)	One (1) implant per eye OR two (2) implants (1 per eye) per 6 months
Retisert (fluocinolone acetonide intravitreal implant)	One (1) implant per eye OR two (2) implants (1 per eye) per 30 months
Triesence (triamcinolone acetonide injectable suspension)	<p>Treatment of Ophthalmic Diseases: 4 mg (100 microliters of 40 mg/mL suspension) with subsequent dosage as needed over the course of treatment</p> <p>Visualization During Vitrectomy: 1 to 4 mg (25 to 100 microliters of 40 mg/mL suspension) administered one-time during the surgery</p> <p>1 vial should be used for the treatment of a single eye</p>
Xipere (triamcinolone acetonide injectable suspension)	4 mg (0.1 mL of the 40 mg/mL injectable suspension or 1 vial) per eye at day 0 then week 12 then as recommended by prescriber
Yutiq (fluocinolone acetonide intravitreal implant)	One (1) implant per eye OR two (2) implants (1 per eye) per 36 months

Clinical Guideline Revision / History Information

<p>Original Date: 04/01/2026 Reviewed/Revised: 10/01/2026</p>
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