ICD·10·CM
Simply the Basics

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I. Introduction
   A. ICD-10-CM will be implemented on 10/1/2015
      1. Major (total) revision to the codes themselves
      2. Significant reorganization of the code set
      3. Extensive expansion of coding capabilities
      4. Far greater specificity now required
   B. Purpose of this course
      1. Explore all aspects of this new diagnostic coding system
         a. Compare what is the same with ICD-9-CM
         b. Compare where it is different and new
      2. Provide Resources
      3. Coding exercise: demonstrate examples
      4. K.I.S.S. – Keep it simple
   C. What is ICD-10-CM?
      1. 1979: ICD-9-CM was adopted in the USA
      2. 1990: ICD-10 was first developed
      3. 1994: Came into use by WHO member states
      4. 1997: ICD-10-CM was first introduced in the US
         a. ICD© is owned and copyrighted by the WHO
         b. WHO authorized the "Clinical Modification" for purposes of the United States Government
            1) Centers for Disease Control and Prevention (CDC)
            2) National Center for Health Statistics (NCHS)
            3) Coordination and Maintenance Committee
      5. 1/2009: Recommended for implementation by the HHS Secretary with implementation on 10/1/2013
      6. 12/2012: The AMA petitioned CMS to permanently delay ICD-10-CM
         a. Cosigned by 80 more State Medical Associations and Professional Specialty Societies
         b. Including AAO and the ASCRS
      7. Final (?) Rule – October 1, 2015
      8. AMA continues to oppose ICD-10-CM
         a. "No apparent clinical benefit to the patient"
         b. "No increase in the quality of care"

II. The Need for ICD-10-CM
   A. Problems with ICD-9-CM
      1. Out of space
         a. ICD-9-CM has ~14,000 codes
         b. Additional codes are having to be assigned to inappropriate sections
      2. Lack of specificity
      3. Inadequate ability to monitor biosurveillance
      4. Compatibility of data with other countries
   B. ICD-10 vs. ICD-10-CM
      1. “Clinical Modification” for use in the US
      2. Greater specificity
      3. Examples – See Appendix A
C. Goals of ICD-10-CM
1. Expand the capacity for new codes: ICD-10-CM will have ~69,000 codes
2. Reorganize current diagnoses into better and current understanding of pathophysiology of disease
3. Allow greater levels of specificity
   a. Add laterality
   b. Provide greater detail on socioeconomic issues
      1) Family relationships
      2) Ambulatory care conditions
      3) Problems related to lifestyle
      4) Results of screening tests
   c. Add new post-procedural disorders
   d. Major expansion of injury codes
   e. Expand distinctions for ambulatory and managed care encounters
4. Higher level of data gathering, for management and analysis

III. What's the same in ICD-10-CM?
A. General content
1. Tabular List
   a. Body system divisions
   b. Type of condition
2. Alphabetical Index
   a. Index to Disease Conditions
      1) Contains a Neoplasm Table
      2) Contains a Table of Drugs and Chemicals
   b. Index to External Causes of Injury
3. Procedure Codes – ICD-10-PCS (Procedure Coding System)
   a. Used in the hospital setting only
   b. Office/ASC procedures use CPT-4 (AMA)
B. Coding principles are the same
1. Code to the highest degree of accuracy and completeness
   a. If a further subclassification is available use it
   b. The best code is the actual disease, if known
   c. The next best code is an “Other” code
      1) Known disease
      2) Without a specific code
      3) “Wastebasket” code
   d. The next best code is a symptom, if the diagnosis is not yet definitive
   e. The least best code is an “Unspecified” code...but it is still valid
      1) Insufficient information to know
      2) While valid, but try to avoid – some carriers will not pay

<table>
<thead>
<tr>
<th>H11.00</th>
<th>Unspecified</th>
<th>pterygium of eye</th>
</tr>
</thead>
<tbody>
<tr>
<td>H11.01</td>
<td>Amyloid pterygium</td>
<td></td>
</tr>
<tr>
<td>H11.02</td>
<td>Central pterygium of eye</td>
<td></td>
</tr>
<tr>
<td>H11.03</td>
<td>Double pterygium of eye</td>
<td></td>
</tr>
<tr>
<td>H11.04</td>
<td>Peripheral pterygium of eye, stationary</td>
<td></td>
</tr>
<tr>
<td>H11.05</td>
<td>Peripheral pterygium of eye, progressive</td>
<td></td>
</tr>
<tr>
<td>H11.06</td>
<td>Recurrent pterygium of eye</td>
<td></td>
</tr>
</tbody>
</table>

2. Do not code “probable”, “suspected”, “questionable”, or “rule out” conditions until they are established
3. Do not code conditions that no longer exist
4. Remember: proper **coding** rules may be different than proper **reporting** rules
   a. Coding rules are set in ICD-10-CM
   b. Reporting rules can vary from carrier to carrier
   c. **Always follow the carrier’s instructions**

5. Avoid using refractive codes for medical conditions

6. Always match the appropriate diagnosis (ICD-10-CM) with the corresponding procedure (CPT-4)

7. Syndromes
   a. Unless the syndrome is specifically listed, code a manifestation of the syndrome
   b. If there are multiple manifestations, pick the most pertinent to justify medical necessity

<table>
<thead>
<tr>
<th>Ocular Ischemia Syndrome</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Causes</strong></td>
</tr>
<tr>
<td>Impaired internal and external carotid circulation</td>
</tr>
<tr>
<td>Reduced circulation to the whole eye</td>
</tr>
<tr>
<td><strong>Findings</strong></td>
</tr>
<tr>
<td>retinal microaneurysms... H35.04- Retinal micro-aneurysms NOS</td>
</tr>
<tr>
<td>retinal hemorrhage ........ H35.6- Retinal hemorrhage</td>
</tr>
<tr>
<td>retinal A/V shunts........ H35.09 Other intraretinal microvascular abnormalities</td>
</tr>
<tr>
<td>iris neovascularization..... H21.1x- Other vascular disorders of iris and ciliary body</td>
</tr>
<tr>
<td>neovascular glaucoma..... H40.5- Glaucoma secondary to other eye disorders</td>
</tr>
</tbody>
</table>

8. Disorders not found in ICD-10-CM
   a. Know the pathophysiology of the disease
      1) Textbooks
      2) Journals
      3) Colleagues
   b. Consider alternative terminology
   c. Know the organization of the Tabular List
   d. Manually search
      1) Frequently will require an “other” code
      2) Feel free to use a symptom code

<table>
<thead>
<tr>
<th>Dysphotopsia</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pathophysiology</strong></td>
</tr>
<tr>
<td>Visual phenomenon from an IOL</td>
</tr>
<tr>
<td><strong>ICD-10-CM applicable sections</strong></td>
</tr>
<tr>
<td>Vision section</td>
</tr>
<tr>
<td>Surgical complication section</td>
</tr>
<tr>
<td>eye section</td>
</tr>
<tr>
<td>trauma/surgery section</td>
</tr>
<tr>
<td><strong>Options</strong></td>
</tr>
<tr>
<td>H53.71 Glare sensitivity</td>
</tr>
<tr>
<td>H59.09* Other disorders following cataract surgery</td>
</tr>
<tr>
<td>T85.29 Mechanical complication of intraocular lens</td>
</tr>
<tr>
<td>T85.89X Other specified complication of internal prosthetic devices, implants and grafts, not elsewhere classified</td>
</tr>
</tbody>
</table>

C. Abbreviations are mostly the same
   1. NEC – “Not elsewhere classifiable”
      a. Found in the Alphabetical Index
      b. Equivalent to “Other” or “Other specified” in the Tabular List
Anomaly, anomalous Q89.9
  pupil Q13.2
  function H57.00
  specified type NEC H57.09

H57 Other disorders of eye and adnexa
  H57.0 Anomalies of pupillary function
  H57.09 Other anomalies of pupillary function

2. NOS – “Not otherwise specified”
   a. Found mostly in the Alphabetical Index
   b. Equivalent to “Unspecified” in the Tabular List

Conjunctivitis (staphylococcal) (streptococcal) NOS H10.9

H10 Conjunctivitis
  H10.9 Unspecified conjunctivitis

D. Punctuation
   1. Brackets “[   ]”
      a. Tabular List – synonyms, alternative wording, explanatory phrases
      b. “Nonessential modifier”
      c. The list of terms is not necessarily all inclusive
   2. Parentheses “(  )”
      a. Supplementary words that may be present or absent without affecting the code
      b. “Nonessential modifier”
      c. The list of terms is not necessarily all inclusive
   3. Colon “:”
      a. Found in the Tabular List
      b. Used after an incomplete term that needs one or more modifiers to make it assignable to a given
         category
      c. The list of terms is not necessarily all inclusive
   4. Comma “,”
      a. The words following a comma must be present for the code to be used.
      b. “Essential modifier”

H31.32 Choroidal rupture
  H31.321 Choroidal rupture, right eye
  H31.322 Choroidal rupture, left eye
  H31.323 Choroidal rupture, bilateral
  H31.329 Choroidal rupture, unspecified eye

E. Terminology
   1. “And” - the term “And” should be interpreted to mean either “and” or “or” (i.e. “and/or”)

H26.0 Infantile and juvenile cataract

2. “With”
   a. Alphabetical Index the word “with” is sequenced immediately following the main term and not in
      alphabetical order
   b. You will find this far more frequently in the ICD-10-CM code set with the addition of combination
      codes

Hypertension, hypertensive with
heart involvement
kidney involvement
renal sclerosis – see Hypertension, kidney
benign, intracranial G93.2
cardiorenal (disease) I13.10
...
ocular H40.0

3. “—see”
   a. Found in the Alphabetical Index
   b. Referenced term is not the “preferred” term
   c. No coding options are given
   d. This is a mandatory instruction

   Ablatio, ablation
   retinae — see Detachment, retina

4. “—see also”
   a. Found in the Alphabetical Index
   b. Another term that may also be referenced
   c. Coding option may or may not be provided

   Proptosis (ocular) – see also Exophthalmos
   thyroid — see Hyperthyroidism, with goiter

   Abnormal
   hemoglobin (disease) — see also Disease, hemoglobin D58.2–

5. “Includes”
   a. Usually found at the section level or the category level (3 digit code level)
   b. Applies to everything at that level and below
   c. Provides examples of what is included in the entire category
   d. The list is not necessarily all inclusive

   H44 Disorders of globe
   Includes:
   disorders affecting multiple structures of eye

F. Etiology / Manifestation / Sequencing instruction
   1. The concept
      a. Some diseases have an underlying condition with multiple systemic manifestations
      b. ICD-10-CM conventions require both the underlying condition and the manifestation be coded
         1) The underlying condition or etiology is always coded first (primary code)
         2) The manifestation of the condition is always coded second (secondary code)
   2. “Code first”
      a. This instruction is found with any manifestation of an underlying condition
      b. The code where the “Code first” instruction is found is always a secondary code
      c. Directions are given for where to find the underlying condition
      d. The suggested list may not be all inclusive

   H28 Cataract in diseases classified elsewhere
   Code first underlying disease, such as:
   hypoparathyroidism (E20.-)
   myotonia (G71.1-)
   myxedema (E03.-)
3. “Use additional code”
   a. This instruction is found with the underlying condition (etiology)
   b. The condition with the “Use additional code” instruction is always the primary code
   c. Directions are given for where to look for the manifestations of the underlying condition
   d. An addition code should be used to provide a more complete description

   **H20.1 Chronic iridocyclitis**
   *Use additional code for any associated cataract (H26.21-)*

   **H26.1 Traumatic cataract**
   *Use additional code (Chapter 20) to identify external cause*

4. “Code also”
   a. “Code also” indicates that two codes may be required to fully describe a condition
   b. This note allows discretion on sequencing

   **H18.03 Corneal deposits in metabolic disorders**
   *Code also associated metabolic disorder*

5. A caveat
   a. These are mandatory coding instructions
   b. They may or may not be mandatory for reporting to the carrier
   c. It is still wise to follow official guidelines for coding

**IV. What’s new with ICD-10-CM?**

A. The key differences: ICD-9-CM vs. ICD-10-CM
   1. Reorganization of Tabular List – everything in the right place
   2. Greater specificity
      a. Laterality
      b. Expansion of external causes
      c. Combination codes
      d. Late effects
      e. 7th character extension
   3. Alpha-numeric system
   4. Excludes1 and Excludes2
   5. Miscellaneous issue
      a. Stages of glaucoma
      b. The dash “-”
      c. With / without standardization
      d. Unspecified standardization
      e. Sequencing notations in the Alphabetic Index

B. Tabular List: organization and reorganization
   1. Twenty-one chapters (italics indicates chapters where eye code may likely be found)
      a. Each chapter represents
         1) Body/organ systems; or
         2) Disease type
         3) Other ancillary chapters
            a) Symptoms, signs, and abnormal clinical and laboratory findings
            b) Injury, poisoning, and certain other consequences of external causes
            c) External causes of morbidity
            d) Factors Influencing Health Status and Contact with Health Services
ICD·10·CM: Simply the Basics

1. Certain Infectious and Parasitic Diseases .............................................. A00-B99
2. Neoplasms .......................................................................................... C00-D49
3. Disease of the Blood and Blood-forming Organs and Certain Disorders Involving the Immune Mechanism ........................................ D50-D89
4. Endocrine, Nutritional, and Metabolic Diseases .................................... E00-E89
5. Mental and Behavioral Disorders ....................................................... F01 – F99
6. Diseases of the Nervous System ......................................................... G00-G99
7. Diseases of the Eye and Adnexa ......................................................... H00-H59
8. Diseases of the Ear and Mastoid Process ............................................ H60-H95
9. Diseases of the Circulatory System ..................................................... I00-I99
10. Diseases of the Respiratory System .................................................... J00-J99
11. Diseases of the Digestive System ...................................................... K00-K94
12. Diseases of the Skin and Subcutaneous Tissue .................................. L00-L99
15. Pregnancy, Childbirth, and the Puerperium ...................................... O00-O9A
16. Certain Conditions Originating in the Perinatal Period ....................... P00-P96
17. Congenital Malformations, Deformations, and Chromosomal Abnormalities .................................................................................... Q00-Q99
18. Symptoms, Signs, and Abnormal Clinical and Laboratory Findings, NEC ..................................................................................... R00-R99
19. Injury, Poisoning, and Certain Other Consequences of External Causes .................................................. S00-T88
20. External Causes of Morbidity .............................................................. V00-Y99
21. Factors Influencing Health Status and Contact with Health Services..... Z00-Z99

2. Divided into
   a. Categories – three characters
   b. Subcategory – 4 or 5 characters
   c. Subclassification – 6 or 7 characters
   d. Character #1 is always alpha
   e. Characters 2 – 6 are usually numeric but can be alpha

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>G43.B</td>
<td>Ophthalmoplegic migraine</td>
</tr>
<tr>
<td>G43.BO</td>
<td>Ophthalmoplegic migraine, not intractable</td>
</tr>
<tr>
<td>G43.BO1</td>
<td>Ophthalmoplegic migraine, not intractable, with status migrainosus</td>
</tr>
<tr>
<td>G43.BO9</td>
<td>Ophthalmoplegic migraine, not intractable, without status migrainosus</td>
</tr>
</tbody>
</table>

f. “Codes” are the final level of subdivision
   1) A usable codes is any one that is not further subdivided
   2) A valid code can contain only 3 or up to 7 characters

3. Subcategories of Chapter 7, The Eye
   a. See Appendix B
   b. Progression from external (lids) to posterior segment
   c. Glaucoma follows retina – indicating it’s relation to the retina and optic nerve
   d. Ending with some miscellaneous issues
      1) Vision
      2) Eye movements
      3) Surgery complications
   e. Knowing this organization will make manual searches more efficient

4. Other Chapters with eye codes – See Appendix C

5. Reorganization of many codes to different, more appropriate sections
a. Things may not be where you found them in ICD-9-CM
b. Some PO conditions are now placed in the eye section

<table>
<thead>
<tr>
<th>H59</th>
<th>Intraoperative and postprocedural complications and disorders of eye and adnexa, not elsewhere classified</th>
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<tbody>
<tr>
<td></td>
<td>Excludes1:</td>
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<tr>
<td></td>
<td>mechanical complication of intraocular lens (T85.2)</td>
</tr>
<tr>
<td></td>
<td>mechanical complication of other ocular prosthetic devices,</td>
</tr>
<tr>
<td></td>
<td>implants and grafts (T85.3)</td>
</tr>
<tr>
<td></td>
<td>pseudophakia (Z96.1)</td>
</tr>
<tr>
<td></td>
<td>secondary cataracts (H26.4-)</td>
</tr>
<tr>
<td>H59.0</td>
<td>Disorders of the eye following cataract surgery</td>
</tr>
<tr>
<td>H59.01</td>
<td>Keratopathy (bullous aphakic) following cataract surgery</td>
</tr>
<tr>
<td></td>
<td>Vitreal corneal syndrome</td>
</tr>
<tr>
<td></td>
<td>Vitreous (touch) syndrome</td>
</tr>
<tr>
<td>H59.02</td>
<td>Cataract (lens) fragments in eye following cataract surgery</td>
</tr>
</tbody>
</table>

6. Expansion of the External Causes of Morbidity – Chapter 20
   a. No national mandate to use
   b. May be required by state or carrier mandates
   c. Place of occurrence and/or activity
      1) i.e. Pedestrian, pedal cycle, motorcycle, car, pickup, bus, etc.
      2) i.e. Intentional harm, assault, war, terrorism
      3) i.e. Misadventures to patients during surgical and medical care
         a) i.e. Failure of sterile precautions
         b) i.e. Failure of dosage
         c) Y77 Ophthalmic devices associated with adverse incidents
            i) Diagnostic devices
            ii) Therapeutic devices
            iii) Prosthetic devices
            iv) Surgical instruments
   d. External Cause of Injury Index

7. Combination codes
   a. A single code is used to classify:
      1) Two diagnoses; or
      2) A diagnosis with an associated manifestation; or
      3) A diagnosis with an associated complication
      4) Both must be present
      5) Both should never be unbundled
   b. Diabetic retinopathy
      1) Moved from the eye section to the diabetes section (endocrine)
      2) Combined with the underlying diabetes mellitus
      3) Diabetes mellitus is divided into:
         a) E08 – due to underlying condition
         b) E09 – drug or chemical induced
         c) E10 – Type 1
         d) E11 – Type 2
         e) E13 – other specified diabetes mellitus
      4) Each of the above is further subdivided into the same subcategories, i.e.
         a) E**.0 – with hyperosmolality
         b) E**.1 – with ketoacidosis
         c) E**.2 – with kidney complications
         d) E**.3 – with ophthalmic complications

- 8 - ICD-10-CM: Simply the Basics
e) E**4 – with neurological complications
f) E**5 – with circulatory complications
g) E**6 – with other specified complications
h) E**8 – with unspecified complications
i) E**9 – without complications

5) Subcategory 3 “with ophthalmic complications” is further subdivided:
   a) E**31 – with unspecified diabetic retinopathy
   b) E**32 – with mild nonproliferative diabetic retinopathy
   c) E**33 – with moderate nonproliferative diabetic retinopathy
   d) E**34 – with severe nonproliferative diabetic retinopathy
   e) E**35 – with proliferative retinopathy
   f) E**36 – with diabetic cataract
   g) E**39 – with other diabetic ophthalmic complication

6) Finally each retinopathy code is further subdivided into
   a) E**31 – with unspecified diabetic retinopathy
      i) E**311 …with macular edema
      ii) E**319 …without macular edema
   b) E**32 – with mild nonproliferative diabetic retinopathy
      i) E**321 …with macular edema
      ii) E**329 …without macular edema
   c) E**33 – with moderate nonproliferative diabetic retinopathy
      i) E**331 …with macular edema
      ii) E**339 …without macular edema
   d) E**34 – with severe nonproliferative diabetic retinopathy
      i) E**341 …with macular edema
      ii) E**349 …without macular edema
   e) E**35 – with proliferative retinopathy
      i) E**351 …with macular edema
      ii) E**359 …without macular edema

<table>
<thead>
<tr>
<th>E11.3</th>
<th>Type 2 diabetes mellitus with ophthalmic complications</th>
</tr>
</thead>
<tbody>
<tr>
<td>E11.31</td>
<td>Type 2 diabetes mellitus with unspecified diabetic retinopathy</td>
</tr>
<tr>
<td>E11.311</td>
<td>Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema</td>
</tr>
<tr>
<td>E11.319</td>
<td>Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema</td>
</tr>
<tr>
<td>E11.32</td>
<td>Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy</td>
</tr>
<tr>
<td>E11.321</td>
<td>Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema</td>
</tr>
<tr>
<td>E11.329</td>
<td>Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema</td>
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<tr>
<td>E11.33</td>
<td>Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy</td>
</tr>
<tr>
<td>E11.331</td>
<td>Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema</td>
</tr>
<tr>
<td>E11.339</td>
<td>Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema</td>
</tr>
<tr>
<td>E11.34</td>
<td>Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy</td>
</tr>
</tbody>
</table>
7) Diabetes: what you must know at the time of billing (exam)
   a) The type of diabetes
      i) Due to underlying condition
      ii) Drug or chemical induced
      iii) Type 1
      iv) Type 2
      v) Other specified
   b) How it is affecting the eye
      i) Retinopathy
      ii) Cataract
      iii) Other complication
   c) The severity of the retinopathy
      i) Unspecified retinopathy
      ii) Mild nonproliferative retinopathy
      iii) Moderate nonproliferative retinopathy
      iv) Severe nonproliferative retinopathy
      v) Proliferative retinopathy
   d) Whether there is macular edema or not

8) Levels of non-proliferative diabetic retinopathy
   a) Mild NPDR
      i) At least one microaneurysm present; but
      ii) Retinopathy less than in Standard Photo 2A (right, above)
   b) Moderate NPDR
      i) Soft exudates, venous beading, and intraretinal microvascular anomalies (IRMAs) definitely present
      ii) Retinopathy greater than in Standard Photo 2A
   c) Severe NPDR
      i) Hemorrhage/microaneurysms greater than in Photo 2A in all four quadrants; or
      ii) Venous beading in two or more quadrants; or
      iii) IRMAs greater than in Standard Photo 8A (right, below) in at least one quadrant

8. 7th Character extension
   a. Further qualify something about the diagnosis and the encounter
   b. Found primarily in orthopedic, obstetrics, injuries, and external causes
   c. It will apply to all codes in the section it is found
d. Mandatory: if available the 7th character must be used

<table>
<thead>
<tr>
<th>T15</th>
<th>Foreign body on external eye</th>
</tr>
</thead>
<tbody>
<tr>
<td>T15.0</td>
<td>Foreign body in cornea</td>
</tr>
<tr>
<td>T15.1</td>
<td>Foreign body in conjunctival sac</td>
</tr>
</tbody>
</table>

The appropriate 7th character is to be added to each code from category T15

A – initial encounter
D – subsequent encounter
S – sequela

<table>
<thead>
<tr>
<th>S05</th>
<th>Injury of eye and orbit</th>
</tr>
</thead>
<tbody>
<tr>
<td>S05.7</td>
<td>Avulsion of eye</td>
</tr>
</tbody>
</table>

Traumatic enucleation

S05.70 Avulsion of unspecified eye
S05.71 Avulsion of right eye
S05.72 Avulsion of left eye

c. May be used in anticipation of future expansion

<table>
<thead>
<tr>
<th>H21.1</th>
<th>Other vascular disorders of iris and ciliary body</th>
</tr>
</thead>
<tbody>
<tr>
<td>H21.1x</td>
<td>Other vascular disorders of iris and ciliary body</td>
</tr>
</tbody>
</table>

H21.1x1 Other vascular disorders of iris and ciliary body, right eye
H21.1x2 Other vascular disorders of iris and ciliary body, left eye
H21.1x3 Other vascular disorders of iris and ciliary body, bilateral
H21.1x9 Other vascular disorders of iris and ciliary body, unspecified eye

H21.2 Degeneration of iris and ciliary body

9. Placeholder character "X"
   a. Capitalization makes no difference
   b. May be used with the 7th character extension

<table>
<thead>
<tr>
<th>S05</th>
<th>Injury of eye and orbit</th>
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<tbody>
<tr>
<td>S05.7</td>
<td>Avulsion of eye</td>
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Traumatic enucleation

S05.70 Avulsion of unspecified eye
S05.71 Avulsion of right eye
S05.72 Avulsion of left eye

c. May be used in anticipation of future expansion

10. Initial, subsequent, sequelae
   a. Initial
      1) When the patient is receiving active treatment for the condition
      2) May be used for more than one encounter
      3) More than one physician may be involved in an initial type of encounter
   b. Subsequent
      1) After the patient has received active treatment
      2) While the patient is receiving routine care during the healing or recovery phase
   c. Sequela
      1) Complications or conditions that arise as a direct result of a condition
      2) The primary code would be the sequela, i.e. scar
3) The secondary code would be the cause, i.e. burn, with the 7th character extension “S”

C. Laterality
1. Typical nomenclature for laterality
   a. Right, left, bilateral, unspecified
   b. Found when conditions are not generally considered bilateral
2. Standardized conventions
   a. Right = 1
   b. Left = 2
   c. Bilateral = 3
   d. Unspecified = 0 for position #5; 9 for position #6
   e. Unless it is combined with upper and lower, then the rules are thrown out

<table>
<thead>
<tr>
<th>H40</th>
<th>Glaucoma</th>
</tr>
</thead>
<tbody>
<tr>
<td>H40.2</td>
<td>Primary angle-closure glaucoma</td>
</tr>
<tr>
<td>H40.21</td>
<td>Acute angle-closure glaucoma</td>
</tr>
<tr>
<td>H40.211</td>
<td>Acute angle-closure glaucoma, right</td>
</tr>
<tr>
<td>H40.212</td>
<td>Acute angle-closure glaucoma, left</td>
</tr>
<tr>
<td>H40.213</td>
<td>Acute angle-closure glaucoma, bilateral</td>
</tr>
<tr>
<td>H40.219</td>
<td>Acute angle-closure glaucoma, unspecified eye</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>H33</th>
<th>Retinal detachments and breaks</th>
</tr>
</thead>
<tbody>
<tr>
<td>H33.2</td>
<td>Serous retinal detachment</td>
</tr>
<tr>
<td>H33.20</td>
<td>Serous retinal detachment, unspecified eye</td>
</tr>
<tr>
<td>H33.21</td>
<td>Serous retinal detachment, right eye</td>
</tr>
<tr>
<td>H33.22</td>
<td>Serous retinal detachment, left eye</td>
</tr>
<tr>
<td>H33.23</td>
<td>Serous retinal detachment, bilateral</td>
</tr>
</tbody>
</table>

3. Lack of laterality
   a. Laterality is never specified in “Other” and “Unspecified” conditions

<table>
<thead>
<tr>
<th>H26</th>
<th>Other cataract</th>
</tr>
</thead>
<tbody>
<tr>
<td>H26.4</td>
<td>Secondary cataract</td>
</tr>
<tr>
<td>H26.41</td>
<td>Soemmering’s ring</td>
</tr>
<tr>
<td>H26.411</td>
<td>Soemmering’s ring, right eye</td>
</tr>
<tr>
<td>H26.412</td>
<td>Soemmering’s ring, left eye</td>
</tr>
<tr>
<td>H26.413</td>
<td>Soemmering’s ring, bilateral</td>
</tr>
<tr>
<td>H26.419</td>
<td>Soemmering’s ring, unspecified eye</td>
</tr>
<tr>
<td>H26.8</td>
<td>Other specified cataract</td>
</tr>
<tr>
<td>H26.8</td>
<td>Unspecified cataract</td>
</tr>
</tbody>
</table>

b. Laterality is not required in hereditary conditions that are generally bilateral
c. Laterality is not required in systemic conditions with ophthalmic manifestations, i.e. diabetes with ophthalmic complications
d. Laterality is not required in some unpredictable situations: i.e. primary open angle glaucoma

<table>
<thead>
<tr>
<th>H40.1</th>
<th>Open-angle glaucoma</th>
</tr>
</thead>
<tbody>
<tr>
<td>H40.10</td>
<td>Unspecified open-angle glaucoma</td>
</tr>
<tr>
<td>H40.11</td>
<td>Primary open-angle glaucoma</td>
</tr>
<tr>
<td>H40.12</td>
<td>Low-tension glaucoma</td>
</tr>
<tr>
<td>H40.121</td>
<td>Low-tension glaucoma, right eye</td>
</tr>
<tr>
<td>H40.122</td>
<td>Low-tension glaucoma, left eye</td>
</tr>
<tr>
<td>H40.123</td>
<td>Low-tension glaucoma, bilateral</td>
</tr>
<tr>
<td>H40.129</td>
<td>Low-tension glaucoma, unspecified eye</td>
</tr>
</tbody>
</table>
D. Upper and lower
1. With eye conditions it is combined with right and left
2. Conventions: last character:
   a. 1 = right upper
   b. 2 = right lower
   c. 3 = right unspecified
   d. 4 = left upper
   e. 5 = left lower
   f. 6 = left unspecified
   g. 9 = unspecified eye, unspecified eyelid

<table>
<thead>
<tr>
<th>H00</th>
<th>Hordeolum and chalazion</th>
</tr>
</thead>
<tbody>
<tr>
<td>H00.0</td>
<td>Hordeolum (externum) (internum) of eyelid</td>
</tr>
<tr>
<td>H00.01</td>
<td>Hordeolum externum</td>
</tr>
<tr>
<td>H00.011</td>
<td>Hordeolum externum right upper eyelid</td>
</tr>
<tr>
<td>H00.012</td>
<td>Hordeolum externum right lower eyelid</td>
</tr>
<tr>
<td>H00.013</td>
<td>Hordeolum externum right eye, unspecified eyelid</td>
</tr>
<tr>
<td>H00.014</td>
<td>Hordeolum externum left upper eyelid</td>
</tr>
<tr>
<td>H00.015</td>
<td>Hordeolum externum left lower eyelid</td>
</tr>
<tr>
<td>H00.016</td>
<td>Hordeolum externum left eye, unspecified eyelid</td>
</tr>
<tr>
<td>H00.019</td>
<td>Hordeolum externum unspecified eye, unspecified eyelid</td>
</tr>
</tbody>
</table>

E. Miscellaneous new features
1. Excludes1 and Excludes2
   a. The concept
      1) Some codes may or may not be used together
      2) Excludes details which codes
      3) Excludes details the circumstance
      4) Shows where to find the excluded code(s)
      5) Applies to the entire section where the instruction is found
   b. Excludes1
      1) Means "NOT CODED HERE!"
      2) The excluded code is NEVER used with the code listed above it
      3) Found when two codes cannot coexist; i.e. a congenital vs. an acquired condition

<table>
<thead>
<tr>
<th>H10</th>
<th>Conjunctivitis</th>
</tr>
</thead>
</table>
   | Excludes1: | keratoconjunctivitis (H16.2-)

   | H33.1  | Retinoschisis and retinal cysts |
   | Excludes1: | congenital retinoschisis (Q14.1) |
   | Microcystoid degeneration of retina (H35.42-)

   1) Means "not included here"
   2) The excluded condition is not part of the code listed above it
   3) It is possible that both conditions could be found simultaneously in the same patient
   4) It is acceptable to use both codes at the same time, when appropriate

   | H35.0  | Background retinopathy and retinal vascular changes |
   | Code also any associated hypertension (I10.-) |
   | H35.03 | Hypertensive retinopathy |
   | H35.031 | Hypertensive retinopathy, right eye |
2. Stages of glaucoma
   a. The severity of most (not all) of the glaucomas is defined with a 7th character code extension
      1) 0 = stage unspecified
      2) 1 = mild stage
      3) 2 = moderate stage
      4) 3 = severe stage
      5) 4 = indeterminate stage
   b. May require the use of the “X” place holder

   H40.12 Low tension glaucoma
   
   One of the following 7th characters is to be assigned to each code in subcategory H40.12 to designate the stage of glaucoma
   0 - stage unspecified
   1 - mild stage
   2 - moderate stage
   3 - severe stage
   4 - indeterminate stage
   
   H40.121 Low-tension glaucoma, right eye
   H40.122 Low-tension glaucoma, left eye
   H40.123 Low-tension glaucoma, bilateral
   H40.129 Low-tension glaucoma, unspecified eye

   c. Definitions of the stages of glaucoma
      1) Unspecified stage – severity not specified in the medical record
      2) Mild stage
         a) optic nerve abnormalities consistent with glaucoma; and
         b) no visual field abnormalities on any white-on-white visual field test; or
         c) abnormalities present only on short-wavelength automated perimetry or frequency-doubling perimetry
      3) Moderate stage
         a) optic nerve abnormalities consistent with glaucoma; and
         b) glaucomatous visual field abnormalities
            i) in one hemifield; and
            ii) not within 5 degrees of fixation
      4) Severe stage
         a) optic nerve abnormalities consistent with glaucoma; and
         b) glaucomatous visual field abnormalities
            i) in both hemifields; and/or
            ii) loss within 5 degrees of fixation in at least one hemifield
      5) Indeterminate stage
         a) visual fields not performed yet; or
         b) patient incapable of visual field testing; or
         c) unreliable/uninterpretable visual field testing
   d. Coding glaucoma
      1) Bilateral same type of glaucoma same stage: use one single code
      2) Bilateral same type of glaucoma different stage: use two different codes
      3) Bilateral different type of glaucoma, regardless of stages: use two different codes

---

Excludes2: essential (primary) hypertension involving vessels of eye (H35.0-)

ICD-10-CM: Simply the Basics
3. **Headache**  
   a. Some of the headache codes differentiate between “intractable” and “not intractable”  
   b. Migraine headaches differentiate between with and without “status migrainosus”  
   c. Note and document this during your clinic evaluation

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>G44.2</td>
<td>Tension-type headache</td>
</tr>
<tr>
<td>G44.21</td>
<td>Episodic tension-type headache</td>
</tr>
<tr>
<td>G44.211</td>
<td>Episodic tension-type headache, intractable</td>
</tr>
<tr>
<td>G44.219</td>
<td>Episodic tension-type headache, not intractable</td>
</tr>
</tbody>
</table>

4. **Dash “-”**  
   a. Found in the Alphabetical Index  
   b. Found at the end of a code  
   c. Indicates additional characters are required as specified in the Tabular List

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blepharoconjunctivitis H10.50-</td>
<td></td>
</tr>
<tr>
<td>angular H10.52-</td>
<td></td>
</tr>
<tr>
<td>contact H10.53-</td>
<td></td>
</tr>
<tr>
<td>ligneous H10.51-</td>
<td></td>
</tr>
</tbody>
</table>

5. **“Unspecified”**  
   a. Standard conventions:  
      1) 4th digit = 9  
      2) 5th digit = 0  
      3) 6th digit = 9

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>H 30.9</td>
<td>Unspecified chorioretinal inflammation</td>
</tr>
<tr>
<td>H30.90</td>
<td>Unspecified chorioretinal inflammation, unspecified eye</td>
</tr>
<tr>
<td>H30.91</td>
<td>Unspecified chorioretinal inflammation, right eye</td>
</tr>
<tr>
<td>H30.92</td>
<td>Unspecified chorioretinal inflammation, left eye</td>
</tr>
<tr>
<td>H30.93</td>
<td>Unspecified chorioretinal inflammation, bilateral</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>H30.0</td>
<td>Focal chorioretinal inflammation</td>
</tr>
<tr>
<td>H30.00</td>
<td>Unspecified focal chorioretinal inflammation</td>
</tr>
<tr>
<td>H30.001</td>
<td>Unspecified focal chorioretinal inflammation, right eye</td>
</tr>
<tr>
<td>H30.002</td>
<td>Unspecified focal chorioretinal inflammation, left eye</td>
</tr>
<tr>
<td>H30.003</td>
<td>Unspecified focal chorioretinal inflammation, bilateral</td>
</tr>
<tr>
<td>H30.009</td>
<td>Unspecified focal chorioretinal inflammation, unspecified eye</td>
</tr>
</tbody>
</table>

b. Alphabetical Index: code listed with main condition is usually “unspecified”

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iridocyclitis H20.9</td>
<td></td>
</tr>
<tr>
<td>acute H20.0-</td>
<td></td>
</tr>
<tr>
<td>hypopyon H20.05-</td>
<td></td>
</tr>
<tr>
<td>primary H20.01-</td>
<td></td>
</tr>
<tr>
<td>recurrent H20.02-</td>
<td></td>
</tr>
<tr>
<td>secondary (noninfectious) H20.04-</td>
<td></td>
</tr>
<tr>
<td>infectious H20.03-</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>H20.9</td>
<td>Unspecified iridocyclitis</td>
</tr>
</tbody>
</table>

H. **Table of Drugs and Chemicals – See Appendix D**  
1. An alternate index to the Tabular List
2. Codes T36 – T65
3. Mixture of class of medications, generic names and even trade names
4. Indexed according to chemical/medication
   a. Poisoning, accidental (unintentional)
   b. Poisoning, intentional self-harm
   c. Poisoning, assault
   d. Poisoning, undetermined
   e. Adverse effect
   f. Underdosing
5. **This table can be very helpful**
   I. Table of Neoplasms – See Appendix E
      1. An alternate index to the Tabular List
      2. Organized according to
         a. Body part/organ
         b. Tissue type
      3. Classifies if the neoplasm is:
         a. Malignant, primary
         b. Malignant, secondary
         c. Ca in situ
         d. Benign
         e. Uncertain behavior
         f. Unspecified behavior

V. Preparing for ICD-10-CM
   A. Planning the transition: getting everyone on board
      1. Many courses, workshops and publications (sometimes very confusing)
      2. The process varies considerably depending on size and complexity
         a. Assess your needs
            1) Look at every area of your practice
               a) Front office
               b) Back office
               c) Clinic
               d) Surgery
               e) Outreach (PR)
               f) Forms
                  i) Patient registration
                  ii) Superbill
                  iii) Laboratory orders
                  iv) Eligibility forms
               g) Meaningful use and PQRS
            2) Look at electronic systems and vendors
               a) EHR
               b) Practice Management
               c) ERx
               d) Billing services
               e) Clearing houses
            3) Identify all staff who work with diagnosis codes
         b. Making appropriate changes
            1) Understand the ICD-10-CM code set
               a) Tabular List
               b) Alphabetical Index
                  i) Table of Drugs and Chemicals
ii) Table of Neoplasm

b) Type and complications of diabetes

c) Upper and lower lids

d) Nature of headaches

2) Redesign clinic data gathering

a) Severity of glaucoma

b) Type and complications of diabetes

c) Upper and lower lids

d) Nature of headaches

3) Contact the vendors

a) New software?

b) New hardware?

4) Redesign forms – especially your “Quick Code List”

5) Work with billing systems

a) Clearing houses

b) Billing services

c. Perform staff training

1) Who?

2) How?

3) How much?

4) When?

d. Perform dry runs

1) CMS claims they are ready, as of 10/2013

2) March 2014

a) 27,000 claims processed

b) 2,600 participants (5% of all providers?)

c) 89% were accepted

d) Some denied claims were intentionally incorrect for “negative” testing purposes

3) Acknowledgment testing

a) Anyone who submits directly to the MAC can participate

b) No registration is required

c) March 2-6, 2015

d) June 1-5, 2015

4) End-to-End Testing

a) Registration required with your MAC

b) Each MAC will choose 50 providers

c) Each provider will submit 50 claims

e. Implement – October 1, 2015

1) Code set used is determined by date of service

a) If service provided prior to 10/1/2015, use ICD-9-CM

b) Even if submitted after 10/1/2015

2) Be prepared for the overlap of the two systems

3) Be prepared that not all carriers will be ready, i.e. Workman’s Comp

3. Allow time

B. Resources

1. All major coding publishers

2. CMS (free): http://www.cdc.gov/nchs/icd/icd10cm.htm

   a. The entire ICD-10 code set in .pdf format

   b. The entire ICD-10 code set in XML format


5. EHR: Be caution in relying on your EHR
6. Planning
   a. AMA:
      1) http://www.ama-assn.org/go/icd-10
      2) http://www.ama-assn.org/resources/doc/washington/icd-10-project-plan-template.xls
   b. CMS: http://cms.gov/Medicare/Coding/ICD10
   c. American Health Information Management Association: http://www.ahima.org
   d. American Hospital Association: http://www.codingclinicadvisor.com

7. GEMs – General Equivalence Mapping
   a. The GEM’s are the ICD·10·CM committee’s crosswalk matching ICD·9 and ICD·10·CM codes
   b. This is done mainly for professionals in industry rather than the medical practice
   c. Available free: http://www.cdc.gov/nchs/icd/icd10cm.htm
   d. Provides tables for both:
      1) Forward mapping: ICD·9·CM to ICD·10·CM

<table>
<thead>
<tr>
<th>ICD·9</th>
<th>ICD·10</th>
<th>Rule</th>
</tr>
</thead>
<tbody>
<tr>
<td>36500</td>
<td>H400</td>
<td>10000</td>
</tr>
<tr>
<td>36501</td>
<td>H400</td>
<td>10000</td>
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<tr>
<td>36502</td>
<td>H400</td>
<td>10000</td>
</tr>
<tr>
<td>36503</td>
<td>H400</td>
<td>10000</td>
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<tr>
<td>36504</td>
<td>H400</td>
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<td>36510</td>
<td>H4010</td>
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<td>H4089</td>
<td>10000</td>
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<td>36515</td>
<td>H40159</td>
<td>10000</td>
</tr>
<tr>
<td>36520</td>
<td>H4020</td>
<td>00000</td>
</tr>
</tbody>
</table>

   365.00  Preglaucoma, unspecified
           H40.0  Glaucoma suspect
   365.12  Low tension glaucoma
           H40.129 Low-tension glaucoma, unspecified eye

   2) Backward mapping: ICD·10·CM to ICD·9·CM

<table>
<thead>
<tr>
<th>ICD·10</th>
<th>ICD·9</th>
<th>Rule</th>
</tr>
</thead>
<tbody>
<tr>
<td>H2510</td>
<td>36616</td>
<td>10000</td>
</tr>
<tr>
<td>H2511</td>
<td>36616</td>
<td>10000</td>
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<tr>
<td>H2512</td>
<td>36616</td>
<td>10000</td>
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<td>36616</td>
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<tr>
<td>H2520</td>
<td>36618</td>
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<td>H2521</td>
<td>36618</td>
<td>10000</td>
</tr>
<tr>
<td>H2522</td>
<td>36618</td>
<td>10000</td>
</tr>
<tr>
<td>H2523</td>
<td>36618</td>
<td>10000</td>
</tr>
</tbody>
</table>

   H25.10  Age-related nuclear cataract, unspecified eye
   366.16  Nuclear sclerosis cataract
   H25.21  Age-related cataract, Morgagnian, right eye
   366.18  Hypermature cataract

3) The cross-walk is not precise
   a) There may be combination codes
   b) There may be a higher level of specificity
   c) Rules
      i) Approximate flag
      ii) No map flag
      iii) Combination flag
      iv) Scenario
          (a) the number of variations of diagnosis combinations included in the source system code
          (b) 1 - 9
   v) Choice list
      (a) the possible target system codes that combined are one valid expression of a scenario
(b) 1 - 9

1. GEMs may be helpful for that oddball, rare bird codes you used in ICD-9 and don’t have a clue where to begin in ICD-10

VI. Summary
A. ICD-10-CM is right around the corner
B. It is a huge change from ICD-9-CM
C. The success of your transition in the next few months will be dependent on:
   1. The choices and decisions you make
   2. And the actions you take
D. You can be prepared

Appendix A

ICD-10 vs. ICD-10-CM

ICD-10-CM

H40 Glaucoma

Excludes1:
   - absolute glaucoma (H44.51-)
   - congenital glaucoma (Q15.0)
   - traumatic glaucoma due to birth injury (P15.3)

H40.0 Glaucoma suspect
   H40.00 Preglaucoma, unspecified
      H40.001 Preglaucoma, unspecified, right eye
      H40.002 Preglaucoma, unspecified, left eye
      H40.003 Preglaucoma, unspecified, bilateral
      H40.009 Preglaucoma, unspecified, unspecified eye
   H40.01 Open angle with borderline findings, low risk
      Open angle, low risk
      H40.011 Open angle with borderline findings, low risk, right eye
      H40.012 Open angle with borderline findings, low risk, left eye
      H40.013 Open angle with borderline findings, low risk, bilateral
      H40.019 Open angle with borderline findings, low risk, unspecified eye
   H40.02 Open angle with borderline findings, high risk
      Open angle, high risk
      H40.021 Open angle with borderline findings, high risk, right eye
      H40.022 Open angle with borderline findings, high risk, left eye
      H40.023 Open angle with borderline findings, high risk, bilateral
      H40.029 Open angle with borderline findings, high risk, unspecified eye
   H40.03 Anatomical narrow angle
      Primary angle closure suspect
      H40.031 Anatomical narrow angle, right eye
      H40.032 Anatomical narrow angle, left eye
      H40.033 Anatomical narrow angle, bilateral
      H40.039 Anatomical narrow angle, unspecified eye
   H40.04 Steroid responder
      H40.041 Steroid responder, right eye
H40.042 Steroid responder, left eye
H40.043 Steroid responder, bilateral
H40.049 Steroid responder, unspecified eye
H40.05 Ocular hypertension
  H40.051 Ocular hypertension, right eye
  H40.052 Ocular hypertension, left eye
  H40.053 Ocular hypertension, bilateral
  H40.059 Ocular hypertension, unspecified eye
H40.06 Primary angle closure without glaucoma damage
  H40.061 Primary angle closure without glaucoma damage, right eye
  H40.062 Primary angle closure without glaucoma damage, left eye
  H40.063 Primary angle closure without glaucoma damage, bilateral
  H40.069 Primary angle closure without glaucoma damage, unspecified eye

H40.1 Open-angle glaucoma
  H40.10 Unspecified open-angle glaucoma
    \textit{One of the following 7th characters is to be assigned to code H40.10 to designate the stage of glaucoma}
    0 - stage unspecified
    1 - mild stage
    2 - moderate stage
    3 - severe stage
    4 - indeterminate stage
  H40.11 Primary open-angle glaucoma
    Chronic simple glaucoma
    \textit{One of the following 7th characters is to be assigned to code H40.11 to designate the stage of glaucoma}
    0 - stage unspecified
    1 - mild stage
    2 - moderate stage
    3 - severe stage
    4 - indeterminate stage
  H40.12 Low-tension glaucoma
    \textit{One of the following 7th characters is to be assigned to each code in subcategory H40.12 to designate the stage of glaucoma}
    0 - stage unspecified
    1 - mild stage
    2 - moderate stage
    3 - severe stage
    4 - indeterminate stage
  H40.121 Low-tension glaucoma, right eye
  H40.122 Low-tension glaucoma, left eye
  H40.123 Low-tension glaucoma, bilateral
  H40.129 Low-tension glaucoma, unspecified eye

H40.13 Pigmentary glaucoma
  \textit{One of the following 7th characters is to be assigned to each code in subcategory H40.13 to designate the stage of glaucoma}
  0 - stage unspecified
  1 - mild stage
  2 - moderate stage
  3 - severe stage
  4 - indeterminate stage
  H40.131 Pigmentary glaucoma, right eye
H40.132 Pigmentary glaucoma, left eye
H40.133 Pigmentary glaucoma, bilateral
H40.139 Pigmentary glaucoma, unspecified eye

H40.14 Capsular glaucoma with pseudoexfoliation of lens

One of the following 7th characters is to be assigned to each code in subcategory H40.14 to designate the stage of glaucoma

0 - stage unspecified
1 - mild stage
2 - moderate stage
3 - severe stage
4 - indeterminate stage

H40.141 Capsular glaucoma with pseudoexfoliation of lens, right eye
H40.142 Capsular glaucoma with pseudoexfoliation of lens, left eye
H40.143 Capsular glaucoma with pseudoexfoliation of lens, bilateral
H40.149 Capsular glaucoma with pseudoexfoliation of lens, unspecified eye

H40.15 Residual stage of open-angle glaucoma

H40.151 Residual stage of open-angle glaucoma, right eye
H40.152 Residual stage of open-angle glaucoma, left eye
H40.153 Residual stage of open-angle glaucoma, bilateral
H40.159 Residual stage of open-angle glaucoma, unspecified eye

ICD·10

H40 Glaucoma

Excludes:

absolute glaucoma (H44.5)
congenital glaucoma (Q15.0)
traumatic glaucoma due to birth injury (P15.3)

H40.0 Glaucoma suspect

Ocular hypertension

H40.1 Primary open-angle glaucoma

Glaucoma (primary)(residual stage):
capsular with pseudoexfoliation of lens
chronic simple
low-tension
pigmentary
Appendix B
Subcategories of Chapter 7, The Eye

Disorders of eyelid, lacrimal system and orbit (H00-H05)

H00 Hordeolum and chalazion

H01 Other inflammation of eyelid
  H01.0 Blepharitis
  H01.1 Noninfectious dermatoses of eyelid
  H01.8 Other specified inflammations of eyelid
  H01.9 Unspecified inflammation of eyelid

H02 Other disorders of eyelid
  H02.0 Entropion and trichiasis of eyelid
  H02.1 Ectropion of eyelid
  H02.2 Lagophthalmos
  H02.3 Blepharochalasis
  H02.4 Posis of eyelid
  H02.5 Other disorders affecting eyelid function
  H02.6 Xanthelasma of eyelid
  H02.7 Other and unspecified degenerative disorders of eyelid and periocular area
  H02.8 Other specified disorders of eyelid
  H02.9 Unspecified disorder of eyelid

H04 Disorders of lacrimal system
  H04.0 Dacyroadenitis
  H04.1 Other disorders of lacrimal gland
  H04.2 Epiphora
  H04.3 Acute and unspecified inflammation of lacrimal passages
  H04.4 Chronic inflammation of lacrimal passages
  H04.5 Stenosis and insufficiency of lacrimal passages
  H04.6 Other changes of lacrimal passages
  H04.8 Other disorders of lacrimal system
  H04.9 Disorder of lacrimal system, unspecified

H05 Disorders of orbit
  H05.0 Acute inflammation of orbit
  H05.1 Chronic inflammatory disorders of orbit
  H05.2 Exophthalmic conditions
  H05.3 Deformity of orbit
  H05.4 Enophthalmos
  H05.5 Retained (old) foreign body following penetrating wound of orbit
  H05.8 Other disorders of orbit
  H05.9 Unspecified disorder of orbit

Disorders of conjunctiva (H10-H11)

H10 Conjunctivitis
  H10.0 Mucopurulent conjunctivitis
  H10.1 Acute atopic conjunctivitis
  H10.2 Other acute conjunctivitis
  H10.3 Unspecified acute conjunctivitis
  H10.4 Chronic conjunctivitis
  H10.5 Blepharconjunctivitis
  H10.8 Other conjunctivitis
  H10.9 Unspecified conjunctivitis

H11 Other disorders of conjunctiva
  H11.0 Pterygium of eye
  H11.1 Conjunctival degenerations and deposits
  H11.2 Conjunctival scars
  H11.3 Conjunctival hemorrhage
  H11.4 Other conjunctival vascular disorders and cysts
  H11.8 Other specified disorders of conjunctiva
  H11.9 Unspecified disorder of conjunctiva

Disorders of sclera, cornea, iris and ciliary body (H15-H22)

H15 Disorders of sclera
  H15.0 Scleritis
  H15.1 Episcleritis
  H15.8 Other disorders of sclera
  H15.9 Unspecified disorder of sclera

H16 Keratitis
  H16.0 Corneal ulcer
  H16.1 Other and unspecified superficial keratitis without conjunctivitis
  H16.2 Keratoconjunctivitis
  H16.3 Interstitial and deep keratitis
  H16.4 Corneal neovascularization
  H16.8 Other keratitis
  H16.9 Unspecified keratitis

H17 Corneal scars and opacities
  H17.0 Adherent leukemia
  H17.1 Central corneal opacity
  H17.8 Other corneal scars and opacities
  H17.9 Unspecified corneal scar and opacity

H18 Other disorders of cornea
  H18.0 Corneal pigmentation and deposits
  H18.1 Bullous keratopathy
  H18.2 Other and unspecified cornea edema
  H18.3 Changes of corneal membranes
  H18.4 Corneal degeneration
  H18.5 Hereditory corneal dystrophies
  H18.6 Keratoconus
  H18.7 Other and unspecified corneal deformities
H18.8 Other specified disorders of cornea
H18.9 Unspecified disorder of cornea

**H20 Iridocyclitis**
H20.0 Acute and subacute iridocyclitis
H20.1 Chronic iridocyclitis
H20.2 Lens-induced iridocyclitis
H20.8 Other iridocyclitis
H20.9 Unspecified iridocyclitis

**H21 Other disorders of iris and ciliary body**
H21.0 Hyphema
H21.1 Other vascular disorders of iris and ciliary body
H21.2 Degeneration of iris and ciliary body
H21.3 Cyst of iris, ciliary body and anterior chamber
H21.4 Pupillary membranes
H21.5 Other and unspecified adhesions and disruptions of iris and ciliary body
H21.8 Other specified disorders of iris and ciliary body
H21.9 Unspecified disorder of iris and ciliary body

**H22 Disorders of iris and ciliary body in diseases classified elsewhere**

**Disorders of lens (H25-H28)**

**H25 Age-related cataract**
H25.0 Age-related incipient cataract
H25.1 Age-related nuclear cataract
H25.2 Age-related cataract, Morgagnian type
H25.8 Other age-related cataract
H25.9 Unspecified age-related cataract

**H26 Other cataract**
H26.0 Infantile and juvenile cataract
H26.1 Traumatic cataract
H26.2 Complicated cataract
H26.3 Drug-induced cataract
H26.4 Secondary cataract
H26.8 Other specified cataract
H26.9 Unspecified cataract

**H27 Other disorders of lens**
H27.0 Aphakia
H27.1 Dislocation of lens
H27.8 Other specified disorders of lens
H27.9 Unspecified disorder of lens

**H28 Cataract in diseases classified elsewhere**

**Disorders of choroid and retina (H30-H36)**

**H30 Chorioretinal inflammation**
H30.0 Focal chorioretinal inflammation
H30.1 Disseminated chorioretinal inflammation

**H31 Other disorders of choroid**
H31.0 Chorioretinal scars
H31.1 Choroidal degeneration
H31.2 Hereditary choroidal dystrophy
H31.3 Choroidal hemorrhage and rupture
H31.4 Choroidal detachment
H31.8 Other specified disorders of choroid
H31.9 Unspecified disorder of choroid

**H32 Chorioretinal disorders in diseases classified elsewhere**

**H33 Retinal detachments and breaks**
H33.0 Retinal detachment with retinal break
H33.1 Retinoschisis and retinal cysts
H33.2 Serous retinal detachment
H33.3 Retinal breaks without detachment
H33.4 Traction detachment of retina
H33.8 Other retinal detachments

**H34 Retinal vascular occlusions**
H34.0 Transient retinal artery occlusion
H34.1 Central retinal artery occlusion
H34.2 Other retinal artery occlusions
H34.8 Other retinal vascular occlusions
H34.9 Unspecified retinal vascular occlusion

**H35 Other retinal disorders**
H35.0 Background retinopathy and retinal vascular changes
H35.1 Retinopathy of prematurity
H35.2 Other non-diabetic proliferative retinopathy
H35.3 Degeneration of macula and posterior pole
H35.4 Peripheral retinal degeneration
H35.5 Hereditary retinal dystrophy
H35.6 Retinal hemorrhage
H35.7 Separation of retinal layers
H35.8 Other specified retinal disorders
H35.9 Unspecified retinal disorder

**H36 Retinal disorders in diseases classified elsewhere**

**Glaucoma (H40-H42)**

**H40 Glaucoma**
H40.0 Glaucoma suspect
H40.1 Open-angle glaucoma
H40.2 Primary angle-closure glaucoma
H40.3 Glaucoma secondary to eye trauma
H40.4 Glaucoma secondary to eye inflammation
H40.5 Glaucoma secondary to other eye disorders
H40.6 Glaucoma secondary to drugs
H40.8 Other glaucoma
H40.9 Unspecified glaucoma

H42 Glaucoma in diseases classified elsewhere

Disorders of vitreous body and globe (H43-H44)

H43 Disorders of vitreous body
- H43.0 Vitreous prolapse
- H43.1 Vitreous hemorrhage
- H43.2 Crystalline deposits in vitreous body
- H43.3 Other vitreous opacities
- H43.8 Other disorders of vitreous body
- H43.9 Unspecified disorder of vitreous body

H44 Disorders of globe
- H44.0 Purulent endophthalmitis
- H44.1 Other endophthalmitis
- H44.2 Degenerative myopia
- H44.3 Other and unspecified degenerative disorders of globe
- H44.4 Hypotony of eye
- H44.5 Degenerated conditions of globe
- H44.6 Retained (old) intraocular foreign body, magnetic
- H44.7 Retained (old) intraocular foreign body, nonmagnetic
- H44.8 Other disorders of globe
- H44.9 Unspecified disorder of globe

Disorders of optic nerve and visual pathways (H46-H47)

H46 Optic neuritis
- H46.0 Optic papillitis
- H46.1 Retrobulbar neuritis
- H46.2 Nutritional optic neuropathy
- H46.3 Toxic optic neuropathy
- H46.8 Other optic neuritis
- H46.9 Unspecified optic neuritis

H47 Other disorders of optic [2nd] nerve and visual pathways
- H47.0 Disorders of optic nerve, not elsewhere classified
- H47.1 Papilledema
- H47.2 Optic atrophy
- H47.3 Other disorders of optic disc
- H47.4 Disorders of optic chiasm
- H47.5 Disorders of other visual pathways
- H47.6 Disorders of visual cortex
- H47.9 Unspecified disorder of visual pathways

Disorders of ocular muscles, binocular movement, accommodation and refraction (H49-H52)

H49 Paralytic strabismus
- H49.0 Third [oculomotor] nerve palsy
- H49.1 Fourth [trochlear] nerve palsy
- H49.2 Sixth [abducent] nerve palsy
- H49.3 Total (external) ophthalmoplegia
- H49.4 Progressive external ophthalmoplegia
- H49.8 Other paralytic strabismus
- H49.9 Unspecified paralytic strabismus

H50 Other strabismus
- H50.0 Esotropia
- H50.1 Exotropia
- H50.2 Vertical strabismus
- H50.3 Intermittent heterotropia
- H50.4 Other and unspecified heterotropia
- H50.5 Heterophoria
- H50.6 Mechanical strabismus
- H50.8 Other specified strabismus
- H50.9 Unspecified strabismus

H51 Other disorders of binocular movement
- H51.0 Palsy (spasm) of conjugate gaze
- H51.1 Convergence insufficiency and excess
- H51.2 Internuclear ophthalmoplegia
- H51.8 Other specified disorders of binocular movement
- H51.9 Unspecified disorder of binocular movement

H52 Disorders of refraction and accommodation
- H52.0 Hypermetropia
- H52.1 Myopia
- H52.2 Astigmatism
- H52.3 Anisometropia and aniseikonia
- H52.4 Presbyopia
- H52.5 Disorders of accommodation
- H52.6 Other disorders of refraction
- H52.7 Unspecified disorder of refraction

Visual disturbances and blindness (H53-H54)

H53 Visual disturbances
- H53.0 Amblyopia ex anopsia
- H53.1 Subjective visual disturbances
- H53.2 Diplopia
- H53.3 Other and unspecified disorders of binocular vision
- H53.4 Visual field defects
- H53.5 Color vision deficiencies
- H53.6 Night blindness
- H53.7 Vision sensitivity deficiencies
- H53.8 Other visual disturbances
- H53.9 Unspecified visual disturbance
H54 Blindness and low vision
  H54.0 Blindness, both eyes
  H54.1 Blindness, one eye, low vision other eye
  H54.2 Low vision, both eyes
  H54.3 Unqualified visual loss, both eyes
  H54.4 Blindness, one eye
  H54.5 Low vision, one eye
  H54.6 Unqualified visual loss, one eye
  H54.7 Unspecified visual loss
  H54.8 Legal blindness, as defined in USA

Other disorders of eye and adnexa (H55-H57)
H55 Nystagmus and other irregular eye movements
  H55.0 Nystagmus

H57 Other disorders of eye and adnexa
  H57.0 Anomalies of pupillary function
  H57.1 Ocular pain
  H57.8 Other specified disorders of eye and adnexa
  H57.9 Unspecified disorder of eye and adnexa

Intraoperative and postprocedural complications and disorders of eye and adnexa, not elsewhere classified (H59)
H59 Intraoperative and postprocedural complications and disorders of eye and adnexa, not elsewhere classified

Appendix C

Chapters with Eye Codes

Chapter 1 – Certain infectious and parasitic diseases
  A18.5- Tuberculosis of the eye
  A50.3- Late congenital syphilitic oculopathy
  A54.3- Gonococcal infection of eye
  B00.5- Herpesviral ocular disease
  B01.81 Varicella keratitis
  B02.3- Zoster ocular disease
  B05.81 Measles keratitis and keratoconjunctivitis
  B30.- Viral conjunctivitis
  B58.0- Toxoplasma oculopathy
  B60.1- Acanthamebiasis conjunctivitis and keratoconjunctivitis
  B73.0- Onchocerciasis with eye disease

Chapter 2 - Neoplasms
  C43.1- Malignant melanoma of eyelid, including canthus
  C44.1- Other and unspecified malignant neoplasm of skin of eyelid, including canthus
  C69.- Malignant neoplasm of eye and adnexa
  D31.- Benign neoplasm of eye and adnexa

Chapter 4 – Endocrine, nutritional and metabolic diseases
  E05 – E13 Diabetes mellitus

Chapter 12 – Diseases of skin and subcutaneous tissue
  Many conditions affect the skin around the eye

Chapter 16 – Certain conditions originating in the perinatal period
  P11 Birth injuries, nerves
  P15 Birth injuries, eye and face

Chapter 17 – Congenital malformations, deformations and chromosomal abnormalities
  Q10, Q11, Q12, Q13, Q14, Q15 – All contain specific eye malformations
Chapter 18 – Symptoms, sign and abnormal clinical and laboratory findings, NEC

R51  Headache
R69  Illness, unspecified
R70.0 Elevated erythrocyte sedimentation rate
R73.-- Elevated blood glucose
R76.0 Raised antibody titer
R79.82 Elevated C-reactive protein
R94.11- Abnormal results of function studies of eye
   R94.110 Abnormal EOG
   R94.111 Abnormal ERG
   R94.112 Abnormal VEP
   R94.113 Abnormal oculomotor study
   R94.118 Abnormal other study of eye

Chapter 19 – Injury, poisoning, and certain other consequences of external causes (S00 – T88)

• Most S codes are body parts injured
• Most T codes are a type of injuries

S00-S09 Injuries to the head
   S00.1 Contusion of eyelid and periocular area
   S00.2 Other and unspecified injury to eyelid and periocular area
   S01.1 Open wound of eyelid and periocular area
   S02.3 Fracture of orbital floor
   S05 Injury of eye and orbit
T15-T19 Effects of foreign body entering through natural orifice
   T15 Foreign body on external eye
T20-T32 Burns and corrosions
   T26 Burn and corrosion confined to eye and adnexa
T26-T50 Medications
   Organized according to class of medication (i.e. antibiotic, hormone, analgesic, psychotropic, etc)
   T49.5 Poisoning by, adverse effects of and underdosing of ophthalmological drugs and preparations
T51-T65 Chemicals (see Table of Drugs and Chemicals
T80-T88 Complications of surgical and medical care not elsewhere classified
   T85.2 Mechanical complication of IOL
   T85.3 Mechanical complication of other ocular prosthetic devices, implants and grafts
   T86.84 Complications of corneal transplant

Do not forget H59 Intraoperative and postprocedural complications and disorders of eye and adnexa, NEC

Chapter 21 - Factors influencing health status and contact with health services
From the old "V Codes"
### Appendix D
#### Table of Drugs and Chemicals

<table>
<thead>
<tr>
<th>Substance</th>
<th>Poisoning, Accidental (unintentional)</th>
<th>Poisoning, Intentional self-harm</th>
<th>Poisoning, Assault</th>
<th>Poisoning, Undetermined</th>
<th>Adverse effect</th>
<th>Underdosing</th>
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<td>Adrenal (extract, cortex or medulla) (glucocorticoids) (hormones) (mineralocorticoids)</td>
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### Appendix E
#### Table of Neoplasms

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<tr>
<th>Malignant Primary</th>
<th>Malignant Secondary</th>
<th>Ca In Situ</th>
<th>Benign</th>
<th>Uncertain Behavior</th>
<th>Unspecified Behavior</th>
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<tr>
<td>eye NEC</td>
<td>C69.9-</td>
<td>C79.49</td>
<td>D09.2</td>
<td>D31.9</td>
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<td>overlapping sites</td>
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<td>C69.9-</td>
<td>C79.49</td>
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<td>eyebrow</td>
<td>C44.30</td>
<td>C79.2</td>
<td>D04.39</td>
<td>D23.29</td>
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</table>
ICD·10·CM Practical Coding Exercise

Case #1 – Vitreomacular traction syndrome
- 64 y.o. man with reduced vision, OD
- “Distorted” vision, OD
- Gradually worsening for past year
- Past history of LVC 2008
- No history of trauma or other eye disease
- VA:
  - OD: 20/40-2
  - OS: 20/20+2
- Anterior segment: normal OU
- Fundus:
  - Macular edema and thickening, OD
- OCT:

Diagnosis:
Vitreomacular traction syndrome

ICD·10·CM Coding

Search:
- Alphabetical Index: Syndrome, vitreomacular
- Alphabetical Index: Vitreomacular
- Alphabetical Index: Traction
- Alphabetical Index: Adhesion
- Tabular List: Chapter 7, H43 (Vitreous), browse down

See answers at the end
Case #2 – Glaucoma suspect

- 71 y.o. lady presents with blurred vision OU
- No eye exam for the past 7 years
  - She changed her glasses at that time
  - Early cataracts were noted at that time
- Normal eye history
- Best corrected VA:
  - OD = 20/50+2 (-1.25 -0.75 x 12)
  - OS = 20/30-1 (-1.00 -0.75 x 165)
- Lens:
  - OD = 3+ NS, 1+ PSC
  - OS = 3+ NS
- IOP (Goldmann)
  - OD = 20 mm Hg
  - OS = 17 mm Hg
- ONH:
  - OD = 0.5 H x 0.65 V
  - OS = 0.45 H x 0.55 V

Diagnosis:
- Cataract:
  - NS, OU
  - PSC, OD
- Glaucoma
  - Suspect?
    - Open angle?
    - Narrow angle?
- POAG?
- LTG?
- Myopia, astigmatism, presbyopia

ICD-10-CM Coding

Search:
- Alphabetical Index: Cataract
- Alphabetical Index: Glaucoma, suspect
- Tabular List: Chapter 7, H40 (Glaucoma), browse down

See answers at the end
Case #3 - Glaucoma

- 71 y.o. lady presents with blurred vision OU
- No eye exam for the past 7 years
  - She changed her glasses at that time
  - Early cataracts were noted at that time
- Normal eye history
- Best corrected VA:
  - OD = 20/50+2 (-1.25 - 0.75 x 12)
  - OS = 20/30-1 (-1.00 - 0.75 x 165)
- IOP (Goldmann)
  - OD = 30 mm Hg
  - OS = 27 mm Hg
- ONH
  - OD = 0.5 H x 0.65 V
  - OS = 0.45 H x 0.55 V

Diagnosis:
- Cataract
- Glaucoma
- Suspect?
  - POAG?
    - Open angle?
    - Narrow angle?

ICD-10-CM Coding

Search:
- Alphabetical Index: Cataract (see case #2)
- Alphabetical Index: Glaucoma / open angle / primary

See answers at the end

Case #3B

- Same as Case #3
- Visual Fields:
Diagnosis:
Primary open-angle glaucoma, moderate stage, right eye
Primary open-angle glaucoma, mild stage, left eye

See answers at the end

Case #3C – Pigmentary glaucoma
- Identical history and exam as in Case #3, except:
  - Krukenberg Spindle, OU
  - Dense pigmentation in the trabecular meshwork, OU

Diagnosis:
Pigmentary glaucoma, OU

ICD-10-CM Coding

Search:
Alpha Index: Glaucoma
Tabular List: Chapter 7 (Eye), H40-H42 (Glaucoma)

See answers at the end

Case #4 – Traumatic hyphema and blow out fracture
- 16 y.o. high school student playing on the baseball team
- Struck in the left eye by a line drive that ricocheted off his glove
- Immediate loss of vision, OS
- Previously had “normal” vision, OU
- VA OS: LP
- AC OS: near total hyphema
- IOP OS: 19 mm Hg
- Mild subconjunctival hemorrhage, OS
- Significant periorbital swelling and tenderness, OS
- 4 mm enophthalmos, OS
- Significant limitation of supraduction, OS

Diagnosis:
Traumatic hyphema, OS
Subconjunctival hemorrhage, OS
Probable blowout fracture of the orbital floor, OS
Enophthalmos, traumatic, OS
Mechanical strabismus, OS
**ICD-10-CM Coding**

*Search:*
- Alphabetical Index: hyphema
- Alphabetical Index: hemorrhage, subconjunctival
- Alphabetical Index: enophthalmos, traumatic
- Alphabetical Index: strabismus, mechanical
- Alphabetical Index: fracture, blowout (orbit floor)
- Activity: External Cause if Injury Index: Baseball
- Location: External Cause of Injury Index: High school

*See answers at the end*

**Case #4B – One Day Later**
- VA OS: HM
- Subconjunctival hemorrhage, OS, resolved
- Hyphema is reduced to 90%, OS
- IOP OS: 17 m Hg

**ICD-10-CM Coding**

Is this still an “initial” encounter?

**Case #4C – One Week Later**
- VA OS: 20/200
- Hyphema is reduced to 10%, OS
- The blow-out fracture is scheduled for repair in 4 days.
- IOP OS: 18 mm Hg

**ICD-10-CM Coding**

Is this still an “initial” encounter? Maybe, but maybe not.

*See answers at the end*

**Case #4D – One Month Later**
- The blow out fracture was repaired two weeks previously
- There is no longer enophthalmos or limitation of upward gaze
- VA OS: 20/20-2
- Hyphema is totally resolved
- IOP OS: 18 mm Hg
- Gonioscopy:
  - 3+ open 360 degrees
  - 4 clock hours of angle recession
**Case #4E – Five years later**

- The patient has remained asymptomatic
- He returns, at your suggestion, for IOP monitoring
- VA OS: 20/20-2
- IOP:
  - OD: 17 mm Hg
  - OS: 32 mm Hg
- ONH:
  - OD: 0.3 x 0.3
  - OS: 0.5 x 0.65
- VF:
  - OD: normal
  - OS: superior arcuate with nasal step

**Diagnosis:**
- Angle recession
- Angle recession glaucoma

**ICD-10-CM Coding**

**Search:**
- Alphabetical Index: recession, angle
- Alphabetical Index: glaucoma, traumatic
- Tabular List: Chapter 7 (Eye), H40 (Glaucoma), browse to traumatic

**See answers at the end**

**Case #5 – Possible eyelid tumor**

- 74 y.o. man with a progressively enlarging “lump” on the right lower lid nasally
- There is very early ectropion in that area
- You are very suspicious of malignancy
  - Basal cell carcinoma
  - Squamous cell carcinoma
**Diagnosis:**
Possible malignancy, right lower lid
Ectropion, mechanical, right lower lid

**ICD-10-CM Coding**

**Search:**
Alphabetical Index: Lump – see mass
Alphabetical Index: Mass
Alphabetical Index: Ectropion, cicatricial
Tabular List: Chapter 7 (Eye), H00 (Eyelids), browse to ectropion

See answers at the end

**Case #5B – Two years later**
- Basal cell carcinoma successfully removed
- Significant tearing, OD
- Extensive ectropion, right lower lid nasally, OD

**Diagnosis:**
Ectropion, cicatricial, right lower lid

**ICD-10-CM Coding**
Do you have to code the eyelid surgery with sequela?

**Case #6 – Diabetes and the eye**
- 26 y.o. recently diagnosed with diabetes
- Placed on insulin
- Blurred vision, OD > OS
- VA:
  - OD: 20/20-2 (-0.50 – 0.25 x 177)
  - OS: 20/20-2 (pl -0.75 x 22)
- Normal exam: no retinopathy or macular edema

**Diagnosis:**
Refractive error
Type 1 diabetes mellitus, without retinopathy

**ICD-10-CM Coding**

**Search:**
Alphabetical Index: Diabetes, type 1
Alphabetical Index: Encounter
Alphabetical Index: Examination
Alphabetical Index: Screening
Case #7 – Endophthalmitis
- Patient has “routine” “uneventful” cataract surgery, OS
- 5 days PO he develops
  - Significant pain and photophobia, OS
  - Dramatic drop in the vision, OS
- VA, OS: 20/400
- 1 mm hypopyon in the AC, OS
- Vitreous haze, OS

Diagnosis:
Endophthalmitis, postoperative, OS

ICD-10-CM Coding

Search:
Alphabetical Index: Infection, postoperative
Alphabetical Index: Complication, postoperative, eye
Alphabetical Index: Complication, eye
Alphabetical Index: Endophthalmitis
Tabular List: Chapter 7 (Eye), Intraoperative and postprocedural complications NEC (H59)

Case #8 – Rheumatoid arthritis using Plaquenil
- Patient has severe rheumatoid arthritis
- It requires chronic Plaquenil (hydroxychloroquine) treatment for control
- She is referred for monitoring for Plaquenil toxicity
- The eye examination is entirely normal
  - Normal macula
  - VA: 20/20 OU

Diagnosis:
Rheumatoid arthritis

ICD-10-CM Coding

Search:
Alphabetical Index: Arthritis, rheumatoid
Alphabetical Index: Screen
Alphabetical Index: Examination, screening
Alphabetical Index: Encounter, observation
See answers at the end

Case #8B
- Same case
- VA: 20/25, OU
- Macular pigment clumping, OU
- VF: early central depression, OU

Diagnosis:
- Rheumatoid arthritis
- Toxic maculopathy
- Central scotoma

ICD-10-CM Coding

Search:
- Alphabetical Index: Arthritis, rheumatoid
- Alphabetical Index: Maculopathy, toxic
- Alphabetical Index: Scotoma, central

See answers at the end
ICD-10-CM Practical Coding Exercise: The Answers

Case #1
H43.821 – Vitreomacular adhesions, right eye

Lessons from Case #1
• Chose the right term to search on
• Try different terms
  ▪ Vitreomacular
  ▪ Traction
  ▪ adhesion
• The CDC and clinicians may use different terminology
• Browsing the Tabular list may work

Case #2
H25.13 – Age-related nuclear cataract, bilateral
H25.041 – Posterior subcapsular polar age-related cataract, right eye
H40.001 – Preglaucoma, unspecified, right eye
(H40.011 – Glaucoma suspect, open angle with borderline findings, low risk)

Lessons from Case #2
• ICD-10-CM may not give you "ideal" choices
• Glaucoma coding requires significant information
  ▪ Open vs. close angles vs. low tension, etc
  ▪ Low vs. high risk
• You may choose to ignore the glaucoma coding
  ▪ If you have other valid codes for billing
  ▪ If you plan on further evaluation of the glaucoma

Case #3
H25.13 – Age-related nuclear cataract, bilateral
H25.041 – Posterior subcapsular polar age-related cataract, right eye
H40.11X4 – Primary open-angle glaucoma, indeterminate stage

Case #3B
H25.13 – Age-related nuclear cataract, bilateral
H25.041 – Posterior subcapsular polar age-related cataract, right eye
H40.11X1 – Primary open-angle glaucoma, mild stage
H40.11X2 – Primary open-angle glaucoma, moderate stage

Case #3C
H40.1312 – Pigmentary glaucoma, right eye, moderate stage
H40.1321 – Pigmentary glaucoma, left eye, mild stage

Lessons from Case #3
- ICD-10-CM may not give you “ideal” choices
- Pay attention to laterality
  - POAG does not require laterality
- Glaucoma coding requires significant information
  - Open vs. close angles
  - Mild vs. moderate vs. severe stages
- You may choose to ignore the glaucoma coding
  - If you have other valid codes for billing
  - If you plan on further evaluation of the glaucoma
- Glaucoma requires two different codes when:
  - There are different “stages” in the different eyes
  - There are different types of glaucoma in the two eyes

Case #4
S05.12xA – Contusion of eyeball and orbital tissue, left eye, initial encounter
H05.422 – Enophthalmos due to trauma or surgery, left eye
H50.69 – Other mechanical strabismus, traumatic
Y93.64 – Activity, baseball
Y92.320 – Baseball field as the place of occurrence

Case #4B – 1 Day Later
S05.12XA – Contusion of eyeball and orbital tissue, left eye, initial, *initial* encounter
H05.422 – Enophthalmos due to trauma or surgery, left eye
H50.69 – Other mechanical strabismus, traumatic
Y93.64 – Activity, baseball
Y92.320 – Baseball field as the place of occurrence

Case #4C – 1 Week Later
S05.12XD – Contusion of eyeball and orbital tissue, left eye, subsequent encounter
H05.422 – Enophthalmos due to trauma or surgery, left eye
H50.69 – Other mechanical strabismus, traumatic
Y93.64 – Activity, baseball
Y92.320 – Baseball field as the place of occurrence

Case #4D – 1 Month Later
H21.552 – Recession of the chamber angle, OS

Case #4E – 5 Years Later
H40.32x4 – Glaucoma secondary to eye trauma, OS, indeterminate stage
H21.552 – Recession of the chamber angle, OS
S05.12xS – Contusion of eyeball and orbital tissue, OS, sequela

Lessons from Case #4
• Do not code “probable” conditions
• Don’t use diagnoses that no longer exist
• Be familiar with the 7th character extension and their definitions
  ▪ Initial encounter
  ▪ Subsequent encounter
  ▪ Sequela
• Watch for “code also” instructions
• Be familiar with external cause index and section

Case #5 – Suspected lid tumor
  R22.0 – Localized swelling, mass and lump, head
  (R22.9 – Localized swelling, mass and lump, unspecified (skin))
  D48.5 – Neoplasm of uncertain behavior of skin
  H02.122 – Cicatricial ectropion, right lower lid

Case #5B – 2 years later
  H02.112 – Cicatricial ectropion of right lower eyelid

Lessons from Case #5
• Be careful in coding for “suspected” conditions
• Finding the right term may be very difficult
• Watch for “code also” or “code first” instructions – they may or may not be present
• Be familiar with the Table of Neoplasms

Case #6 – Diabetes and the eye
  Z01.00 – Encounter for examination of eyes and vision without abnormal findings
  Z03.8g – Encounter for observation for other suspected diseases and conditions ruled out
  (Z13.5 – Encounter for screening for eye and ear disorders)
  (Z79.4 – Long term (current) use of insulin)
  (Z13.1 – Encounter for screening for diabetes)

Lessons for Case #6
• Know the types of diabetes
• Know the effects of the diabetes on the eye
  ▪ Retinopathy
    ▪ Non-proliferative
      ▪ Mild
      ▪ Moderate
      ▪ Severe
• Proliferative
  • With or without macular edema
  ▪ Cataract
  ▪ Other complication
  ▪ Be careful in coding for “suspected” conditions
• If there are not effects of diabetes in the eye, it is difficult
• Be familiar with the many options for the Z Codes – Factors Influencing Health Status and Contact with Health Services
  ▪ “Encounter”
  ▪ “Examination”
  ▪ “Screening”

**Case #7 – Endophthalmitis**

H44.002 – Unspecified purulent endophthalmitis, left eye
T81.4 – Infection following a procedure
(H59.89 – Other postprocedural complications and disorders of eye and adnexa, NEC)

**Lessons for Case #7**

• Which is the best code if there are several options
  ▪ The most precise
  ▪ The one specific for the eye
• Why not use more than one?
• Any would probably be OK

**Case #8 – Rheumatoid arthritis**

M06.9 – Rheumatoid arthritis, unspecified
Z03.6 – Encounter for observation for suspected toxic effect from ingested substance ruled out

**Case #8B**

H35.383 – Toxic maculopathy, bilateral
T37.8X5A – *Adverse effect* of other specified systemic anti-infectives and antiparasitics
H53.411 – Scotoma involving central area, OU

**Lessons for Case #8**

• There are multiple codes for rheumatoid arthritis
  ▪ Juvenile
  ▪ Seronegative
  ▪ Seropositive
  ▪ Specified type, NEC
• It is OK to use “unspecified” codes, although try to avoid it if possible
• Watch for “use additional code” instructions
• Be familiar with the Table of Drugs and Chemicals