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At the Forefront of Healthcare Transformation



ICD-10-CM OPHTHALMOLOGY CODING WORKSHOP PART 2

PRESENTED

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AGENDA

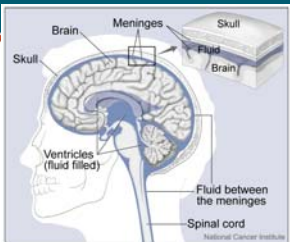
Goal: Participants will be able to understand the principles of ICD-10-CM coding related to ophthalmology

- Chapter 6: Diseases of the Nervous system
- Chapter 7: Diseases of the eye and the adnexa
- Chapter 9: Diseases of the Circulatory system
- Chapter 12: Diseases of the Skin and the Subcutaneous
- Chapter 13: Diseases of the Musculoskeletal System and Connective Tissue
- Chapter 17: Congenital Malformations, deformations and chromosomal abnormalities
- Chapter 18: Signs and Symptoms
- Chapter 19: Injuries and Poisonings
- Chapter 20: External Causes
- Chapter 21: Factors Influencing Contact with Health Services

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Chapter 6



ICD-10-CM DISEASES OF THE NERVOUS SYSTEM

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Chapter 6

Diseases of the Nervous System

Category (G00-G99)

- Codes for TIA are now included in the nervous system chapter of ICD-10-CM.
- Codes for migraine have been expanded to 5th and 6th characters to reflect additional specificity.
- Codes for secondary Parkinsonism have been expanded.
- Codes for hemiplegia and monoplegia identify dominant or non-dominant side. If not documented:
 - For ambidextrous patients, the default should be dominant.
 - If the left side is affected the default is nondominant
 - If the right side is affected the default is dominant

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Chapter 6

Diseases of the Nervous System

GREATER SPECIFICITY

- Epilepsy terminology updated
 - Localization-related idiopathic
 - Generalized idiopathic
 - Special epileptic syndromes
- Provides specificity for:
 - Seizures of localized onset
 - Complex partial seizures
 - Intractable
 - Status epilepticus

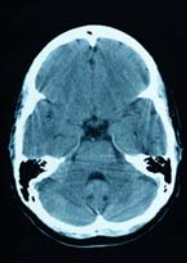
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CATEGORY G40 (EPILEPSY AND RECURRENT SEIZURES) AND G43 (MIGRAINE)


Note: The following terms are equivalent to intractable: pharmacoresistant (pharmacologically resistant), treatment resistant, refractory (medically), and poorly controlled.



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G89: PAIN NOT ELSEWHERE CLASSIFIED 

- Can be used with codes from other categories to provide more detail, including site-specific codes
- Do not use G89 if there is a definitive diagnosis **unless** the reason for the encounter is pain control/management
- Chronic pain syndrome is different than "chronic pain," and must be documented by the provider
- Excludes1: pain NOS and pain disorders exclusively related to psychological factors

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SCENARIO 1 


Patient has a history of migraines which respond to standard treatments, and presents to the physician today complaining of a headache for the past 2 days that won't go away, and this time she is also experiencing some vision loss and blind spots. After examination, the patient is diagnosed with an ocular migraine.

G43.B0 – Ophthalmoplegic migraine, not intractable

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SCENARIO 2 

A 34 year old female presents to her physician eyelid drooping, eye muscle weakness, and overall weakness in the body. The physician ordered a blood test. The results included elevated levels of acetylcholine receptor antibodies in which the doctor diagnosed the patient with myasthenia gravis.

G70.00 – myasthenia, gravis

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Chapter 7

ICD-10-CM

DISEASES OF THE EYE AND ADNEXA

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Chapter 7

Diseases of the Eye and adnexa

- ICD-10 Chapter 7 (H00-H59) deals specifically with Disease of the Eye and Adnexa. Anatomy knowledge will become more and more important. The eye has several structure and parts from the lens (H25-H28) to conjunctiva (H10-H11) to the cornea (H15-H22), etc.
- Codes have been expanded to increase anatomic specificity and laterality.

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Laterality

- **Concept of laterality**
 - Right
 - Left
 - Bilateral
 - Unspecified

If bilateral is not available, assign code for right and left

- The term "senile" is not used in ICD-10 to describe a cataract. "Age-related" instead of senile cataract.

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GLAUCOMA

- Codes require a 7th character to identify stage
- If both eyes are documented as having the same type and stage, assign the appropriate bilateral code
H40.1231, low tension glaucoma, bilateral, mild stage
- If each eye is documented as having the same type but different stages, assign the appropriate code for each eye
H40.1211 low tension glaucoma, mild, right eye
H40.1222 low tension glaucoma, moderate left eye

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SCENARIO 3

This 40-year-old woman presents to her physician with bilateral eye pain. Her condition is diagnosed as nonulcerative bilateral blepharitis of the upper eyelids. What is the correct diagnosis coding for this case?

H01.001 – Blepharitis (angularis) (ciliaris) (eyelid) (marginal) (nonulcerative), right, upper

H01.004 - Blepharitis (angularis) (ciliaris) (eyelid) (marginal) (nonulcerative), left, upper

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SCENARIO 4


Recurrent pterygium, bilateral

H11.063 – Pterygium (eye), recurrent. See Tabular for correct code assignment.

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SCENARIO 5 


This elderly woman is seen in the clinic for follow-up of her age-related nuclear cataract. At this time, it is only in her left eye. Code the diagnosis for this case.

H25.12 – Cataract (cortical) (immature) (incipient), age-related – see Cataract, senile, nuclear (sclerosis)

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SCENARIO 6 


This is a visit for this patient with moderate primary open-angle glaucoma of the left eye. What is the correct diagnosis code for this case?

H40.11X2 – Glaucoma, open angle, primary. See Tabular for complete code assignment.

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SCENARIO 7 

This elderly woman was being treated for her right eye age-related cortical cataract at this day-surgery center. After the procedure was completed, the patient suffered a postoperative hemorrhage of the eye. This was addressed by the surgeon. What is the correct diagnosis code(s)?

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SCENARIO 7

H25.011 – Cataract (cortical) (immature) (incipient), age- related, see Cataract, senile, cortical

H59.311 – Hemorrhage, postoperative, see Complications, postprocedural, hemorrhage, by site Complication(s) (from) (of), postprocedural, hemorrhage (hematoma) (of), eye and adnexa, following ophthalmic procedure

Y92.530 – Index to External Causes, Place of occurrence, outpatient surgery center

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SCENARIO 8

A patient is being seen today for a follow-up for his bilateral irregular astigmatism. What is the correct diagnosis code?

H52.213 – Astigmatism (compound) (congenital), irregular, bilateral

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SCENARIO 9

The diagnosis for a 68 year old male is blindness in his left and low vision in his right eye. What diagnosis code is assigned?

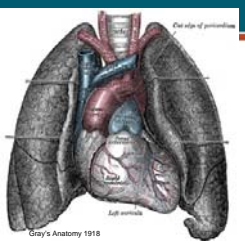
H54.12 – Blindness, one eye, left, low vision on the right.

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Chapter 9



ICD-10-CM

DISEASES OF THE CIRCULATORY SYSTEM

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Chapter 9

Diseases of the Circulatory System

- Type of hypertension not used as an axis – only one essential hypertension code: **I10**
- Combination codes for atherosclerotic heart disease with angina
- Intraoperative/postoperative CVAs now included in this chapter

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DISEASES OF THE CIRCULATORY SYSTEM (100-199)

- Non-traumatic subarachnoid hemorrhage classified by laterality and specific artery
- Atherosclerosis of extremities has combination codes for complications
- Varicose veins of legs requires laterality
- Thrombosis, embolism, phlebitis, and thrombophlebitis of veins classified by laterality and specific lower extremity vein

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ACUTE MYOCARDIAL INFARCTION

- Acute MI codes timeframe *changed*
 ICD-9-CM: 8 weeks or less
 ICD-10-CM: **4 weeks or less**
- ST elevation (STEMI) and non-ST elevation (NSTEMI) are in the ICD-10-CM code titles instead of just inclusion terms

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CATEGORY I22, SUBSEQUENT MI

- A code from category I22 (subsequent) must be used in conjunction with a code from category I21 (initial).
- Category I22 is never used alone.
- The sequencing of the I22 and I21 codes depends on the circumstances of the encounter.

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AMI

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    graph TD
      Start[Patient admitted with AMI] --> Q1{Previous MI?}
      Q1 -- No --> A1[I21 - Initial MI]
      Q1 -- Yes --> Q2{Older than 28 days?}
      Q2 -- Yes --> A2[I21 - Initial MI  
I25.2 - Old MI]
      Q2 -- No --> A3[I22 - Subsequent MI  
I21 - Initial MI]
    
```

Note: Sequencing depends on circumstances of admission

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SCENARIO 10

The patient is seen with visual neglect to due a stroke he had six weeks ago. What is the correct diagnosis codes assigned?

I69.398 – Sequelae, stroke, disturbance of vision

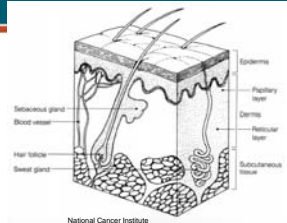
R41.4 – Neglect, visuopatial

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Chapter 12



National Cancer Institute

DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE

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Chapter 12

Diseases of the Skin & Subcutaneous Tissue

- **Contact dermatitis specific to:** allergic versus irritant/substance
- Use additional code to identify drug for adverse effects
- Does not include injuries to the skin and burns (except sunburn)
- Dermatitis and eczema are used interchangeably

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Pressure ulcers
Single Code

- Site
- Laterality
- Severity (Stage 1-4)

Code first any associated gangrene first

Non pressure chronic ulcers
Single Code:

- Site
- Laterality
- Severity (descriptive)

Code first any associated gangrene and/or underlying condition

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SCENARIO 11

The patient was seen with extensive inflammation and irritation of the skin of both upper eyelids and under her eyebrows that was spreading to her temples and forehead. Upon questioning the patient, the physician learned that she had recently used new eye cosmetics. The physician had examined the patient during a prior visit for cystic acne. During this visit the physician also examined the patient cystic acne on her forehead and jawline. The patient was advised to continue using the medication previously prescribed. Diagnosis was irritant contact dermatitis due to cosmetics and cystic acne. The patient was also advise to immediately discontinue use of any make-up on the face and was given a topical medication to resolve the inflammation. What diagnosis codes are assigned?

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SCENARIO 11

L24.3 – Dermatitis (eczematous), contact, irritant, due to, cosmetics

H01.114 – Dermatitis (eczematous), eyelid, contact – see Dermatitis, eyelid, allergic, left, upper

H01.111 – Dermatitis (eczematous), eyelid, contact – see Dermatitis, eyelid, allergic, right, upper


T49.8X5A - Table of Drugs and Chemicals, Cosmetics, adverse effect

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Chapter 13



ICD-10-CM
DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE

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DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE

- Fractures in neoplastic disease: code also underlying neoplasm
- Pathological fractures in other diseases: code also underlying condition
- Non-age-related osteoporosis: use additional code for adverse effect, if applicable, to identify drug

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OSTEOPOROSIS

- Code M81 for patients with osteoporosis who do not have a current fracture
- Use code Z87.310 to indicate a history of healed osteoporosis fractures
- Category M80 should be used for patients with known osteoporosis who suffers a fracture, unless that fracture is indicated as traumatic [Guideline I.C.13.d.2]

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PATHOLOGICAL OR STRESS FRACTURE EXTENSIONS

- A** • Initial Encounter
- D** • Subsequent – Routine Healing
- G** • Subsequent – Delayed Healing
- K** • Subsequent – Nonunion
- P** • Subsequent – Malunion
- S** • Sequela

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SCENARIO 12

A patient has had rheumatoid arthritis since she was 22 years old. She is now complaining of pain in her eyes, sensitivity to light, and dry eyes. The doctor diagnosis her with Rheumatoid arthritis in both eyes. What is the correct diagnosis code?


M06.9 – Rheumatoid Arthritis, unspecified

There is no specified code for rheumatoid arthritis in the eyes.

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Chapter 17



ICD-10-CM


CONGENITAL MALFORMATIONS, DEFORMATIONS AND CHROMOSOMAL ABNORMALITIES

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ICD-10 CM: CONGENITAL MALFORMATIONS, DEFORMATIONS, AND CHROMOSOMAL ABNORMALITIES (Q00-Q99)



- Code may be principal or first listed diagnosis or secondary diagnosis
- When no unique code is available, assign additional code(s) for any manifestations
- When the code assignment specifically identifies the malformation, deformation, or chromosomal abnormality, manifestations that are an inherent component of the anomaly should not be coded separately
- Additional codes should be assigned for manifestations that are not an inherent component


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CONGENITAL MALFORMATION

- If congenital malformation has been corrected, a personal history code is used
- Although present at birth, abnormality may not be identified until later in life, and if diagnosed by physician, assign a code from codes Q00-Q99
- For birth admission, the appropriate code from category Z38, Liveborn infants, according to place of birth and type of delivery, should be sequenced as the principal diagnosis, followed by any congenital anomaly codes, Q00-Q89.



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SCENARIO 13


A child is seen by a doctor for a congenital form for Iris Coloboma. What is the correct diagnosis code?

Q13.0 – Coloboma (iris)

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SCENARIO 14 


A 10 year old children is coming in for a follow-up for of congenital glaucoma. What are the correct diagnosis codes?


Q15.0 - Glaucoma, congenital

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Chapter 18 




ICD-10-CM

SYMPTOMS, SIGNS AND ABNORMAL CLINICAL AND LABORATORY FINDINGS

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SYMPTOMS, SIGNS, AND ABNORMAL CLINICAL AND LABORATORY FINDINGS 

- Includes symptoms, signs, or abnormal results of clinical or other investigative procedures, and ill-defined conditions that do not have their own codes in other chapters
 - ▶ Unable to establish final diagnosis
 - ▶ Points equally to two or more diseases or two or more systems of the body
 - ▶ Could be designated: Not Otherwise Specified, Unknown Etiology, or Transient

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CHAPTER 18: SYMPTOMS, SIGNS, AND

I.C.18.a

- Codes that describe signs and symptoms are acceptable when a definitive diagnosis has not been established by the provider.

I.C.18.b

- If the patient has a symptom not routinely found with the final diagnosis, code first the definitive diagnosis, followed by the code for the symptom
- Signs or symptoms that are routinely found with a disease process should not be assigned as additional codes

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SYMPTOMS, SIGNS, AND ABNORMAL LABORATORY FINDING, NEC (R00-R99)

- no more specific diagnosis can be made even after all facts have been investigated
- signs or symptoms existing at time of initial encounter - transient and causes not determined
- provisional diagnosis in patient failing to return
- referred elsewhere before diagnosis made
- more precise diagnosis not available
- certain symptoms, for which supplementary information is provided, that represent important problems in medical care in their own right

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HEAVY GAS PAIN

Kendra Zueck - Mixed Media
Kendra studied Art and Design at the University of Wisconsin - Eau Claire. She enjoys Madison today for the tastier things in life: music, art, and craft beer.

ICD0ILLUSTRATED.COM

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R46.1
Bizarre
personal
appearance

Chelsea Wittenbough
Watercolor on Canvas
11" x 15"
Chelsea is an artist,
maybe a painter, a poet,
a great aficionado, and
most definitely an
eccentric! She currently
lives a glittery, hippie-
punk, fantastically colorful
life while working for a
healthcare IT company in
Denver, CO.

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SCENARIO 15

A 69-year-old man missed objects when pointing to them and made errors when trying to reach for them. But he could recognize colors and had normal visual acuity. Code for the diagnosis: Visuospatial deficit

R41.842 – Deficit, visuopatial

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SCENARIO 16

A patient comes in with intense eye pain in her left eye. A diagnosis is not made. What is the correct code assigned.


H57.11 – Pain, eye, right

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Chapter 19



ICD-10-CM

INJURY, POISONING, AND CERTAIN OTHER CONSEQUENCES OF EXTERNAL CAUSES

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INJURY, POISONING AND CERTAIN OTHER CONSEQUENCES OF EXTERNAL CAUSES (S00- T88)

Encompasses 2 alpha characters
S: Injuries related to body region
T: Injuries to unspecified region, burns, poisonings

- Use secondary code(s) from Chapter 20 to indicate cause of injury
- Codes within T section that *include* the external cause do not require an additional external cause code

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Chapter 19

Injuries grouped by body part rather than category of injury

Head • (S00-S09)

Neck • (S10-S19)

Thorax • (S20-S29)


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FRACTURES

- **Greater specificity**
 - Type of fracture
 - Specific anatomical site
 - Displaced vs nondisplaced
 - Laterality
 - Routine vs delayed healing
 - Nonunion
 - Malunion
 - Type of encounter
 - Initial
 - Subsequent
 - Sequela




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Fractures



- Some fracture categories provide for seventh characters to designate the specific type of open fracture based on the Gustilo open fracture classification
- A fracture not indicated as displaced or nondisplaced should be coded to displaced
- A fracture not designated as open or closed should be coded to closed

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Initial Encounter

The patient is receiving active treatment for the condition


- Surgical treatment
- Emergency department encounter
- Evaluation and treatment by a new physician



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T78.03A
 Anaphylactic shock due to fruits and vegetables, initial encounter




Little did they know that the young mast cell possessed an uncontrollable power.

Jimmy Xu - Finger on iPad
 Jimmy is a medical student at the University of Wisconsin. He is looking forward to one day using this ICD-10 code.
 icd10illustrated.com

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Subsequent encounter



- After patient received active treatment for the condition and receiving routine care during healing or recovery phase
 - Cast change or removal
 - Removal of external or internal fixation device
 - Medication adjustment
 - Other aftercare and follow-up visits following injury treatment



Note: Aftercare Z codes should not be used for aftercare for **injuries** - assign the acute injury code with the appropriate seventh character for "subsequent encounter."

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Sequela


- Complications or conditions that arise as a direct result of an injury
 - Scar formation after burn
- Use both the injury code that precipitated sequela and code for sequela
- "S" added only to injury code, not sequela code.
- "S" identifies injury responsible for sequela.
- Specific type of sequela (like scar) should be sequenced first, followed by injury code.

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Poisoning, Adverse Effect, Underdose



- Combination codes for poisonings/ external cause (accidental, intentional self-harm, assault, undetermined)
- Table of Drugs and Chemicals groups all poisoning columns together
 - Followed by adverse effect and underdosing
- When no intent of poisoning is indicated, code to accidental
 - Undetermined intent is only for use when there is specific documentation in record that intent cannot be determined


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POISONING, ADVERSE EFFECTS, AND UNDERDOSING

Poisoning	Overdose of substances Wrong substance given or taken in error
Adverse effect	"Hypersensitivity," "reaction," or correct substance properly administered
Underdosing	Taking less of medication than is prescribed or instructed by manufacturer either inadvertently or deliberately




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POISONING, ADVERSE EFFECTS, AND UNDERDOSING



Use additional code(s) for manifestations of poisoning and adverse effects

Use additional code for intent of underdosing:

- Failure in dosage during medical and surgical care (Y63.6, Y63.8-Y63.9)
- Patient's underdosing of medication regime (Z91.12X, Z91.13X)

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Jon Lyons - Pen and Ink
Wash on Paper Ph.D.
Jon Lyons is an artist, illustrator,
cartoonist/animatist, designer,
and stand up comedian living
in Chicago.

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SCENARIO 17

A 57-year-old female presents a left red and irritated eye. She states that when she went to clean her contacts early in the morning, she grabbed the hydrogen peroxide by accident, instead of the contact cleaning solution. She immediately irrigated her eyes with water, however they are still bothering her. Diagnosis: Conjunctivitis of the left eye due to accidental poisoning of hydrogen peroxide.

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SCENARIO 18


T49.0X1A - Poisoning by local antifungal, anti-infective and anti-inflammatory drugs, accidental (unintentional), initial encounter

T26.62 - Corrosion of cornea and conjunctival sac, left eye

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SCENARIO 19 


A 14 year old boy was playing catch with a baseball at the baseball field with his friend and he threw the ball that hit his left eye. He has a contusion of the eyelid.

S00.12xA – Contusion, eyelid, left, initial encounter


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Chapter 20 

ICD-10-CM




EXTERNAL CAUSES OF MORBIDITY




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EXTERNAL CAUSES OF MORBIDITY 

- How the condition occurred: what happened?
- Intent: was this an accident?
- Place of occurrence: where was the patient?
- Activity: what was the patient doing?
- External Cause Status: why was the person doing the activity?

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ICD-9 VS. ICD-10-CM

ICD-9	ICD-10-CM
<ul style="list-style-type: none">E CodesSeparately indexedAbout 1,300 E Codes	<ul style="list-style-type: none">External Cause CodesChapter 20: V,W,X,Y CodesAbout 7,500 External Cause Codes

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CHAPTER-SPECIFIC GUIDELINES

- Classification of environmental events and circumstances as the cause of injury and other adverse effects
- Can be used with any code in the range of A00.0-T88.9, Z00-Z99
- Assign as many external cause codes as necessary

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CHAPTER-SPECIFIC GUIDELINES

- External cause codes can **NEVER** be a principal diagnosis
- External cause codes are not needed if the external cause and intent are include in a code from another chapter. (Ex: poisonings and adverse effects)

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INDEX TO EXTERNAL CAUSES

Broken
- glass, contact with —see Contact, with, glass
- power line causing electric shock, W85

Bumping against, into (accidentally)
- object NEC W22.9
-- with fall —see Fall, due to, bumping against, object
-- caused by crowd or human stampede (with fall) W52
-- sports equipment W21.9
- person (s) W51
-- with fall W03
-- due to ice or snow W00.0
-- assault Y04.2
-- caused by a crowd or human stampede (with fall) W52
- homicide (attempt) Y04.2
- sports equipment W21.9

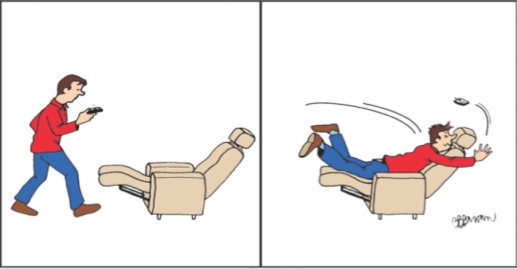
Burn, burned, burning (accidental) (by) (from) (on)
- acid NEC —see Table of Drugs and Chemicals
- electrical —see Exposure, fire, uncontrolled, in building, bed
- blowtorch X06.9

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W01.190A

Fall on same level from slipping, tripping and stumbling with subsequent striking against furniture, initial encounter




James Lloyd – Digital
James is the co-founder of 100health and is a wizard with EMR integration. He worked at Epic for six years in various roles including technical services, EDI, and software development. Needless to say, he's a productivity mastermind. In fact, he outsourced his art for this book.

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TRANSPORT ACCIDENTS

- A transport accident is one in which the vehicle must be moving, running or in use for transport purposes at the time of the accident
- Definitions of transport vehicles provided in classification



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TRANSPORT ACCIDENTS

Use additional code to identify:

- Airbag injury (W22.1)
- Type of street or road (Y92.4-)
- Use of cellular telephone at time of transport accident (Y93.C-)




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V95.42xA

Forced landing of spacecraft injuring occupant, initial encounter.



Sara Albrecht-Chubirilo
ink on Paper 8"x10"
Sara works at home, the largest 800-sq-ft consulting firm in the country. She has a love for doodling, laughter, and the ridiculous.


11/21/2015 scd10@ucentral.com 77




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Y92-PLACE OF OCCURRENCE




- Use with activity code
- Only on initial encounter
- Only one Y92 code on record
- Do not use Y92.9 if place not stated



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Y92.146
Place of
occurrence,
swimming pool of
a prison




Doit Sariman - Acrylic, Glauchole, Coffee on Canvas 18"x14"
Doit Sariman lives, paints, and eats donuts in the Brooklyn area.
icid08@ucentral.com

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Y93- ACTIVITY




Use with
Y92 and
Y99

Only on
initial
encounter

Only
one Y93
code on
record


Do not
use
Y93.9 if
activity
not
stated

Not applicable
to poisonings,
adverse
effects,
misadventures,
or late effects



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Alex Connelly -
Photography
Alex is an artist from
Madison, WI. His focus is in
digital and analog
experimental
photography as well as
painting and mixed
media.

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Y99- EXTERNAL CAUSE STATUS

Use with Y92 and Y93

Only on initial encounter

Only one Y99 code on record

Do not use Y99.9 if activity not stated

Not applicable to poisonings, adverse effects, misadventures, or late effects

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W04.xxxS
Fall while being carried or supported by other persons, sequela

W60.xxxA
Contact with nonvenomous plant thorns and spines and sharp leaves, initial encounter

Maggie Gosselar
12" x 15" Markers on Paper
Maggie Gosselar (known in some circles as the Glock Ness Monster) is a unprofessional artist and roller derby girl from Madison, WI.
icd10illustrated.com

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YEAH, THERE'S A CODE FOR THAT

V91.07x-
Burn due to water skis on fire

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SCENARIO 20

Assign only external cause codes for this case:

A 14 year old boy was playing catch with a baseball at the baseball field with friend threw the ball that hit his left eye. He has a contusion of the eyelid.

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SCENARIO 20

W21.03xA Index to External Causes, struck, ball (hit)(thrown), baseball

Y92.320 Index to External Causes, Place of occurrence, baseball field

Y93.64 Index to External Causes, Activity (involving) (of victim at time of event), Baseball

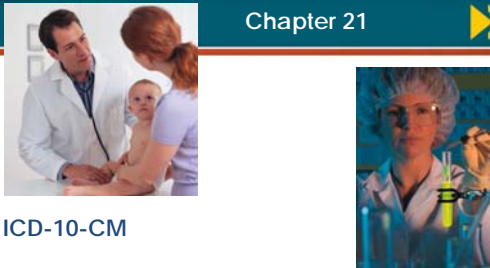
Y99.8 Index to External Causes, External cause status, recreation or sport not for income or while a student

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Chapter 21



ICD-10-CM

FACTORS INFLUENCING HEALTH STATUS AND CONTACT WITH HEALTH SERVICES

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»

"Z"

- Factors Influencing Health Status and Contact with Health Services (Z00-Z99)
- Z Codes represent reasons for encounters

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CHAPTER 21

»

- When person who may or may not be sick encounters health services for some specific purpose
- When some circumstance or problem is present which influences person's health status but is not a current illness or injury
- If the Z code is an encounter for a procedure, also use corresponding procedure code—CPT, HCPCS, ICD-10-PCS, E/M

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EXAMPLES OF Z-CODES

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Z00.0-	Encounter for general adult medical exam
Z00.12-	Encounter for routine child health exam
Z01.00	Encounter for examination of eyes and vision without abnormal findings
Z01.01	Encounter for examination of eyes and vision with abnormal findings
	<i>Use additional code to identify abnormal findings</i>
Z02.0	Encounter for examination for admission to educational institution
Z02.1	Encounter for pre-employment examination
Z02.5	Encounter for examination for participation in sport
Z02.6	Encounter for examination for insurance

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Alex Connolly - High Colored Pencil on Paper 10" x 8"
Alex is an artist from Madison, WI. His focus is in digital and analog experimental photography as well as painting and mixed media.

ICD10ILLUSTRATED.COM

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Erika Samolowski - Digital Pencil
Erika is a 2nd year medical student at the Medical College of Wisconsin. She is interested in pursuing a career in Reconstructive Surgery.

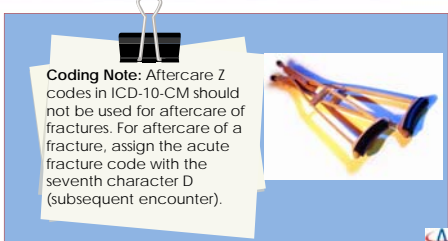
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ICD - 10 - CM



Coding Note: Aftercare Z codes in ICD-10-CM should not be used for aftercare of fractures. For aftercare of a fracture, assign the acute fracture code with the seventh character D (subsequent encounter).

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SCENARIO 21

Patient presents for annual eye exam. Tests performed include: Eye muscle movement test, cover test, external exam and pupillary reactions, visual acuity test, slit lamp, retinal examination and glaucoma testing. All tests were found to be normal.

Z01.00 – Encounter for examination of eyes and vision without abnormal findings.

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SCENARIO 22

Patient presents for annual eye exam. Tests performed include: Eye muscle movement test, cover test, external exam and pupillary reactions, visual acuity test, slit lamp, retinal examination and glaucoma testing. An abnormal finding came back with suspected pre-glaucoma in the right eye.

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SCENARIO 22

Z01.01 – Encounter for examination of eyes and vision with abnormal findings.
H40.001 – Glaucoma, suspected, right


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THANK YOU! 



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