

# Allergan

Presents:

# Preparing for ICD-10-CM Ophthalmology

Presented By:

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# SEMINAR: Preparing for ICD-10-CM ~ Ophthalmology

by

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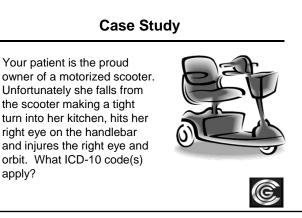
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# Preparing for ICD-10-CM Ophthalmology

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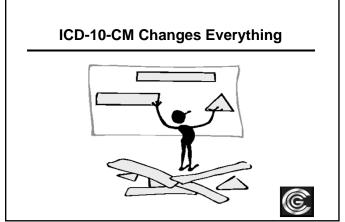


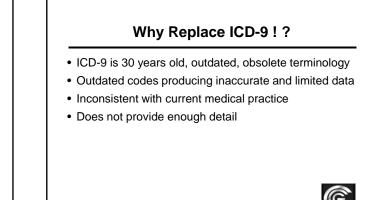
apply?



	Case Study ICD-10 Code Choices
S05.9	Unspecified injury of eye and orbit
S05.91	Unspecified injury of right eye and orbit
S05.92	Unspecified injury of left eye and orbit
S05.91xA	Unspecified injury of right eye and orbit; initial encounter
V00.83	Accident with motorized mobility scooter
V00.831	Fall from motorized mobility scooter
V00.832	Motorized mobility scooter colliding with stationary object
W05.2	Fall from non-moving motorized mobility

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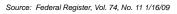
# **Benefits of ICD-10**

- · More accurate payment for new procedures
- Fewer rejected claims
- Fewer improper claims
- · Better understanding of new procedures
- · Improved disease management

# G

# Who is Impacted?

- Physicians
- Administrators
- Coders / Billers
- Technicians
- Receptionists
- IT Staff
- · Billing companies



ICD-9

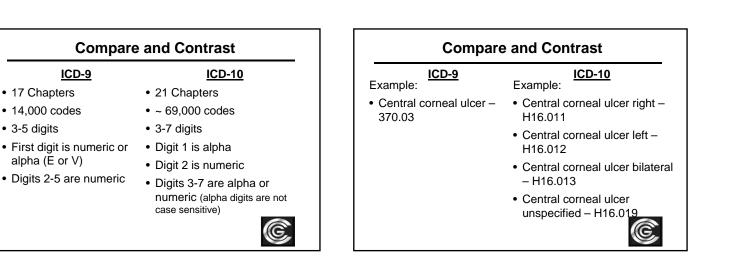
• 17 Chapters

• 14,000 codes

alpha (E or V)

3-5 digits





## "GEM" Files

### Use GEMS

- Translating lists of codes
- Converting a system or application
- To study differences in meaning between two systems
- Use Code Books
  - Translating short list of codes
  - Access to medical record



GEM File Layout Senile Cataract Example			e
<u>I-9 →</u>	I-10	+ Flags	
36610	H259	10000	
36611	H2589	10000	
36612	H25099	10000	
36613	H25039	10000	
36614	H25049	10000	
36615	H25019	10000	
36616	H2510	10000	
36617	H2589	10000	
36618	H2520	10000	
36619	H25819	10000	
"1" in the first position in flag column	= approxima	ate	G

# **Alphabetic Index Notes**

- Define terms
- Provide direction
  - Wound, superficial (see also specified injury type)
- Provide coding instructions
  - Trichiasis (eyelid) H02.059
    - with entropion see Entropion



# **Tabular List**

- Categories
  - 3 characters Chapter 7 Disorder of the Eye and Adnexa (H00-H59)
- Subcategories
  - 4<sup>th</sup> character further defines site, etiology, manifestation or state of disease or condition
  - 5th & 6th character increases specificity



# **Tabular List**

- 7th Character Extension
  - Some categories have applicable 7th characters
  - Last character
  - If code is not six digits, use "x" as placeholder
- "x" as placeholder
  - For when characters are needed for expansion



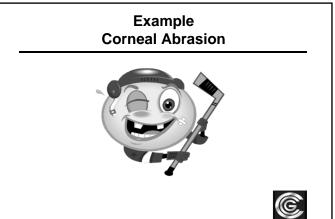
# 7<sup>th</sup> Character Extension

Example

**Corneal Abrasion** 

• Category - Chapter 19 - Injury, Poisoning . . .

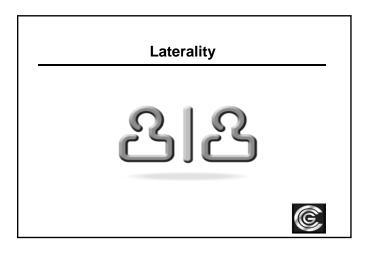
- A initial encounter
- D subsequent encounter
- S sequela



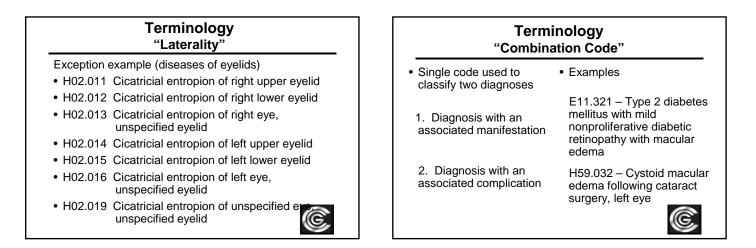
S05 – Injury of eye and orbit
Subcategory – √ 5<sup>th</sup> S05.0 – Injury of conjunctiva and corneal abrasion without foreign body
Specificity – √ x 7<sup>th</sup> S05.01 – Injury of conjunctiva and corneal abrasion without foreign body right eye
Valid code – S05.01xA -- Injury of conjunctiva and corneal abrasion without foreign body right eye; initial encounter

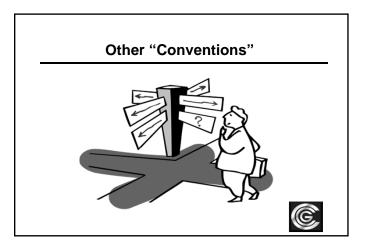


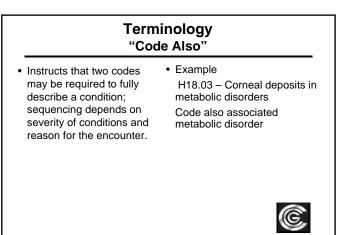
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Termir "Later	
<ul> <li>Right and left designation</li> <li>1 = right</li> <li>2 = left</li> <li>3 = bilateral</li> <li>0 or 9 = unspecified</li> </ul>	<ul> <li>Example</li> <li>H25.11 Age-related nuclear cataract, right eye</li> <li>H25.12 Age-related nuclear cataract, left eye</li> <li>H25.13 Age-related nuclear cataract, bilateral</li> <li>H25.10 Age-related nuclear cataract, unspecified eye</li> </ul>







# Terminology "See" and "See Also"

- "See" follows a main term in the index indicating that it is necessary to go to that term to locate the correct code.
- Examples Lesion eyelid – see Disorder,
- "See Also" follows a main term in the index indicating that another term may also be useful.
- eyelid
- Retinochoroiditis (see also Inflammation, chorioretinal)



# **Terminology** "and" • When the term "and" is used in a narrative statement, it represents and / or. • Example T26.11 – Burn of cornea and conjunctival sac, right eye

# Ch. 4: Endocrine, Nutritional, and Metabolic Diseases (E00-E89)

- Diabetes mellitus
  - Combination codes that include
    - Type of diabetes mellitus
    - Body system affected
    - Complications affecting body system
  - Sequenced based on reason for encounter



# **Diabetes Mellitus**

- · Five diabetes mellitus categories
  - E08 Diabetes mellitus due to an underlying condition
  - E09 Drug or chemical induced diabetes mellitus
  - E10 Type 1 diabetes mellitus
  - E11 Type 2 diabetes mellitus
  - E13 Other specified diabetes mellitus



# Diabetes Mellitus Insulin use • All categories except E10 (Type 1 DM) require use of additional code to indentify any insulin use • Z79.4 – Long term (current) use of insulin

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# Diabetes Mellitus Examples • E11.9 Type 2 DM without complications • E10.339 Type 1 DM with moderate NPDR without macular edema • E11.321 Type 2 DM with mild NPDR with macular edema & & • Z79.4 Long-term current use of insulin (if documented)

# Ch. 9: Diseases of the Circulatory System (100-199)

- Hypertension
  - Hypertensive retinopathy
    - Code H35.0 Hypertensive retinopathy should be used with code I10, Essential (primary) hypertension, to include the systemic hypertension. The sequencing is based on the reason for the encounter.



# **Documentation Considerations**

- Laterality
  - Is your assessment specific to which eye or eyelid?
- Etiology / Manifestation
  - Does your chart note list both the disease and the associated manifestation?
- Specificity
  - Is the impression as specific as possible for a particular condition?

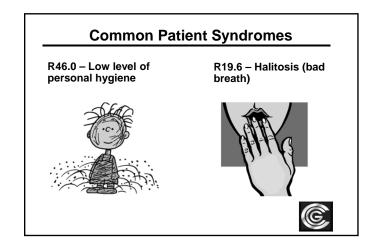


Documentation Considerations History – ROS		
New		
<ul> <li>Type II diabetes on insulin</li> </ul>		
<ul> <li>Cataract OD caused by driver side airbag</li> </ul>		
<ul> <li>Hypertension; history of tobacco use</li> </ul>		
<ul> <li>Shingles w/ear infection</li> </ul>		
<ul> <li>Asymptomatic HIV</li> </ul>		

	Documentation Considerations History – HPI & PFSH		
<u>Old</u>	New		
<ul> <li>Eyelid laceration</li> </ul>	<ul> <li>Laceration right eyelid from contact with a chisel (workbench tool)</li> </ul>		
<ul> <li>FB sensation OD, poor "blink" 3 days</li> </ul>	<ul> <li>FB sensation OD, poor "blink" 3 days; recent dx of Bell's palsy</li> </ul>		
<ul> <li>Elevated IOP; seen at health fair</li> </ul>	Family history of glaucoma		

Documentation Considerations Impression		
<u>Old</u>	New	
<ul> <li>Chalazion OS</li> </ul>	Chalazion LLL	
• BDR OU	<ul> <li>Type II diabetes with mild NPDR w/out macula edema; taking insulin</li> </ul>	
Iritis OU	Chronic iritis OU	
<ul> <li>Hyphema OD</li> </ul>	<ul> <li>Traumatic hyphema OD</li> </ul>	
No maculopathy	RA taking plaquenil; no ocular disease	

Documentation Considerations Impression		
<u>Old</u>	New	
• Myopia	<ul> <li>Myopia OU; regular astigmatism OD</li> </ul>	
• CME	CME OD after cataract sx	
Ptosis	<ul> <li>Mechanical ptosis OU</li> </ul>	
Complex cataract	<ul> <li>NS cataract OD, floppy iris syndrome, adverse effect of Tamsulosin</li> </ul>	



# Transitioning to ICD-10

- 1. Notify everyone that this is coming
  - a) High level overview
  - b) Secure acceptance from everyone that changes need to be made
  - c) Recruit leaders from each area of practice to help with implementation
- 2. Analyze areas that require significant changes
  - a) Documentation by physicians and staff
  - b) Billing office



# **Transitioning to ICD-10**

- 3. Create a timeline
  - a) Talk to computer vendor
- 4. Develop new policies and processes
  - a) Consider all policies / processes linked to diagnosis codes (PQRS, pre-authorizations, chart reviews)
  - b) Create training materials
  - c) Build "route slip" or other tool(s) for code selection



# Transitioning to ICD-10

- 5. Train physicians and staff
  - a) Emphasize anatomy, physiology, and medical terminology to select ICD-10 code
  - b) New policies and procedures
  - c) Changes to software
- 6. Test your preparedness in all areas with enough time to fix issues before 10/1/14



# Resource Links • www.cms.gov/ICD10/ • www.aapcps.com • www.ahima.org • www.cdc.gov/nchs/icd.htm • www.who.int/en/

"Apps"
Apple – iPhone
Android
World Health Organization
AAPC Code Translator

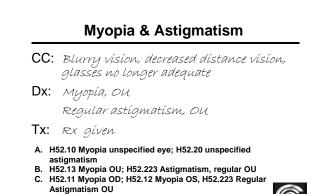
http://www.aapc.com/ICD-10/codes/index.aspx

Others

http://www.icd10data.com/

**Useful Aids** 

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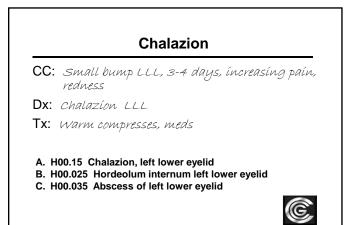


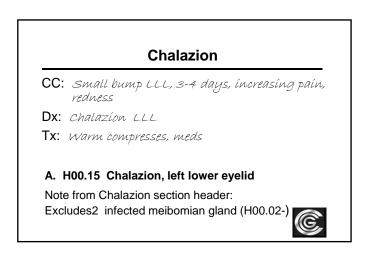


# Myopia & Astigmatism

- CC: Blurry vísíon, decreased dístance vísíon, glasses no longer adequate
- **Dx:** *Муоріа, О*и *Regular astígmatísm, О*и
- Tx: Rx given
- B. H52.13 Myopia, OU H52.223 Astigmatism, regular, OU







# Glaucoma Suspect CC: IOP ✓ OU per Dr. C IOP: 16 mm Hg OU Disc: Moderate cupping OU Test: OCT, optic nerve, OU Dx: Glaucoma suspect, OU

- A. H40.053 Ocular Hyptertension, bilateral
- B. H40.019 Open angle w/borderline findings, low risk, unspecified eye

C. H40.003 Preglaucoma unspecified, bilateral



# Glaucoma Suspect

СС: IOP ✓ OU per Dr. С IOP: 16 mm Hg OU Disc: Moderate cupping OU Test: OCT, optic nerve, OU Dx: Glaucoma suspect, OU

## C. H40.003 Preglaucoma unspecified, bilateral



# **Cystoid Macular Edema**

**CC:** Pseudophake OU, still having trouble reading, not getting better during the past 2 wks

Test: OCT OU

DX: CME OD

A. H59.033 CME following cataract surgery, OU
B. H59.09 Other disorders of the eye following cataract surgery

C. H59.031 CME following cataract surgery, OD



# **Cystoid Macular Edema**

**CC:** Pseudophake OU, still having trouble reading, not getting better during the past 2 wks

Test: OCT OU

Dx: CMEOU

C. H59.031 CME following cataract surgery, OD



# **Epiretinal Membrane**

CC: Increasing distortion, OS X 2 weeks

- Dx: Epíretínal membrane, OS
- Tx: Monitor Amsler grid, OU Recheck 1 month, eval progression
- A. H18.322 Folds in Descemet's Membrane OS
- B. H35.372 Puckering of macular, OS
- C. H43.312 Vitreous membranes and strands OS



# **Epiretinal Membrane**

- CC: Increasing distortion, OS X 2 weeks
- Dx: Epíretínal membrane, OS
- Tx: Monitor Amsler grid, OU Recheck 1 month, eval progression

## B. H35.372 Puckering of macula, OS



