ICD-10-CM
OPHTHALMOLOGY CODING WORKSHOP
PART 2

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 Musculoskeletal System and Connective Tissue
- Chapter 13: Diseases of the Nervous system
- 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

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 non-dominant.
  - If the right side is affected the default is dominant.

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

Note: The following terms are equivalent to intractable: pharmacoresistant (pharmacologically resistant), treatment resistant, refractory (medically), and poorly controlled.
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
- Excludes: pain NOS and pain disorders exclusively related to psychological factors

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.

G43.80 – Ophthalmoplegic migraine, not intractable

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
ICD-10 Chapter 7 (H00-H59) deals specifically with Diseases of the Eye and Adnexa. Anatomy knowledge will become more and more important. The eye has several structures 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.

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.
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

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

SCENARIO 4

Recurrent pterygium, bilateral

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

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.

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)?
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

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

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.
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

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
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

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.

AMI

Patient admitted with AMI

Previous MI?

No

Yes

Older than 28 days?

No

Yes

I21 – Initial MI

I25.2 – Old MI

I22 – Subsequent MI

I21 – Initial MI

Note: Sequencing depends on circumstances of admission
SCENARIO 10

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

I69.398 – Sequela, stroke, disturbance of vision

R41.4 – Neglect, visuopatial

Chapter 12

DISEASES OF THE SKIN AND 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
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

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 advised 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?

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
Chapter 13

ICD-10-CM

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

OSTEOPOROSIS

Code M81 for patients with osteoporosis who do not have a current fracture
Use code 287.310 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]
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 diagnoses 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.
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 codes 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

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-Q99.

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)
SCENARIO 14

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

Q15.0 - Glaucoma, congenital

SYMPTOMS, SIGNS AND ABNORMAL CLINICAL AND LABORATORY FINDINGS

ICD-10-CM

Chapter 18

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
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 of symptoms that are routinely found with a disease process should not be assigned as additional codes.

SYMPTOMS, SIGNS, AND ABNORMAL LABORATORY FINDING, NEC (R00-R09)

1. more specific diagnosis can be made even after facts have been investigated
2. signs or symptoms existing at time of initial encounter - transient and causes not determined
3. provisional diagnosis in patient failing to return
4. referred elsewhere before diagnosis made
5. more precise diagnosis not available
6. certain symptoms, for which supplementary information is provided, that represent important problems in medical care in their own right
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, visuospatial

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
Chapter 19

ICD-10-CM

INJURY, POISONING, AND CERTAIN OTHER CONSEQUENCES OF EXTERNAL CAUSES

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

Injuries grouped by body part rather than category of injury

- Head: (S00-S09)
- Neck: (S10-S19)
- Thorax: (S20-S29)
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

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.

Initial Encounter

The patient is receiving active treatment for the condition.
- Surgical treatment
- Emergency department encounter
- Evaluation and treatment by a new physician
**T78.03A**
Anaphylactic shock due to fruits and vegetables, initial encounter

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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

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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.
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 Effect, Underdose

- Poisoning
- Overdose of substances
- Wrong substance given or taken
- 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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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)
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.

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
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

Chapter 20

ICD-10-CM

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?
ICD-9 VS. ICD-10-CM

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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

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 included in a code from another chapter. (Ex: poisonings and adverse effects)
INDEX TO EXTERNAL CAUSES

W01.190A
Fall on same level from slipping, tripping and stumbling with subsequent striking against furniture, initial encounter

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

Y93- ACTIVITY
Use with Y92 and Y99
Only on initial encounter
Only one Y93 if code on record
Do not use Y93.9 if activity Not applicable to poisonings, adverse effects, misadventures, or late effects

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
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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YEAH, THERE'S A CODE FOR THAT

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

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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

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YEAH, THERE'S A CODE FOR THAT

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

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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.

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
CHAPTER 21

Factors Influencing Health Status and Contact with Health Services (Z00-99)

**“Z”**

- Z Codes represent reasons for encounters

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

**EXAMPLES OF Z-CODES**

- 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
  - Use additional code to identify abnormal findings
- 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
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).
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.

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.

Z01.01 - Encounter for examination of eyes and vision with abnormal findings.

H40.001 - Glaucoma, suspected, right