

## Physician Fee Schedule - Facility and Non-Facility Settings (CY 2026)

| CPT                                   | Descriptor                                                                                                                                                       | Medicare Physician Fee Schedule |                          |               |                          |
|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------|---------------|--------------------------|
|                                       |                                                                                                                                                                  | NON-FACILITY                    |                          | FACILITY      |                          |
|                                       |                                                                                                                                                                  | Non-Facility RVUs               | National Average Payment | Facility RVUs | National Average Payment |
| Placement of Amniotic Membrane Coding |                                                                                                                                                                  |                                 |                          |               |                          |
| 65778                                 | Placement of amniotic membrane on the ocular surface; without sutures                                                                                            | 38.18                           | \$1,275.25               | 1.07          | \$35.74                  |
| 65779                                 | Placement of amniotic membrane on the ocular surface; single layer, sutured                                                                                      | 34.16                           | \$1,140.97               | 2.53          | \$84.50                  |
| Pterygium Procedural Coding           |                                                                                                                                                                  |                                 |                          |               |                          |
| 65426                                 | Excision or transposition of pterygium; with graft                                                                                                               | 20.09                           | \$671.02                 | 12.37         | \$413.17                 |
| Conjunctival Procedures               |                                                                                                                                                                  |                                 |                          |               |                          |
| 65780                                 | Ocular surface reconstruction; amniotic membrane transplantation, multiple layers                                                                                | N/A                             | N/A                      | 15.46         | \$516.38                 |
| 68110                                 | Excision of lesion, conjunctiva; up to 1 cm                                                                                                                      | 7.11                            | \$237.48                 | 3.86          | \$128.93                 |
| 68115                                 | Excision of lesion, conjunctiva; over 1 cm                                                                                                                       | 9.92                            | \$331.34                 | 4.70          | \$156.98                 |
| 68320                                 | Conjunctivoplasty; with conjunctival graft or extensive rearrangement                                                                                            | 22.38                           | \$747.51                 | 14.02         | \$468.28                 |
| 68326                                 | Conjunctivoplasty, reconstruction cul-de-sac; with conjunctival graft or extensive rearrangement                                                                 | N/A                             | N/A                      | 16.53         | \$552.12                 |
| 68330                                 | Repair of symblepharon; conjunctivoplasty, without graft                                                                                                         | 18.68                           | \$623.93                 | 11.90         | \$397.47                 |
| Glaucoma Procedures                   |                                                                                                                                                                  |                                 |                          |               |                          |
| 66170                                 | Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery                                                                   | N/A                             | N/A                      | 28.09         | \$938.23                 |
| 66172                                 | Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents) | N/A                             | N/A                      | 30.81         | \$1,029.08               |
| 66180                                 | Aqueous shunt to extraocular equatorial plate reservoir, external approach; with graft                                                                           | N/A                             | N/A                      | 29.06         | \$970.63                 |
| 66185                                 | Revision of aqueous shunt to extraocular equatorial plate reservoir; with graft                                                                                  | N/A                             | N/A                      | 21.97         | \$733.82                 |
| Supply Code                           |                                                                                                                                                                  |                                 |                          |               |                          |
| V2790                                 | Amniotic membrane for surgical reconstruction, per procedure                                                                                                     | N/A                             | N/A                      | N/A           | Contractor Priced        |

# CPT 65426/HCPCS V2790

## Code Information

**CPT 65426:** (Excision or transposition of pterygium; with graft) If the provider secures the amniotic membrane transplant with glue instead of using a conjunctival graft, CPT 65426 may still be reported. When reporting the placement of the amniotic membrane separately, CPT 66999 should be reported if glue is used.

**HCPCS V2790:** V2790 - Amniotic membrane for surgical reconstruction, per procedure, is a supply code. Medicare and many Commercial payors consider payment for the supply included in the payment for the procedure code. Payors may have different policies regarding the supply of the amniotic tissue. Check your commercial payor policies and contracts to determine coverage and payment associated with CPT code 65778 and HCPCS code V2790, as this will vary from payor to payor.

### HCPCS code V2790 should not be billed to Part B separately except as noted below:

- HCPCS code V2790 can be reimbursed separately in an office setting when billed with CPT Code 65780. A copy of the invoice must be submitted when billing V2790 and 65780 on the same claim.
- HCPCS code V2790 should not be billed with CPT Code 65775. However, if amniotic membrane application is required during that procedure, then either CPT Codes 65778 or 65779, depending on the method of application of the membrane must be billed with 65775 when a membrane is applied. As indicated above, Medicare includes payment for the amniotic membrane supply (V2790) in payment for CPT Codes 65778 and 65779. Therefore V2790 should not be billed separately when those codes are billed to Medicare. Commercial payors may have different policies regarding the payment for the amniotic membrane graft supply.

[CMS.gov](https://www.cms.gov)

### References/Notes:

- The payment rates specified in this document are Centers for Medicare & Medicaid Services (CMS) national unadjusted averages. Actual payment rates will vary based on geographic adjustments and are updated quarterly. Commercial payment rates will vary per contract.
- By Report - For CPT codes that have not been assigned RVUs (e.g., miscellaneous codes), there is no national payment rate. Providers must provide detailed operative notes describing the service provided. If there is an existing service with an established CPT code that involves similar work, that CPT code may be provided as a suggested crosswalk for payment purposes.
- CY 2026 Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems; and Final CY 2026 Payment Rates (CMS-1834-FC); Addendum B and ASC Addenda.
- CY 2026 Payment Policies under the Physician Fee Schedule and Other Changes to Part B Payment and Coverage Policies; (CMS-1832-F); Addendum B. All MPFS Fee Schedules calculated using CF of \$33,4009 effective Jan. 1, 2026.
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### Key to Hospital Outpatient & ASC Settings Abbreviations:

**SI** - Status Indicator

**APC** - Ambulatory Payment Classifications

**ASC** - Ambulatory Surgical Center

**OPPS** - Hospital Outpatient Prospective Payment System

**Q2** - Packaged APC payment if billed on the same claim as a HCPCS code assigned status indicator "T." Otherwise, payment is made through a separate APC.

**J1** - All covered Part B services on the claim are packaged with the primary "J1" service for the claim, except services with OPPS SI=F, G, H, L and U: ambulance services; diagnostic and screening mammography; all preventive services; and certain Part B inpatient services.