Introducing ICD-10-CM

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Why Convert to ICD-10-CM?
- Clinical modification of WHO’s ICD-10
  - Clinical emphasizes the intent to serve as a tool in classification of morbidity data for indexing, medical records care review, medical & ambulatory care programs, health statistics
  - Better understand complications
  - Better design robust algorithms
  - Track outcomes
  - To describe the “clinical” picture the codes must be more precise
  - Far exceeds ICD-9 in number of concepts and codes
  - Disease classification expanded to include health related conditions and provides greater specificity

Understanding the Basics & Getting Ready
- Differences between ICD-9 & ICD-10
- How the ICD-10CM is laid out
- How to Use the Alphabetic Index
- How to Use the Tabular List
- How to Use the Index of Injuries
- How to Use the Table of Drugs & Chemicals
- How to Understand new Abbreviations
- How to Use Placeholders
- How to Use Code Extensions
- Understand laterality

Improvements Over ICD-9
- Index MUCH longer
  - Ex 28 pterygium, 69 conjunctivitis, 12 astigmatism codes
- Adds information relevant to ambulatory & MC encounters
- Expanded injury codes
- Combination diagnosis/symptom codes
- Addition of 6th & 7th characters
- Incorporates common 4th & 5th digit subclassification
- Laterality
- Allows further expansion

The Lilliputians Take Control of the Healthcare Giant
- ICD-9 has 13,000 codes
- ICD-10 has 140,000 codes
- Effective date – October 1, 2015
- Transition will be difficult as there is little in common with our current coding paradigms
- Requires doctors, not staff to do the specific coding
- Every artery and nerve has been issued a number
- Number of physicians = 800,000/ 35% own their own practice (Source Accenture with data from Medical Group management Assoc and AMA)

Organization of ICD-10-CM
- Alphabitical Index
  - Alphabetical list of terms and corresponding codes
  - Index of Diseases & Injury
  - Table of Neoplasm
  - Table of Drugs & Chemicals
  - Index of External causes of injury
- Tabular List
  - Chronological list of codes
  - Divided into chapters
  - Based on body systems
Organization of ICD-10-CM

- Alphabetical Index
  - Define terms
  - Provide directions
  - Provides coding instructions

- Tabular List
  - Categories – 3 characters from Chapter 7 Disorders of Eye
    - H00-H59
  - Subcategories
    - 4th character further defines site, etiology, manifestation or state of disease or condition
    - 5th & 6th character increases specificity

Chapter 7: Diseases of Eye/Adnexa Detail

- H00-H05 Eyelid, lacrimal, orbit
- H10-11 Conjunctiva
- H15-H22 Sclera, cornea, iris, ciliary body
- H25-H28 Lens
- H30-H36 Choroid/retina
- H40-H42 Glaucoma
- H43-H44 Vitreous & globe
- H46-H47 Optic nerve & pathways
- H49-H52 Ocular muscles, accommodation, refraction
- H53-H54 Disorders of refraction, Visual disturbances, blindness
- H55-H57 Other disorders eye & adnexa
- H59 Intra-operative & post-procedural complications

Tabular List Detail

- Chapter 1 Infectious and parasitic diseases (A00-B99)
- Chapter 2 Neoplasms (C00-D49)
- Chapter 3 Diseases of Blood and blood forms (D50-D89)
- Chapter 4 Endocrine, nutritional, metabolic (E00-E90)
- Chapter 5 Mental & behavioral (F01-F99)
- Chapter 6 Nervous system (G00-G99)
- Chapter 7 Eye & adnexa (H00-H59)
- Chapter 8 Ear and mastoid (H60-H95)
- Chapter 9 Circulatory system (I00-I99)
- Chapter 10 Respiratory system (J00-J99)
- Chapter 11 Digestive system (K00-K94)

Format & Structure

- Tabular list contains categories, subcategories & codes
- Characters may be letter or numbers
- Categories are 3 characters
  - Character 1 is alpha
    - All letter used except U
  - Character 2 is numeric
  - Character 3-7 are alpha or numeric
  - Use decimal after 3 characters
- Subcategories are 4 or 5 characters
- Codes may be 3, 4, 5, 6 or 7 characters
- Laterality specific

Tabular List Detail

- Chapter 12 Skin & subcutaneous (L00-L99)
- Chapter 13 Musculoskeletal (M00-M99)
- Chapter 14 Genitourinary (N00-N99)
- Chapter 15 Pregnancy & childbirth (O00-O99)
- Chapter 16 Conditions of perinatal period (P00-P96)
- Chapter 17 Congenital / Malformations (Q00-Q99)
- Chapter 18 Signs/Symptoms/abnormal clinical laboratory findings (R00-R99)
- Chapter 19 Injury, Poisoning, consequences of external causes (S00-T88)
- Chapter 20 External causes of morbidity (V01-Y99)
- Chapter 21 Factors influencing health status & contact with health services (Z00-Z99)

Placeholder Characters

- Character “X” used as a placeholder
  - Allows for future expansion
  - Where it exists it must be used to be valid
  - Ex S05.8x1A
**Placeholder Characters**

- Code extensions (seventh character) have been added for injuries and consequences of external causes (S00-T88), to identify the encounter
  - “A” Initial encounter – receiving active treatment
  - “D” Subsequent encounter-use after Pt received active treatment
  - “S” Sequelae-used for complications/conditions arise as result of injury
    - S only added to injury code, not sequel code
    - Sequela code first, followed by injury code
    - Ex: S30 superficial injury of abdomen
      - S30.810, code requires extension to indicate episode of care
      - S30.810A

**7th Character**

- Certain ICD-10-CM categories have 7th digit characters
- Applicable 7th character is required within the category
- If code requires 7th character and there is not 6 characters, a placeholder “X” must be used to fill empty character
- Ex: S05 Injury of eye and orbit, subsequent visit
  - S05.00
    - Looking it up you find “x7th” meaning no 6th character exists but there is a 7th character mandatory
    - S05.00xD

**7th Character Extension**

- Corneal Abrasion
  - Category - Chapter 19: Injury, Poisoning and other causes of external
    - S05.- Injury of eye and orbit
  - Subcategory – Check 5th SO5.0 Injury of conjunctiva and corneal abrasion w/o FB
  - Specificity – Check “x”, 7th, SO5.01 Injury of conjunctiva and corneal abrasion w/o FB, right eye
  - Code – SO5.01xA Injury on conjunctiva and corneal abrasion w/o FB, right eye, initial encounter

**Laterality**

- For bilateral sites, final character of code indicates laterality (-1 = R, -2 = L, -3 bilat, -0 or -9 nonspec)
- Unspecified side codes if side not identified in medical record
- If no bilateral code provided and condition is bilateral
  - Assign separate codes for both left and right
- Ex:
  - H43.811 Vitreous degeneration, right side
  - H43.812 Vitreous degeneration, left side
  - H43.813 Vitreous degeneration, bilateral
  - H43.819 Vitreous degeneration, unspecified

**7th Character Extension**

- Glaucoma staging by 7th character for severity
  - 1 = mild stage
  - 2 = moderate stage
  - 3 = severe stage
  - 4 = indeterminate
  - 0 = unspecified
- Ex: low tension glaucoma
  - Glaucoma/low tension glaucoma/moderate R, severe left
  - H40.-/H40.12 / H40.1212 / H40.1223

**Laterality**

- Exceptions are when eyelid coding
- Ex:
  - H02.011 Cicatricial entropion, right upper lid
  - H02.012 Cicatricial entropion, right lower lid
  - H02.013 Cicatricial entropion, right unspecified lid
  - H02.014 Cicatricial entropion, left upper
  - H02.015 Cicatricial entropion, left lower
  - H02.016 Cicatricial entropion, left unspecified lid
  - H02.019 Cicatricial entropion, unspecified eye, unspecified lid
**Combination Coding**

- Single code used to describe 2 diagnoses
- Diagnosis with a manifestation (systemic/non ocular)
  - Ex: Severe sepsis (I-9 = 995.92) & Septic shock (I-9 = 785.52)
  - Ex: Severe sepsis with septic shock (I-10 = R65.21)
- Diagnosis with a manifestation
  - Ex: E11.321 – Type 2 DM with mild non-proliferative retinopathy with macular edema
- Diagnosis with associated complication
  - Ex: H59.032 CME following cataract surgery, left eye

**Etiology / Manifestation Convention**

- Some conditions have underlying etiology and multiple body system manifestations due to the etiology
- Coding convention requires underlying condition be sequenced first, followed by manifestation
  - “use additional code” note exists at etiology codes
  - “code first” note at the manifestation code
- Ex: Dementia in Parkinson’s disease
  - Code G20 represents etiology
  - [F02.80 or F02.81] represents manifestation of dementia
  - With behavioral or without behavioral disturbances

**Abbreviations**

- NEC “not elsewhere classifiable”
- NOS “not otherwise specified”
- “and” represents and / or
- “code also” instructs two codes may be required
- [ ] Brackets identify manifestation codes
- ( ) parenthesis terms are non essential modifiers
- : Colon incomplete term needing more modifiers

**General Coding Guidelines**

- Locating a code in ICD-10-CM
  - Locate term in Alphabetic Index
  - Then verify code in the Tabular List
  - Read and be guided by instructional notations appearing in both
  - Essential to use BOTH
    - Alphabetic index doesn’t always provide FULL code
    - Need Tabular List to assign laterality and 7th character

**Excludes Codes**

- Excludes 1 – pure excludes notes
  - Means “NOT CODED HERE”
  - Indicated code exclude should never be used same time as code above it
    - Ex congenital vs acquired condition
- Exclude 2
  - “Not included here”
  - Condition excluded is not part of the condition represented by the code

**Chapter 18: Sign & Symptoms**

- Codes that describe symptoms and signs, as opposed to diagnosis
- Are accepted when a definitive diagnosis has not been established
- Expected to document behavioral and psychiatric issues
  - R46.0 Low level of personal hygiene
  - R19.6 Halitosis
  - R14.3 Flatulence
  - R45.84 Worries
Chapter 19: Injury, Poisonings, etc

- Injuries to Head (S00.- S09.)
  - Includes eye injuries
    - Injury of eye & orbit (S05.)
    - Injury of eyelid & periocular area (S00.)
  - Ex: Injury of conjunctiva & corneal abrasion w/o FB
    - S05.01 (x, 7th) Right eye
    - S05.02 (x, 7th) Left eye
  - Ex: FB external eye, FB conjunctiva
    - T15.11 (x, 7th) Right eye
    - T15.12 (x, 7th) Left eye

Chapter 20: External Cause Codes

- Use full range of external cause codes to completely describe:
  - the cause,
  - the intent,
  - the place of occurrence,
  - and if applicable the activity of the patient at the time of the event and
  - the patient’s status for all injuries and other health conditions due to an external cause

External Cause Codes

- Chapter 20 favorites
  - Pedestrian on skateboard injured in collision with pedal cycle, unspecified association with traffic accident (V01.92)
  - Drowning or submersion from falling or jumping from burning water skis (V90.27)
  - Spacecraft accident injuring occupant (V95.4, seven possibilities)
  - Struck by an orca (W56.22, 4 possibilities)
  - Milking animal (V93.K2)
  - Assault by letter bomb (X96.2)
  - Pilates (Y93.K2)

Acute & Chronic Conditions

- Acute & Chronic
  - Code acute or chronic
  - If condition is both, code both with acute first

- Late Effects (Sequela)
  - Residual effect after acute phase of illness or injury has terminated
  - No time limit
  - Coding requires 2 codes sequenced in order
    - Condition first
    - Late effect code second

Chapter 4: Endocrine, etc

- Diabetes mellitus
  - Combination codes that include
    - Type of Diabetes / Body system affected
    - Complications affecting body system
  - Sequencing depends on reason for the encounter

- 5 Categories
  - E08. Diabetes mellitus due to underlying condition
  - E09. Drug or chemical induced diabetes mellitus
  - E10. Type 1 diabetes mellitus
  - E11. Type 2 diabetes mellitus
  - E13. Other specified diabetes mellitus
Chapter 4: Endocrine, etc
- 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, AND JUST MAYBE...
- Z79.4 Long term (current) Use of Insulin (if documented)
  - All Categories except E10 (Type 1 DM) require use of additional code to identify use of insulin

Disorders of Refraction
- Hypermetropia
  - H52.00 / -.01 (R) / -.02 (L) / -.03 (B)
- Myopia
  - H52.10 / -.11 (R) / -.12 (L) / -.13 (B)
- Astigmatism
  - Unspecified H52.201 (R) / -.202 (L) / -.203 (B) / -.209 unsp
  - Irregular H52.211 (R) / -.212 (L) / -.213 (B) / -.219 unsp
  - Regular H52.221 (R) / -.222 (L) / -.223 (B) / -.229 unsp
- Presbyopia
  - H52.4

Disorders of Lens
- Age related nuclear cataract (NS)
  - H25.11 (R) / -.12 (L) / -.13 (B)
- Age related corticle cataract (CX)
  - H25.011 (R) / -.012 (L) / -.013 (B)
- Age related posterior subcapsular cataract (PSC)
  - H25.041 (R) / -.042 (L) / -.043 (B)
- Age related cataract combined form (Mixed)
  - H25.811 (R) / -.812 (L) / -.813 (B)
- Posterior capsular opacification (PCO)
  - H26.491 (R) / -.492 (L) / -.493 (B)

Coding for Glaucomas
- Determine type of glaucoma
- Determine severity of glaucoma
- Assign 7th character to stage disease
  - 1 - Mild
  - 2 - Moderate
  - 3 - Severe
  - 4 - Indeterminate
- Ex: pigmentary glaucoma, bilateral / moderate stage
  - H40.133 / H40.1332
- Ex: primary open angle glaucoma, bilateral / mild stage
  - H40.11 / H40.11x1

Additional Glaucoma Code Changes
- Open angle suspect, Low Risk (1-2 risk factors)
  - H40.011 / -.012 / -.013 / -.019
- Open angle suspect, High Risk (3+ risk factors)
  - Risk factors – family history, race, elevated IOP, disc appearance and thin central corneal thickness
  - H40.021 / -.022 / -.023 / -.029
- Primary angle closure suspect (anatomical suspect, narrow angle)
  - H40.031 / -.032 / -.033 / -.039
- Ocular Hypertension
  - H40.051 / -.052 / -.053 / -.059

ICD-10 Planning
- It is not about IT!
- Clinical & business relationships need to be converted
- Vendor relationships need to be managed
- Staff education is critical
- Prepare for spotty payer readiness and decrease in coding productivity with resultant increase in AR cycle
  - Canadian experience – drop of 40% “boogy man of ICD-10”
- Consider establishing credit lines at bank early
- Boost coding productivity by EHR, computer assisted coding tools, staff training, doctor training
### ICD-10 Planning
- Start staff meetings with doctor team
- Team delegation & Recruitment of champions
- Education/training
- Impact Assessment
- Vendor, payer, consultant communication
- Create distraction free work areas, inc ofc temperature
- Offer multiple computer screens or tablets
- Complete charts in timely manner
- Make remote coding possible
- Improve clinical documentation (CDI) and specificity

### General Equivalence Mapping Example
<table>
<thead>
<tr>
<th>Code</th>
<th>ICD9</th>
<th>ICD10 Flags</th>
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<tbody>
<tr>
<td>36610</td>
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<tr>
<td>36618</td>
<td>H2520</td>
<td>10000</td>
</tr>
</tbody>
</table>

### General Equivalence Mapping
- No direct cross walk exist from version 9 to 10
- Mapping will greatly assist translation from version 9
- Eye code translation is fairly easy
- EMR / PMS are creating bridges currently
  - ICD-9 to ICD-10
  - ICD-10 to ICD-9
- No decimal points in GEM files
- Single entry – in GEM file for which code in source system is linked to one code option in target system

### References for ICD Translation Help
- [www.icd10data.com](http://www.icd10data.com) for free online translator
- ICD 10 On The Go Medical Codes (VLR Software)
- CODX10.com
- STAT ICD 10 for apple
- App store for Apple or Android for ICD-10 translators
- ICD-10 Transition & Training Edition
  - Pmiconline.com 1.800.MEDSHOP

### GEM Flags – 3 Important Columns
- Approximate Flag – attribute in a GEM file that when “turned on” ("0" changes to “1”) indicates entry is not equivalent
- No Map Flag – attribute in a GEM file that when “turned on” indicates that a code in source system is not linked to a code in target system
- Combination Flag – attribute in a GEM file that when “turned on” indicates that more than one code in target system is required
- Forward Mapping – from old code set to new code set

### Z Codes
- Z codes are analogous to the ICD-9CM “V” codes
- Most rules of V codes transfer over to the use of Z codes
- Used to describe routine examinations of many varieties
- Each with different codes
- Ex Z00 Encounter for general examination without complaint, suspected or reported diagnosis
- Ex Z01 Encounter for other special examination without complaint, suspected or reported diagnosis
Steroid Responder Visit Scenario – Old Way

- 57 YOM with BRVO, s/p focal laser, IV Dex, elevated IOP, OS
- CPT 99214
- ICD: 365.04

Steroid Responder Visit Scenario – New Way

- 57 YOM with BRVO, s/p focal laser, IV Dex, elevated IOP, OS
- CPT 99204
- ICD: T38.0x5
  - T38.0x1 = accident
  - T38.0x2 = self harm
  - T38.0x3 = assault
  - T38.0x4 = undetermined
  - T38.0x5 = adverse effect
  - T38.0x6 = under-dosing
- ICD: H40.62 Glaucoma secondary to drugs, left eye
  - Note states “code first” T36-T50 to identify drug

Ocular Trauma Visit Scenario – New Way

- 52 YOM with hyphema from golf ball, OS
- CPT 99205
- ICD:
  - S05.12x A Contusion of eyeball & orbital tissue, left eye, initial en
  - V86.59x A Driver of golf cart injured in non-traffic accident
  - W21.04x A Stuck by golfball
  - Y92.39 Golf course as place of occurrence
  - Y93.53 Activity, golf
- Hints
  - Chapter 19 = injury, poisonings etc (S00-T88)
  - Chapter 20 = external causes of morbidity (V01-Y99)

Case Studies for ICD-10-CM Clinical Correlation
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CASE 1: Cataract

- CPT / ICD
  - 92015 / Myopia, bilateral (H52.13), astigmatism, regular (H52.223), Presbyopia (H52.4)
  - 99203 / Cataract, nuclear, bilateral (H25.13)
- Rx: Spectacles
- RTO: 1YR
- CPT / ICD
  - 92015 / Myopia (H52.13)
  - 99214 / Cataract (H25.13)
### CASE 2: Blepharoconjunctivitis
- **CPT / ICD**
  - 99213 or 92012 / Blepharoconjunctivitis, unspecified (H10.501)
- **Rx**: Bacitracin Oint hs / Tobradex qid / Lid Hygiene / AFTs
- **RTO**: 1 WK
- **CPT / ICD**
  - 99212 / Blepharoconjunctivitis (H10.51)

### Case 5: Conjunctival Foreign Body
- **CPT / ICD**
  - 65210 / Conj FB (T15.12xA)
  - Rx: Acular QID / AFTs / Besivance TID
- **RTO**: 1 Day / PRN

### CASE 3: Allergic Conjunctivitis
- **CPT / ICD**
  - 99213 or 92012 / Acute atopic conjunctivitis, left (H10.12)
- **Rx**: Pataday QD / Cold Packs / AFTs
- **RTO**: 1 WK
- **CPT / ICD**
  - 99212 or 92012 / Acute atopic conjunctivitis, left (H10.12)

### CASE 6: Corneal Foreign Body
- **CPT / ICD**
  - 65222 / Corneal Foreign Body, right eye, initial (T15.01xA)
- **Rx**: Acular LS QID / Zymar QID / Patch +/- Ibuprofen 400mg
- **RTO**: 1 Day

### CASE 4: Rosacea (Skin & Eye)
- **CPT / ICD**
  - 99213 or 92012 Unspecified blepharitis, right upper eyelid (H10.001) / Rosacea, unspecified (L71.9)
  - 92285 / Marginal corneal ulcer, right (H16.041)
- **Rx**: Zylet QID / Lid Hygiene (foams) / Doxycycline 50mg BID / MetroCream 0.75% BID  RTO: 2 D
- **CPT / ICD**
  - 99212 or 92213 / Unspec bleph, right upper eyelid (H16.041)

### CASE 7: Misdirected Lashes
- **CPT / ICD**
  - 67820 / Trichiasis w/o entropion, left lower eyelid (H02.055)
- **Rx**: Bromday qd / AFTs
- **RTO**: 1 Day / PRN
CASE 8: Corneal Erosion
- CPT / ICD
  - 99213 / Recurrent Corneal Erosion, right eye (H18.831)
  - 92071 / Recurrent Corneal Erosion (H18.831)
- Rx: Vigamox TID / Nevanac TID / Bandage SCL / Doxycycline 50mg qd optional / FreshKote TID
- RTO: 1 Day
- CPT / ICD
  - 99212 or 92012 / Recurrent Corneal Erosion (H18.831)

CASE 9: Bacterial Keratitis
- CPT / ICD
  - 99213 or 92012 / corneal ulcer, central, left (H16.012)
  - 92285 / (H16.012)
- Rx: IQUIX q2h
- RTO: 1 Day
- E/M: 99212 or 99213 or.....? Can add anterior OCT

CASE 10: Central Serous Retinopathy
- CPT / ICD
  - 99213 / Central serous retinopathy, left (H31.422)
  - 92225-LT / Central serous retinopathy (H31.422)
  - 92250 / Central serous retinopathy (H31.422) (Option to do OCT and use -59 on photo*)
- Rx: Observation or Bromday qd RTO: 1 Mos
- CPT / ICD
  - 99213 / Central serous retinopathy (H31.422)
  - 92226-LT / Central serous retinopathy (H31.422)
  - 92134 / Central serous retinopathy (H31.422)

CASE 11: Epiretinal Membrane
- CPT / ICD
  - 99214 / Macular puckering, left (H35.372)
  - 92225-LT / Macular puckering, left (H35.372)
  - 92250 / Macular puckering, left (H35.372)
  - Total $160.00 (Option to do OCT and use -59 on photo*)
- Rx: Observation RTO: 1 Mos
- CPT / ICD
  - 99213 / Macular puckering, left (H35.372)
  - 92226-LT / Macular puckering (H35.372)
  - 92134 / Macular puckering (H35.372)

CASE 12: Macular Degeneration/Dry
- CPT / ICD
  - 99203 / Age Related Macular Degeneration, non exudative (H35.31)
  - 92225-RT, 92225-LT / (H35.31)
  - 92250 / (362.51)
- Rx: Amsler Grid (or PHP) / MPOD (cash) / Vitamins (Cash) / Genetic testing to set risk (Information and frequency issues)
- RTO: 6 Mos or sooner
- CPT / ICD
  - 99213 / 92134 / (H35.31)
  - plus MPOD and Vitamins

CASE 13: Macular Degeneration/Wet
- CPT / ICD
  - 99203 / Age Related Macular Degeneration, exudative (H35.32), Problems related to lifestyle /Tobacco use NOS (Z72.0)
  - 92225-RT, 92225-LT / (H35.32)
  - 92250 / (H35.32)
  - Total $210.00 (Option for OCT use -59 on photo*)
- Rx: Amsler Grid (or PHP or PHP Home) / MPOD (cash) / Vitamins / Consult Retina for IVFA and treatment
- RTO: 6 Mos
- CPT / ICD
  - 99213 / 92134 / 92082 (PHP) / (H35.32)
  - plus MPOD testing and Vitamin sales
CASE 14: High Risk Medications

- CPT / ICD
  - 99213 / Systemic lupus erythematosus (M32.9), Other long term current drug Treatment (Z79.899)
  - 92226-RT, 92226-LT / (M32.9, Z79.899)
  - 92083 / (M32.9, Z79.899)
  - 92134 / (M32.9, Z79.899)
- Rx: Observation
- RTO: 6 Mos
- CPT / ICD
  - Same as above = $215.00 (some carriers allow SD-OCT once per year)

CASE 15: Dermatitis

- CPT / ICD
  - 99213 or 92012 / Allergic Dermatitis of upper eyelids, Right & left (H01.111, H01.114)
  - 92285 / (H01.111)
- Hydrocortisone 1.0% QID / Cold Packs
- RTO: 1 WK
- CPT / ICD
  - 99212 / (H01.111)

CASE 16: Glaucoma Suspect

- CPT / ICD
  - 99214 / Glaucoma Suspect Low Risk, both eyes (H40.013) or 92014
  - 92020 / (H40.013)
  - 76514 / (H40.013)
  - 92250 / (H40.013)
  - 92083 / (H40.013)
- CPT / ICD
  - 99213 or 92012 / (H40.013)
  - 92133 / (H40.013)
- Dx: Complete testing battery in two visits
- Rx: Initiate or continue treatment or consultation-MD

CASE 17: Neovascular glaucoma

- CPT / ICD
  - 92012 / Glaucoma secondary to other eye disorders, left (H40.52 / Severe stage H40.523)
  - 92132 / goniosynechia (H40.523)
- Rx: Combigan BID OS, PredForte BID OS
- RTO: 1 WK
- E/M: 99213 or….plus gonioscopy?

CASE 18: Punctal Occlusion of Dry Eye

- Dx: Documentation: Narrative & Shirmer Strips
- CPT / ICD Temporary Collagen Plugs
  - 99214-25 / Dry Eye Syndrome of bilateral lacrimal glands (H04.123)
  - 68761-E2 / (H04.123)
  - 68761-E4 / (H04.123) (Paid at 50% allowable)
- E/M: Permanent Silicone Plugs
  - 99212-25, 68761-E2, 68761-E4 / (H04.123)
- RTO: >10 Days After Permanent Punctal Occlusion

CASE 19: Cataract Co-Management

- CPT / ICD
  - 66984-55, RT or LT / Age related cataract nuclear (H25.11 (right) or H25.12 (left))
  - Date of Service-is date of surgery
  - Range Dates-starts on date of transfer of care from MD to OD, ends 90 days from date of surgery
  - MD name and NPI
- Rx: Post-Operative Care
- RTO: Outcome dependent
- E/M: 92015 and Material/Hardware Codes (DME)
CASE 20: Sign & Symptom Coding
- CC: eye pain / OU / mild / intermittent / 2 mos
- CPT / ICD-10 Chapter 18
  - 99203 / H57.10 Ocular pain, unspecified eye, H53.10 Unspecified subjective visual disturbances
- If diagnosis not determined, can use sign / symptom code

CASE 21: Secondary Cataract
- CPT: 99214
- ICD: H26.492 Other secondary cataract, left eye
- ICD: Z98.42 Cataract extraction status, OS
- ICD: Z96.1 Presence of IOL
- Rx: YAG capsulotomy, OS referral to eyeMD
- Total $125

CASE 22: Diabetes w/o Retinopathy
- New diagnosis type 2 DM, stable BG
- CPT / ICD
  - 99214 / Type 2 DM w/o retinopathy (E11.9)
- Rx: Monitor, letter PCP
- RTO: 1 year
- Total $125

CASE 23: Diabetes with Retinopathy
- DM x 6 years, Type 2, with background retinopathy OU
- CPT / ICD
  - 99214 / Type 2 DM with mild NPDR, w/o macular edema (E11.329)
- Rx: Monitor, OCT order, letter PCP
- RTO: 4-6 mos

CASE 24: Diabetes with Retinopathy
- DM x 22 years, Type 2, with proliferative retinopathy OU, poor control of BG, use of insulin for 2 years
- CPT / ICD
  - 99214 / Type 2 DM with PDR, w/o macular edema (E11.359), Z79.4 Long term (current) use of insulin
- Rx: OCT order, Photo/IVFA order, letter PCP, retina consult
- RTO: stable

Monitor Training & Practice
- Develop a “Champion” team
- Download GEM file
- Download free Translators
- Buy ICD 10 manual
- Practice one case per day TOGETHER
- Acknowledge positive & negative variances
  - RETRAIN, RETRAIN..
Thank you
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