



Allergan

Presents:

Preparing for ICD-10-CM
Ophthalmology

Presented By:

Kirk Mack, COMT, CPC, COE, CPMA
Senior Consultant

February 11, 2014
Chicago, Illinois

SEMINAR: Preparing for ICD-10-CM ~ Ophthalmology

by

Corcoran Consulting Group
Ardare Corporation
560 E. Hospitality Lane, Suite 360
San Bernardino, California 92408

(800) 399-6565
www.corcoranccg.com

© Copyright 2014
All rights reserved.

Except as permitted under the United States Copyright Act of 1976, no part of this publication may be reproduced or distributed in any form or by any means, or stored in a database or retrieval system, without the prior written permission of the author. From time to time, changes may occur in the content of this material and it is the user's responsibility to assure that current issues of this material are utilized. This additional information is also copyrighted as expressed above.

Other copyright: *CPT and all CPT codes are copyrighted by the American Medical Association with all the rights and privileges pertaining.*

Objective: *This material is provided as part of course of instruction on current reimbursement regulations and practice management techniques. The user is strongly encouraged to review official instructions promulgated by the Centers for Medicare and Medicaid Services (CMS), and their Medicare administrative contractors; this document is not an official source nor is it a complete guide on all matters pertaining to reimbursement.*

Disclaimer: *The reader is reminded that this information can and does change over time, and may be incorrect at any time following publication.*

Preparing for ICD-10-CM Ophthalmology

Kirk A. Mack, COMT, COE, CPC, CPMA
Senior Consultant
Corcoran Consulting Group



Case Study

Your patient is the proud owner of a motorized scooter. Unfortunately she falls from the scooter making a tight turn into her kitchen, hits her right eye on the handlebar and injures the right eye and orbit. What ICD-10 code(s) 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 scooter



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 scooter



ICD-10-CM Changes Everything



Why Replace ICD-9 ! ?

- ICD-9 is 30 years old, outdated, obsolete terminology
- Outdated codes producing inaccurate and limited data
- Inconsistent with current medical practice
- Does not provide enough detail



Benefits of ICD-10

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

Source: Federal Register, Vol. 74, No. 11 1/16/09



Who is Impacted?

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



Compare and Contrast

ICD-9

- 17 Chapters
- 14,000 codes
- 3-5 digits
- First digit is numeric or alpha (E or V)
- Digits 2-5 are numeric

ICD-10

- 21 Chapters
- ~ 69,000 codes
- 3-7 digits
- Digit 1 is alpha
- Digit 2 is numeric
- Digits 3-7 are alpha or numeric (alpha digits are not case sensitive)



Compare and Contrast

ICD-9

- Example:
- Central corneal ulcer – 370.03

ICD-10

- Example:
- Central corneal ulcer right – H16.011
 - Central corneal ulcer left – H16.012
 - Central corneal ulcer bilateral – H16.013
 - Central corneal ulcer unspecified – H16.019



“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

I-9 → 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 = approximate



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
 - 4th 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



7th Character Extension

- A initial encounter
- D subsequent encounter
- S sequela



Example Corneal Abrasion



Example Corneal Abrasion

- Category – Chapter 19 – Injury, Poisoning . . .
S05 – Injury of eye and orbit
- Subcategory – √ 5th S05.0 – Injury of conjunctiva and corneal abrasion without foreign body
- Specificity – √ x 7th 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



Laterality



Terminology “Laterality”

- Right and left designation
 - Example
- | | |
|----------------------|--|
| 1 = right | H25.11 Age-related nuclear cataract, right eye |
| 2 = left | H25.12 Age-related nuclear cataract, left eye |
| 3 = bilateral | H25.13 Age-related nuclear cataract, bilateral |
| 0 or 9 = unspecified | H25.10 Age-related nuclear cataract, unspecified eye |



Terminology “Laterality”

Exception example (diseases of eyelids)

- H02.011 Cicatricial entropion of right upper eyelid
- H02.012 Cicatricial entropion of right lower eyelid
- H02.013 Cicatricial entropion of right eye, unspecified eyelid
- H02.014 Cicatricial entropion of left upper eyelid
- H02.015 Cicatricial entropion of left lower eyelid
- H02.016 Cicatricial entropion of left eye, unspecified eyelid
- H02.019 Cicatricial entropion of unspecified eye, unspecified eyelid



Terminology “Combination Code”

- Single code used to classify two diagnoses
 - Examples
- | | |
|---|---|
| 1. Diagnosis with an associated manifestation | E11.321 – Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema |
| 2. Diagnosis with an associated complication | H59.032 – Cystoid macular edema following cataract surgery, left eye |



Other “Conventions”



Terminology “Code Also”

- Instructs that two codes may be required to fully describe a condition; sequencing depends on severity of conditions and reason for the encounter.
 - Example
- | |
|--|
| H18.03 – Corneal deposits in metabolic disorders |
| Code also associated metabolic disorder |



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.
 - “See Also” follows a main term in the index indicating that another term may also be useful.
- | | |
|------------|---|
| • Examples | Lesion
eyelid – see Disorder, 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 identify any insulin use
- Z79.4 – Long term (current) use of insulin



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 (I00-I99)

- 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

- | <u>Old</u> | <u>New</u> |
|---------------------------|--|
| • Diabetic | • Type II diabetes on insulin |
| • Cataract OD from injury | • Cataract OD caused by driver side airbag |
| • Hypertension | • Hypertension; history of tobacco use |
| • Shingles | • Shingles w/ear infection |
| • HIV positive | • Asymptomatic HIV |



Documentation Considerations History – HPI & PFSH

- | <u>Old</u> | <u>New</u> |
|--|---|
| • Eyelid laceration | • Laceration right eyelid from contact with a chisel (workbench tool) |
| • FB sensation OD, poor "blink" 3 days | • FB sensation OD, poor "blink" 3 days; recent dx of Bell's palsy |
| • Elevated IOP; seen at health fair | • Family history of glaucoma |



Documentation Considerations Impression

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



Documentation Considerations Impression

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



Common Patient Syndromes

R46.0 – Low level of personal hygiene



R19.6 – Halitosis (bad breath)



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/



Useful Aids

- "Apps"
 - Apple – iPhone
 - Android
 - World Health Organization
- AAPC Code Translator
 - <http://www.aapc.com/ICD-10/codes/index.aspx>
- Others
 - <http://www.icd10data.com/>



Myopia & Astigmatism

CC: *Blurry vision, decreased distance vision, glasses no longer adequate*

Dx: *Myopia, OU
Regular astigmatism, OU*

Tx: *Rx given*

- A. H52.10 Myopia unspecified eye; H52.20 unspecified astigmatism
- B. H52.13 Myopia OU; H52.223 Astigmatism, regular OU
- C. H52.11 Myopia OD; H52.12 Myopia OS, H52.223 Regular Astigmatism OU



Myopia & Astigmatism

CC: *Blurry vision, decreased distance vision, glasses no longer adequate*

Dx: *Myopia, OU
Regular astigmatism, OU*

Tx: *Rx given*

- B. H52.13 Myopia, OU
H52.223 Astigmatism, regular, OU



Chalazion

CC: *Small bump LLL, 3-4 days, increasing pain, redness*

Dx: *Chalazion LLL*

Tx: *Warm compresses, meds*

- A. H00.15 Chalazion, left lower eyelid
- B. H00.025 Hordeolum internum left lower eyelid
- C. H00.035 Abscess of left lower eyelid



Chalazion

CC: *Small bump LLL, 3-4 days, increasing pain, redness*

Dx: *Chalazion LLL*

Tx: *Warm compresses, meds*

- A. H00.15 Chalazion, left lower eyelid

Note from Chalazion section header:

Excludes2 infected meibomian gland (H00.02-)



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 Hypertension, bilateral
- B. H40.019 Open angle w/borderline findings, low risk, unspecified eye
- C. H40.003 Preglaucoma unspecified, bilateral



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*

- 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: *CME OU*

- C. H59.031 CME following cataract surgery, OD



Epiretinal Membrane

CC: *Increasing distortion, OS X 2 weeks*

Dx: *Epiretinal 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 macula, OS
- C. H43.312 Vitreous membranes and strands OS



Epiretinal Membrane

CC: *Increasing distortion, OS X 2 weeks*

Dx: *Epiretinal membrane, OS*

Tx: *Monitor Amsler grid, OU
Recheck 1 month, eval progression*

- B. H35.372 Puckering of macula, OS



More help...

For additional assistance or confidential consultation,
please contact us at:

(800) 399-6565

or

www.CorcoranCCG.com

