Conquering ICD-10-CM

Financial Disclosure
- Cynthia Mattox, MD, FACS
  - Alcon – S
  - Allergan – S,C
  - Transcend – D
  - NIH - S

Financial Disclosure
- Ronald L. Fellman, MD
  - Endo Optiks - C
  - Glaukos Corporation - S
  - SOLX - S
  - Transcend - S
  - Zeiss-Meditec - S
Financial Disclosure

- Sue Vicchrilli, COT, OCS
- has no financial interests or relationships relative to this live activity to disclose.

ICD-10-CM

- No delay.

ICD-10-CM

- Everyone who is covered by the Health Insurance Portability and Accountability Act (HIPAA) must make the transition.
  - Not just those who submit Medicare or Medicaid claims.
**Third Party Liability**

Although they may choose to do so, the following are not required to transition to ICD-10:
- Workers’ Compensation
- Auto insurance
- Home owners’ insurance, and/or
- Business owner liability

**ICD-10 Testing**

- CMS announced a national testing week for current direct submitters (providers and clearinghouses) from **March 3 through 7, 2014**.
- Must register to participate.
  - [www.aao.org/icd10](http://www.aao.org/icd10)

**CMS 1500 Form**

- New CMS 1500 form
  - Mandated implementation April 1, 2014
  - Accommodates 12 rather than 4 diagnosis codes
**Audience Response**

- Every diagnosis reported must be identified by right, left or both eyes.
  1. True
  2. False. Not every code has right, left, both indicators. There is no rhyme or reason.

**Vision Exams**

- ICD-10 for myopia H52.1-
  - H52.11 Myopia right eye
  - H52.12 Myopia left eye
  - H52.13 Myopia bilateral

- ICD-10 for hyperopia H52.0-
  - H52.01 Hypermetropia right eye
  - H52.02 Hypermetropia left eye
  - H52.03 Hypermetropia bilateral
Vision Exams

- ICD-10 for presbyopia
  - H52.4 – Only one code!

Vision Exams

- ICD-10 options for astigmatism
  - H52.20 1,2,3 Unspecified
  - H52.21 1,2,3 Irregular
  - H52.22 1,2,3 Regular
  Tip: Listing 1,2,3 on the superbill, for those codes that have right, left, bilateral distinction, may be helpful.

ICD-10-CM

- Practices do not need electronic health records (EHR) to effectively report ICD-10.
- Coders are trained to use the book
  - Alphabetical Index
  - Tabular List
**ICD-10-CM**

- Ophthalmology is the only medical specialty to have their own specific ICD-10-CM book.
- Designed for ophthalmology by an ophthalmologist.

**ICD-10-CM**

- Don’t waste time learning the “tricks of the trade.”
  - Instead, learn the trade.

**ICD-10-CM**

- Unspecified diagnosis codes are:
  - Often denied, or
  - Require more data
  - As a result these codes have a strikethrough in *ICD-10 for Ophthalmology* book
ICD-10-CM

- Practice Management Tip
  - In your own system consider: striking out, graying out, or removing entirely unlisted diagnosis codes, unless ICD-10 doesn’t offer any other options.

Terminology

- 0 indicates zero as in 8, 9, 10
  - vs. L, M, N, O, P
- The 0 or O is very important to consider during data entry.
Terminology

- **X** as a placeholder or for future expansion of the code.
  - H21.1X Other vascular disorders of iris and ciliary body
  - H21.1X1 Other vascular disorders of iris and ciliary body, right eye
  - H21.1X2 – left eye
  - H21.1X3 – both eyes

Terminology

- In the alphabetical index
  - A (-) means to look for additional codes in the family.
  - Glaucoma H40.9
    - Absolute H44.51
    - Acute (attack) (crisis) H40.21
    - Anatomic narrow angles H40.03

Terminology

- “And” means and/or
  - H26.0 Infantile and juvenile cataract
Terminology

- **Excludes1 Note**
  - Indicates mutually exclusive codes such as two conditions that cannot be reported together.

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Terminology

- **H40 Glaucoma**
  - **Excludes1:**
    - Absolute glaucoma H44.51
    - Congenital glaucoma Q15.0
    - Traumatic glaucoma due to birth injury P15.3

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Terminology

- **H40.2**
  - Primary angle-closure glaucoma
  - **Excludes1:**
    - Aqueous misdirection H40.83-
Terminology

- **H42**
  - Glaucoma in diseases classified elsewhere
  - Excludes 1:

<table>
<thead>
<tr>
<th>Disease</th>
<th>E08.39</th>
<th>E09.39</th>
<th>E15.99</th>
</tr>
</thead>
<tbody>
<tr>
<td>Onchocerciasis</td>
<td>B75.02</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Syphilis</td>
<td>A52.71</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>A18.56</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Excludes 2 Note

- Indicates a patient may have both conditions at the same time.

Terminology

- **H25** Age-related cataract
  - *Senile cataract*
  - Excludes 2:
    - capsular glaucoma with pseudoexfoliation of lens (H40.1-)
**Terminology**

- Trauma or injury diagnosis codes, chapter 19, often require identification of the type of visit.
- Begin with S or T
  - A = initial encounter
  - D = subsequent encounter
  - S = sequela (Condition resulting from a disease, injury, or other trauma)

- A, D, and S are 7th digit codes and as such generally require the use of X as a placeholder in the 6th position.
- If diagnosing a subsequent visit for a patient with penetrating wound of orbit with or without foreign body, left eye – submit
  - S05.42XD
Terminology
- Glaucoma staging codes
  - Add the appropriate 7th final character when indicated, for:
    - 0 – stage unspecified
    - 1 – mild stage
    - 2 – moderate stage
    - 3 – severe stage
    - 4 – indeterminate stage

Example:
- When diagnosing capsular glaucoma with pseudoexfoliation of lens, mild stage
  - H40.1411 – right eye
  - H40.1421 – left eye
  - H40.1431 – both eyes
Terminology

- Example:
  - When diagnosing capsular glaucoma with pseudoexfoliation of lens, mild stage OD, Severe stage OS
  - H40.1411 – right eye - mild
  - H40.1423 – left eye - severe

Chapters in ICD-10-CM

- Of the 21 chapters in ICD-10-CM, 10 are used in ophthalmology for the majority of our diagnosis needs.
- The ICD-10 book for ophthalmology includes all diagnoses ophthalmologists need to report.
### Chapters

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Topic</th>
<th>ICD-10 Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Certain Infectious and Parasitic Diseases</td>
<td>A00-B99</td>
</tr>
<tr>
<td>2</td>
<td>Neoplasms</td>
<td>C00-D49</td>
</tr>
<tr>
<td>4</td>
<td>Endocrine, Nutritional, and Metabolic Diseases</td>
<td>E00-E89</td>
</tr>
<tr>
<td>6</td>
<td>Diseases of the Nervous System</td>
<td>G00-G99</td>
</tr>
<tr>
<td>7</td>
<td>Diseases of the Eye and Adnexa*</td>
<td>H00-H59</td>
</tr>
<tr>
<td>16</td>
<td>Certain Conditions Originating in the Perinatal Period</td>
<td>P00-P96</td>
</tr>
<tr>
<td>17</td>
<td>Congenital Malformations, Deformations, and Chromosomal Abnormalities</td>
<td>Q00-Q99</td>
</tr>
</tbody>
</table>

### Chapters

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Topic</th>
<th>ICD-10 Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>Symptoms, Signs, and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified</td>
<td>R00-R99</td>
</tr>
<tr>
<td>19</td>
<td>Injury, Poisoning, and Certain other Consequences of External Causes</td>
<td>S00-T88</td>
</tr>
<tr>
<td>20</td>
<td>External Causes of Morbidity (Current E codes)</td>
<td>V00-Y99</td>
</tr>
<tr>
<td>21</td>
<td>Factors Influencing Health Status and Contact with Health Services (Current V codes)</td>
<td>Z00-Z99</td>
</tr>
</tbody>
</table>

### Chapter 7

**Diseases of the Eye and Adnexa**

<table>
<thead>
<tr>
<th>ICD-10 Codes</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>H00-H05</td>
<td>Disorders of eyelid, lacrimal system and orbit</td>
</tr>
<tr>
<td>H10-H11</td>
<td>Disorders of conjunctiva</td>
</tr>
<tr>
<td>H15-H22</td>
<td>Disorders of sclera, cornea, iris and ciliary body</td>
</tr>
<tr>
<td>H25-H28</td>
<td>Disorders of lens</td>
</tr>
<tr>
<td>H30-H36</td>
<td>Disorders of choroid and retina</td>
</tr>
<tr>
<td>H40-H42</td>
<td>Glaucoma</td>
</tr>
<tr>
<td>H43-H44</td>
<td>Disorders of vitreous body and globe</td>
</tr>
<tr>
<td>H46-H47</td>
<td>Disorders of optic nerve and visual pathways</td>
</tr>
<tr>
<td>H49-H52</td>
<td>Disorders of ocular muscles, binocular movement, accommodation and refraction</td>
</tr>
</tbody>
</table>
### Chapter 7
Diseases of the Eye and Adnexa

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>HS3-HS4</td>
<td>Visual disturbances and blindness</td>
</tr>
<tr>
<td>HS5-HS7</td>
<td>Other disorders of eye and adnexa</td>
</tr>
<tr>
<td>HS9</td>
<td>Intraoperative and postprocedural complications and disorders of eye and adnexa, not elsewhere classified</td>
</tr>
</tbody>
</table>

---

### Chapters

<table>
<thead>
<tr>
<th>Category headers</th>
<th>Begins with alpha character followed by two numbers.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subcategories</td>
<td>4 or 5 digits, usually numbers. 6 or 7 digits, could be numbers/alpha characters.</td>
</tr>
<tr>
<td>Useable codes</td>
<td>4, 5, 6, 7 characters</td>
</tr>
<tr>
<td>Rare occasion</td>
<td>If there is no other option, three digit codes will be usable.</td>
</tr>
</tbody>
</table>

---

### Chapters

<table>
<thead>
<tr>
<th>Category headers</th>
<th>H40</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subcategories</td>
<td>H40.01 Open angle with borderline findings low risk</td>
</tr>
</tbody>
</table>
| Useable codes    | H40.011 Right eye  
|                  | H40.012 Left eye  
|                  | H40.013 Both eyes |
| Of note          | Staging indicator not applicable |
Dissecting the Codes

The following examples teach the nuances of ICD-10.
Not all apply to glaucoma coding, but best to know them anyway.

When with/without are options for the final character of a set of codes.
- A 1 as the sixth position character represents with.
  - E11.351 ...with macular edema
- A 9 represents without.
  - E11.359 ...without macular edema
Dissecting Codes

<table>
<thead>
<tr>
<th>0 in the last position</th>
<th>Unspecified eye</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 in the last position</td>
<td>Right eye</td>
</tr>
<tr>
<td>2 in the last position</td>
<td>Left eye</td>
</tr>
<tr>
<td>3 in the last position</td>
<td>Bilateral</td>
</tr>
<tr>
<td>9 in the last position</td>
<td>Unspecified eye</td>
</tr>
</tbody>
</table>

But not always!

Dissecting Codes

<table>
<thead>
<tr>
<th>Diagnosis affecting eyelids</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 in the last position</td>
</tr>
<tr>
<td>2 in the last position</td>
</tr>
<tr>
<td>3 in the last position</td>
</tr>
<tr>
<td>4 in the last position</td>
</tr>
<tr>
<td>5 in the last position</td>
</tr>
<tr>
<td>6 in the last position</td>
</tr>
<tr>
<td>9 in the last position</td>
</tr>
</tbody>
</table>

Dissecting Codes

- HCPCS lid modifiers will still be required for CPT codes.
  - E1 – Left upper
  - E2 – Left lower
  - E3 – Right upper
  - E4 – Right lower
Challenge #1

- According to MUEs CPT code 68761 Closure of lacrimal punctum; by plug, each
  - Two lower puncti
- Correct claim submission on a Medicare Part B patient:
  1. 68761-RT and 68761-LT
  2. 68761 is payable once per session
  3. 68761-E2 and 68761-E4
  4. 68761-50 and 1 in the unit field

Challenge #1

- What is the diagnosis?
  - Dry eye
    - Main term?

Challenge #1

- Dry – see also condition eye H04.12-
  Dry eye syndrome tear film insufficiency
  - H04.121 Dry eye syndrome of right lacrimal gland
  - H04.122 Dry eye syndrome of left lacrimal gland
  - H04.123 Bilateral lacrimal glands
Challenge #1
Option 1: H04.121 and H04.122
Option 2: H04.123
- Both are correct!

Challenge #2
- Trichiasis H02.05-
  - with entropion H02.00-
  - Cicatrical H02.01-
  - Congenital Q10.2 (no dash)
  - Mechanical H02.02-
  - Senile H02.03-
  - Spastic H02.04-

Challenge #2
- Trichiasis: Senile on all 4 lids H02.03-

<table>
<thead>
<tr>
<th>E1</th>
<th>H02.034</th>
</tr>
</thead>
<tbody>
<tr>
<td>E2</td>
<td>H02.035</td>
</tr>
<tr>
<td>E3</td>
<td>H02.031</td>
</tr>
<tr>
<td>E4</td>
<td>H02.032</td>
</tr>
</tbody>
</table>
Challenge #2

- Multiple chalazia are excised on a Medicare Part B patient.
  - RUL, LUL, LLL
- Correct claim submission should be:
  1. 67800 Single chalazion with 3 in unit field
  2. 67801 Multiple, same lid -E3, 67801-E1, 67801-E2
  3. 67805 Multiple, different lids

Challenge #3

- In ICD-10, chalazia on RUL, LUL, LLL are submitted with:
  1. One code H00.1
  2. One code per eye H00.1-
  3. One code per lid H00.11, H00.14, H00.15
Six Guidelines for Usage

Guidelines for Usage

1. Look up the **main term** in the **Alphabetic Index**.
   - May be frustrating determining the main term.
   - Review the sub-term entries
   - Follow any cross-references

Guidelines for Usage

- What is main term in the Alphabetic Index?
  - Macula on retinal detachment
    - Detachment
      - without break H33.2-
      - with break H33.00-
      - giant H33.03-
      - multiple H33.02-
      - single H33.01-
Guidelines for Usage

- What is main term in the Alphabetic Index?
  - Horseshoe tear of the retina w/out detachment
    - **Break**
      - Horseshoe tear H33.31-
        » H33.311 right
        » H33.312 left
        » H33.313 both

Guidelines for Usage

- What is main term in the Alphabetic Index?
  - Central retinal vein occlusion
    - **Occlusion**
      - Retinal
        » Vein (Central) H34.81-
          • H34.811 Right
          • H34.812 Left
          • H34.813 Both

Guidelines for Usage

- Do not code from the *Alphabetical Index* without verifying the accuracy of the code in the *Tabular List*.
- Locate the code in the alpha numerically arranged *Tabular List*.
Guidelines for Usage


ICD-10 Speak Only?

E08  Diabetes mellitus due to underlying condition

*Code first the underlying condition, such as:*
- Congenital rubella P35.0
- Cushing’s syndrome E24.-
- Cystic fibrosis E84.-
- Malignant neoplasm C00–C96
- Malnutrition E40–E46
- Pancreatitis and other diseases of the pancreas K85–K86.-

*Use additional code to identify any insulin use (Z79.4)*

ICD-10 Speak Only?

H42  Glaucoma in diseases classified elsewhere

*Code first the underlying condition, such as:*
- Amyloidosis E85.-
- Aniridia Q13.1
- Lowe’s syndrome E72.03
- Reiger’s anomaly Q13.81
- Specified metabolic disorder E70-E88
Guidelines for Usage

3. To determine the appropriateness of the code selection, read all instructional material:

Guidelines for Usage

<table>
<thead>
<tr>
<th>Includes and excludes notes</th>
<th>With/without notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>See, see also, and see category cross-references</td>
<td>Use additional code and code first underlying disease instructions</td>
</tr>
<tr>
<td>Code also and omit code notes</td>
<td>Fourth, fifth, and sixth-digit requirements and seventh-digit extension requirements</td>
</tr>
</tbody>
</table>

Guidelines for Usage

4. Add the appropriate final seventh character, when indicated, for:
   - A – initial encounter
   - D – subsequent encounter
   - S – sequela (Condition resulting from a disease, injury, or other trauma)
Guidelines for Usage

5. Add the appropriate final seventh character, when indicated, for glaucoma staging:
   • 0 – stage unspecified
   • 1 – mild stage
   • 2 – moderate stage
   • 3 – severe stage
   • 4 – indeterminate stage

Guidelines for Usage

5. Concerning the staging codes, should both types of glaucoma be submitted, or is it okay to report the worse eye only?

Guidelines for Usage

6. Assign the correct diagnosis code.
Glaucoma

Under the chapter header of Glaucoma Suspect H40.0-:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>H40.00</td>
<td>Preglaucoma, unspecified</td>
</tr>
<tr>
<td>H40.001</td>
<td>Right eye</td>
</tr>
<tr>
<td>H40.002</td>
<td>Left eye</td>
</tr>
<tr>
<td>H40.003</td>
<td>Both eyes</td>
</tr>
</tbody>
</table>

- Open angle with borderline findings, low risk
- Open angle with borderline findings, high risk
- Anatomical narrow angle
Glaucoma

- Under the chapter header of Glaucoma Suspect H40.0:
  - H40.04, 1,2,3: Steroid responder
  - H40.05, 1,2,3: Ocular hypertension
  - H40.06, 1,2,3: Primary angle closure without glaucoma damage

- All other glaucoma diagnosis codes in this section H40.1-H40.6
  - Include right, left, both eye(s) indicators
  - Require the staging codes in the seventh position.

- Except . . .

- H40.21-H40.23-, H40.24-
  - Do not require staging
  - and . . .
**Glaucoma**

- If an eye indicator is not required as
  - OAG H40.10-
  - POAG H40.11-
  - Unspecified CACG H40.20-
- Then physicians should code the stage for the most severely affected eye.

**Glaucoma**

- Staging codes, in this case
  - Moderate stage -2 and 7th digit
    - H40.51X2 – right eye
    - H40.52X2 – left eye
    - H40.53X2 – both eyes

**Other Glaucoma**

<table>
<thead>
<tr>
<th>H40.8</th>
<th>Other glaucoma</th>
</tr>
</thead>
<tbody>
<tr>
<td>H40.81</td>
<td>Glaucoma with increased episcleral venous pressure</td>
</tr>
<tr>
<td>H40.811</td>
<td>Right</td>
</tr>
<tr>
<td>H40.812</td>
<td>Left</td>
</tr>
<tr>
<td>H40.813</td>
<td>Both</td>
</tr>
<tr>
<td>Of note</td>
<td>Staging codes do not apply</td>
</tr>
</tbody>
</table>
Other Glaucoma

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>H40.8</td>
<td>Other glaucoma</td>
</tr>
<tr>
<td>H40.82</td>
<td>Hypersecretion glaucoma</td>
</tr>
<tr>
<td>H40.821</td>
<td>Right glaucoma</td>
</tr>
<tr>
<td>H40.822</td>
<td>Left glaucoma</td>
</tr>
<tr>
<td>H40.823</td>
<td>Both glaucoma</td>
</tr>
<tr>
<td>Of note</td>
<td>Staging codes do not apply</td>
</tr>
</tbody>
</table>

Plateau Iris Syndrome

- Plateau iris syndrome (post-iridectomy) (postprocedural) H21.82
  - Found under Iris and other disorders of ciliary body
  - Of note:
    - Only one code
    - Staging not required
Vascular Disorder

- Coding for moderate stage glaucoma with vascular disorder like CRVO, PDR should be coded as:
  - H40.5: Glaucoma secondary to other eye disorders.

Vascular Disorder

- Includes eye(s) indicators and staging codes.
  - H40.51X2 right eye
  - H40.52X2 left eye
  - H40.53X2 both eyes and

Vascular Disorder

- Code also underlying eye disorder.
Test Your Knowledge

1. Which of the following statements is true for diagnosis reporting?
   a. Submitting a Category header 3-digit code is sufficient
   b. Submitting unlisted codes are sufficient
   c. Useable codes are 4, 5, 6, or 7 characters
Test Your Knowledge

A “1” in the last position could mean which of the following?

a. The right eye, the right upper eyelid, with, or mild stage glaucoma
b. The left eye, the left upper eyelid, without or moderate stage glaucoma

Test Your Knowledge

Trabeculectomy with MMC performed on the patient’s right eye

- Wound leak occurs during the global period. Neither a bandage lens or resuture at the slit lamp correct the problem.
- Revision of bleb is performed in the ASC.
Test Your Knowledge

Select the correct ICD-10 code for chronic angle-closure glaucoma of the right eye:

a. H40.221  
b. H40.222  
c. H40.229

Test Your Knowledge

Select the correct ICD-10 code for chronic angle-closure glaucoma of the right eye:

a. H40.221  
b. H40.222  
c. H40.229

Test Your Knowledge

You submitted H40.221 however the claim is denied. Possible reasons:

a. A, D, or S should be added as the 7th digit. The payer may want to have additional information.

b. 1, 2, or 3 should be added as the 7th digit. The payer may require the staging codes.
Test Your Knowledge

- You submitted H40.221 however the claim is denied. Possible reasons:
  a. A,D, or S should be added as the 7th digit. The payer may want to have additional information.
  b. 1,2, or 3 should be added as the 7th digit. The payer may require the staging codes.

Persons with Diabetes

- What chapter?
  - Chapter 4: Endocrine, Nutritional and Metabolic Diseases
  - No more NIDDM in chart note.
  - No more controlled or uncontrolled
    - These terms will be obsolete.
Test Your Knowledge

- 27-year-old female Type 1 presents for annual diabetic eye exam.
  - Findings: diabetes controlled. Return prn or 1 year.
  - Letter to PCP

Test Your Knowledge

- Select the correct ICD-10 code
  a. E10.359
  b. **E10.9**
  c. E11.9
  d. E11.351
Test Your Knowledge

A genetically predisposed, recently diagnosed Type 2 50-year-old patient is referred by comprehensive ophthalmologist to retina specialist.

- Findings: Non-proliferative mild retinopathy with macular edema OD. Proliferative retinopathy, w/o macular edema OS.

Test Your Knowledge

Select the correct ICD-10 code

a. E10.351, E10.331
b. E11.351, E11.329
c. **E11.321, E11.359**
d. E11.322, E11.352

Test Your Knowledge

8-year old boy with blood in the eye from a BB-gun injury develops glaucoma in the left eye much later as an adult.
Test Your Knowledge

- Correct coding should be:
  a. H40.32XS
  b. H40.32 and injury code with XS

Plaquenil Evaluation

- Patients who are on long-term medication are often referred to an ophthalmologist for evaluation.
- When there are no findings, code the underlying medical condition.
  - Lupus: L93.0
  - Rheumatoid arthritis: M06.09

Plaquenil Evaluation

- Note: Not all payers recognize systemic diseases as payable diagnosis for Eye codes.
- Best to submit the appropriate level of E/M service in these situations.
### Plaquenil Evaluation

- **If there are findings:**

<table>
<thead>
<tr>
<th>Chapter header for Other retinal disorders</th>
<th>H35</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toxic maculopathy</td>
<td>H35.38</td>
</tr>
<tr>
<td></td>
<td>H35.381 – right eye</td>
</tr>
<tr>
<td></td>
<td>H35.382 – left eye</td>
</tr>
<tr>
<td></td>
<td>H35.383 – both eyes</td>
</tr>
<tr>
<td>Other long term (current) drug therapy</td>
<td>Z79.899</td>
</tr>
</tbody>
</table>

---

### Getting Started

- **How to Get Started**
  - Physicians and all key staff must be taught:
    - ICD-10-CM terminology
    - Code dissection
    - Six Guidelines for Usage
How to Get Started

- Make a list of all that must be done.
- Allow staff to take ownership of their areas of expertise.
- Set timelines for completion.

Ophthalmologists

- With the expanded list of options from which to choose, ophthalmologists must provide greater detail in documentation based on their medical expertise.

Ophthalmologists

- Or . . .
  - Paper charts will be returned to you
  - Electronic charts can’t be closed
    - Results in delay in claim submission
Ophthalmologists

- The next several slides indicate the level of detail physicians must document to assure a smooth transition to ICD-10.

Amblyopia H53.00-

- What staff really needs to know is the specific type of amblyopia:

<table>
<thead>
<tr>
<th>Anisometropic</th>
<th>Deprivation</th>
<th>Hysterical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nocturnal</td>
<td>Nutritional</td>
<td>Refractive</td>
</tr>
<tr>
<td>Strabismic</td>
<td>Tobacco</td>
<td>Toxic</td>
</tr>
</tbody>
</table>

Blepharoptosis H02.40-

- What staff really needs to know:

<table>
<thead>
<tr>
<th>Congenital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mechanical</td>
</tr>
<tr>
<td>Myogenic</td>
</tr>
<tr>
<td>Neurogenic</td>
</tr>
<tr>
<td>Paralytic</td>
</tr>
</tbody>
</table>
Cataract H26.-

- Over 70 options

Administrators

- Start early conversations with your practice management system vendor regarding:
  - Appropriate version to accommodate ICD-10
  - Steps to conversion
  - Functionality to accommodate both ICD-9 and ICD-10 simultaneous billing
  - Develop process to crosswalk ICD-9 to ICD-10 in libraries/file data bases
Administrators

- Estimate a budget - costs
  - Software, hardware
  - Staff training
- Will the transition initially impact a change in patient volume?

Administrators

- Prepare for the possibility of more denials
- Staff morale
  - Negativity breeds negativity

Technicians

- Greater learning curve for those who routinely code one ICD-9 code for each condition.
- Restructure patient history forms as necessary.
  - Persons with diabetes
Technicians

- Remember for each exam, test, surgery, indicate:
  - What condition do both eyes have?
  - What is unique to the right eye?
  - What is unique to the left eye?

Coders/Billers

- Start now by:
  - Running a diagnosis productivity report.
  - Look up the most frequently used diagnosis codes and convert them to ICD-10.

Three to six months prior to ICD-10 implementation:
- Code every chart with ICD-10.
  - Of course only actually submit ICD-9 code.
How to Get Started

- Ophthalmic team:
  - Discuss problems during staff meetings.
  - Doctors provide in-service training as necessary.

Additional Conquering ICD-10 Resources

- Conquering ICD-10-CM Workbook [www.aao.org/store](http://www.aao.org/store)

Additional Conquering ICD-10 Resources

- Series of EyeNet articles
  - Savvy Coder with specialty societies
Additional Conquering ICD-10 Resources

- Website: www.aao.org/icd10
- Questions? Email to icd10@aao.org

Acknowledgements

- Jennifer Arbuckle, CPC, OCS
- Elizabeth Cottle, CPC, OCS
- David B. Glasser, MD
- Gordon E. Johns, MD
- Rajiv R. Rathod, MD, MBA
- Michael X. Repka, MD, MBA
- Sue Vicchrilli, COT, OCS
- E. Joy Woodke, COE, OCS

Questions
The final rule, published in the Federal Register, was released on November 27th.

This delay from the November 8th due date is due to the government shutdown.

New CPT Code

- CPT code 66183 Insertion of anterior segment aqueous drainage device, without extraocular reservoir; external approach.
- Category III code 0192T deleted.
CPT Codes

- While Medicare Part B will cover the procedure ($1,084)
- Commercial coverage will continue to vary.

Correct Coding Initiative

- **66183**: 0191T, 0253T, 12001, 12002, 12004, 12005, 12006, 12007, 12011, 12013, 12014, 12015, 12016, 12017, 12018, 12020, 12021, 12031, 12032, 12034, 12035, 12036, 12037, 12041, 12042, 12044, 12045, 12046, 12047, 12051, 12052, 12053, 12054, 12055, 12056, 12057, 13100, 13101, 13102, 13120, 13121, 13122, 13131, 13132, 13133, 13151, 13152, 13153, 36000, 36005, 36010, 36045, 36046, 36047, 36048, 36049, 36050, 37202, 43752, 51701, 51702, 51703, 65800, 65810, 65815, 66020, 66030, 67500, 67515, 92012, 92014, 92018, 92019, 93000, 93005, 93010, 93040, 93041, 93042, 93043, 94002, 94200, 94205, 94800, 94810, 94820, 94830, 94840, 94850, 94860, 94870, 95812, 95813, 95816, 95819, 95820, 95822, 95829, 95830, 95836, 95840, 95845, 95846, 95847, 95848, 95849, 95850, 95851, 95852, 95853, 95854, 95855, 95856, 95857, 95858, 95859, 95860, 95861, 95862, 95890, 94870, 95870, 95871, 95872, 95873, 95874, 95875, 95876, 95877, 95878, 99148, 99149, 99150, 99446, 99447, 99448, 99449

Mutually exclusive **66183**: 0213T, 0216T, 0228T, 0230T, 62310, 62311, 62318, 62319, 64400, 64402, 64405, 64408, 64410, 64412, 64413, 64415, 64416, 64417, 64418, 64420, 64421, 64425, 64430, 64435, 64445, 64446, 64447, 64448, 64449, 64450, 64479, 64483, 64490, 64493, 64505, 64508, 64510, 64517, 64520, 64530, 69990, 99148, 99149, 99150, 99446, 99447, 99448, 99449
Category III Codes

- Category III codes are designed to report and track new services, infrequent services, or services employing emerging technology.

- Unless or until a payer develops a coverage/payment policy, patients are responsible for the fee.
- Always best to have a Medicare Part B patient sign an ABN and submit the claim appended with modifier –GA indicating that you have an ABN on file in the office.

- 0329T Monitoring of intraocular pressure for 24 hours or longer, unilateral or bilateral, with interpretation and report
  - Device
  - Not serial tonometry
### Category III Codes

- **0330T** Tear film imaging, unilateral or bilateral, with interpretation and report

- **0333T** Visual evoked potential; screening of visual acuity, automated
  
  This code change was developed to differentiate this form of vision screening VEP from the standard VEP. The latter is still reported for many visual pathway problems.

- **+0190T** Placement of radiation source
  
  Use in conjunction with 67036 Vitrectomy
Category III Codes

- 0191T iStent
  - Category III extension.
  - Was to sunset January 2014
  - Sunsets January 2019

Deleted Category III Codes

- Category III code 0124T
  Conjunctival incision with posterior extrascleral placement of pharmacological agent (does not include supply of medication) has been deleted.
  - Must use unlisted code

Fee Schedule

- Physicians faced a 24.4% Medicare pay cut effective January 1 unless Congress acted which it did - temporarily.
- New fee schedule April 1st
Part of the cost of the fix comes from a 2-year extension of the 2% sequestration cut.

The sequestration cut is now extended through 2023.

Fee Schedule

<table>
<thead>
<tr>
<th>CPT code</th>
<th>2013 Average Allowable</th>
<th>2014 Average Allowable</th>
</tr>
</thead>
<tbody>
<tr>
<td>92002</td>
<td>$75</td>
<td>$75</td>
</tr>
<tr>
<td>92003</td>
<td>$108</td>
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<tr>
<td>92004</td>
<td>$165</td>
<td>$166</td>
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<td>92005</td>
<td>$204</td>
<td>$207</td>
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<td>92012</td>
<td>$44</td>
<td>$44</td>
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<td>$73</td>
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<td>92014</td>
<td>$107</td>
<td>$108</td>
</tr>
<tr>
<td>92015</td>
<td>$143</td>
<td>$144</td>
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</table>

Fee Schedule

<table>
<thead>
<tr>
<th>CPT code</th>
<th>2013 Average Allowable</th>
<th>2014 Average Allowable</th>
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<tbody>
<tr>
<td>92002</td>
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<td>$87</td>
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<tr>
<td>92014</td>
<td>$126</td>
<td>$126</td>
</tr>
<tr>
<td>92083 - Visual field</td>
<td>$67</td>
<td>$65</td>
</tr>
<tr>
<td>92133 - Glaucoma</td>
<td>$45</td>
<td>$45</td>
</tr>
<tr>
<td>92134 - Retina</td>
<td>$46</td>
<td>$46</td>
</tr>
<tr>
<td>92250 - Fundus photography</td>
<td>$72</td>
<td>$79</td>
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<tr>
<td>92235 FA</td>
<td>$113</td>
<td>$111</td>
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## Fee Schedule

<table>
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<tbody>
<tr>
<td>67028</td>
<td>$105</td>
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<td>$1001</td>
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<tr>
<td>66170</td>
<td>$1238</td>
<td>$1244</td>
</tr>
<tr>
<td>66183</td>
<td>New code in 2014</td>
<td>$1084</td>
</tr>
<tr>
<td>65222</td>
<td>$70</td>
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<td>66756</td>
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<td>$1201</td>
</tr>
<tr>
<td>68763</td>
<td>$155</td>
<td>$153</td>
</tr>
</tbody>
</table>

## Deductible

- $147.00

## Audits: It’s Not a Matter of If, But When
Which payers conduct audits?

- All payers including both federal and private insurers conduct audits.
- The way audits are triggered, you are highly likely to be audited on something at some time during your career.

Which payers conduct audits?

- An audit is rumored to be like undergoing an autopsy without benefit of death.

Is there a way to avoid an audit?

- The only true way to avoid an audit is to opt out of all insurance plans and not receive payment from any third party payer.
  - Of course that may also opt you out of seeing patients!
Two types of CERT Contractors

- CERT Review Contractor—looks at random samples of Carrier processed claims
- CERT Documentation Contractor (CDC) requests medical records from physicians for billed services.

The worst thing you can do is to ignore the request for records.

CERT will then notify Medicare of your failure to comply and Medicare will request a refund for the dates of service in question.

Physicians typically do not receive an audit outcome report from a MAC CERT review.

Physicians may hear back from a documentation review and if an error is found, a refund can be requested.

All Medicare Carrier publish the results of CERT audit outcomes/errors.
Comprehensive Error Rate Testing (CERT)

- CERT shares their findings with Recovery Audit Contractors (RAC).

Comparative Billing Report (CBR)

- If you should receive a CBR -
- Pay close attention to the charts and graphs that show practice utilization rates as compared to your peers.

Comparative Billing Report (CBR)

- If it shows you are an outlier, you may want to consider appropriate steps per the report.
- “We encourage you to conduct an audit on your own claims and refund any overpayments to the appropriate Medicare Administrative Contractor”
The goal of the RAC program is to identify improper payments made on claims of health care services provided to Medicare beneficiaries.

Improper payment may be overpayments or underpayments.

There are two types:
1. Audits based on data
2. Audits based on medical record review

Data audits:
- Billing new patient when the patient was actually an established patient of the practice.
Recovery Audit Contractors (RAC)

- Data audits:
  - Neglecting to append modifier -57 to the office visit indicating the exam where surgery was determined to be medically indicated.
  - The exams were paid in error.

- Data audits:
  Physician had billed 992XX-24 for a patient with a complaint of floaters during the global period of a cataract surgery.

- Data audits:
  Recoupment of office visit billed during the *global period* of CPT code 66761 Iridotomy/iridectomy by laser surgery (eg, for glaucoma)(per session), for dates of service after January 1, 2011.
Recovery Audit Contractors (RAC)

- Data audits:
  - Note: CMS awarded this code a 10-day global period beginning January 1, 2011.
  - The visits were billed outside the 10 days.

- Data audits:
  - 1 Unit of Lucentis billed instead of 5
  - $1,500 erroneously written off

- Data audits:
  - Mislinking diagnosis codes.
  - Linking dry AMD to intravitreal injection rather than wet.
### Recovery Audit Contractors (RAC)

- **Review audits:**
- Upper lid blepharoplasties.
- Follow Local Coverage Determination (LCD) guides unique to your MAC.

---

- Palmetto published their findings with a 68 – 72 percent failure rate.

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- Physicians should identify areas of improper payment by reviewing the RACs’ websites [http://www.com.hhs.gov/RAC](http://www.com.hhs.gov/RAC) and identify any pattern of denied claims within their own practice or facility.
Recovery Audit Contractors (RAC)

- For now, RAC audits can’t review data that is over three years old...
- In the near future, this will expand to reviews of up to 5 years.

Supplemental Medical Review Contractor (SMRC)

- Newest Medicare audit entity
  - Same recoupment authority and appeal process
- Contractor is StrategicHealth
  - not paid on commission
- Will carry out reviews/audits previously directly done by the MACs

Supplemental Medical Review Contractor (SMRC)

- SMRCs will be conducting these type of reviews—
  - most common type of payer audit.
Zone Program Integrity Contractors (ZPIC)

- These are the most dangerous weapon in Medicare's arsenal!

ZPIC - Mission

- Identify potential fraud within service area by reviewing claims (even pending) by investigations and audits
- Compare billings with similarly situated providers
- Authorized to suspend payments, determine overpayments, and/or refer providers for exclusion from Medicare/Medicaid
- Provide support to law enforcement/OIG and FBI

ZPICs - Facts

- Most ZPIC audits are considered to be directly related to practices being looked at specifically for fraud.
ZPIC – Facts

- Recent inquiries to retina practices regarding billing of two injection codes on the same pt./same day were conducted by a ZPIC as part of a proactive data/trend analysis project being conducted for CMS.

OIG Work Plan

- Typically published late September of each year.
- Delayed until January 2014.
- Ophthalmology mentioned by profession again.

OIG Work Plan

- Areas of concern –
  - Everything retina
  - Everything glaucoma
  - Copy forward/Copy paste HER
  - POS designation
  - Balance billing
Incentive Payments/Penalties

E-Prescribing

- Program retired effective January 1, 2014.
- No longer necessary to report G8553 on claims.
  - If you do, claims are being held or denied.

PQRS 2014

- Practices who fail to participate in 2014 will be subject to a self-imposed 2% penalty in 2016.
  - This is in addition to the 2% sequestration
  - Another 2% penalty for practices of 10 or more physicians for value based modifier.
To avoid the 2% payment adjustment in 2016:

- Report 3 measures 50% correctly
- All measures for all specialties are detailed at www.aao.org/pqrs

To receive the 0.5% bonus:

- Option 1: Report 20 cataract surgical cases through a registry, or
- Option 2: Choose the group reporting option (not ophthalmology specific, or
- Option 3: Report 9 measures in 3 quality domains correctly 50% via claims or registry or EHR 9/3 no threshold.
  - Report 9 measures in 3 quality domains through the Academy’s IRIS Registry and qualify for the Clinical Quality Measures in Meaningful Use Stage 2 at the same time.
IRIS Registry

- The IRIS™ Registry (Intelligent Research in Sight) is the world's first comprehensive eye disease clinical registry.
- www.aao.org/iris

Quality Domains

- Patient Safety
- Communication and Care Coordination
- Patient and Family Experience (None unique to Ophthalmology)
- Population Health
- Efficiency
- Clinical Process and Effectiveness

IRIS Registry

<table>
<thead>
<tr>
<th>Patient Safety</th>
<th>Cataracts: Complications within 30 days following cataract surgery requiring additional surgical procedures (Registry and EHR reporting only)</th>
</tr>
</thead>
</table>
| Communication and Care Coordination | Biopsy follow-up (Registry only)  
|                         | Primary open-angle glaucoma: reduction of IOP by 15% or documentation of a plan of care  
|                         | Melanoma: coordination of care (registry only)                                                                                   |
| Efficiency              | Melanoma: over utilization of imaging studies (Registry only)                                                                        |
| Population Health       | Preventive care and screening: tobacco use: screening and cessation intervention                                                   |
IRIS Registry

Clinical Process and Effectiveness
- Primary open-angle glaucoma: optic nerve evaluation
- ARMD: dilated macular exam
- Diabetic retinopathy: documentation of presence or absence of macular edema and level of severity of retinopathy
- ARMD: Counseling on antioxidant supplement
- Diabetic retinopathy: communication with the physician managing ongoing care
- Diabetes mellitus: dilated eye exam in diabetic patient
- Melanoma: continuity of care – recall system (Registry only)
- Cataracts: 20/40 or better VA within 90 days following surgery (Registry and EHR reporting only)

What if I don’t have 9 measures?

- Claims and registry: physicians can report fewer than the required number of measures or measures in fewer than 3 quality domains.
- You will be subject to measure applicability validation (MAV) to ensure they have reported on all available measures.

What if I don’t have 9 measures?

- EHR: Physicians are permitted to submit measure that contain zero values as long as they first submit all of the measures for which they have patient data. At least one measure must have patient data.
**PQRS 2014**

- Minor changes to current measure specifications.
  - Measures 191 and 192 not available to physicians only doing pre or post operative cataract management
- ICD-10 measure specifications
  - Begin reporting in ICD-10 Oct. 1.

**PQRS 2014**

- No matter your specialty training, select measures detailed at [www.aao.org/pqrs](http://www.aao.org/pqrs) that represent your patient base.

**PECOS**

- All physicians who enrolled with Medicare prior to March 25, 2011, will be required to revalidate their Medicare enrollment.
- Physicians have 60 days from the date of the revalidation notice to submit their complete enrollment information.
- You will receive a green revalidation letter through the mail when it is your turn.
PECOS

- If you owe CMS money from an audit or overpayment, you won’t be permitted to re-enroll until all payments have been made.

Questions

Thank You
Appendix
Quick Links

List found at www.aao.org/aaoe

- Allied Health Toolkit www.aao.org/toolkit
- CODEquest Coding College www.aao.org/codequest
- Coding Products www.aao.org/codingproducts
- Coding Resources www.aao.org/coding
- Consultant Directory www.aao.org/consultant
- DMEPOS www.aao.org/dme
- EHR www.aao.org/ehr
- E-Prescribing www.aao.org/e-rx
- Events www.aao.org/aaoeevents
- EyeNet Archive www.aao.org/publications
- ICD-10-CM www.aao.org/icd10
- Listservs www.aao.org/listservs
- Membership www.aao.org/joinaaoe
- OCS Exam www.aao.org/ocs
- Online Products www.aao.org/myonlineproducts
- PECOS www.aao.org/pecos
- PQRS www.aao.org/pqrs
- Webinars www.aao.org/aaoeevents
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Right Eye</th>
<th>Left Eye</th>
<th>Bilateral</th>
<th>Excludes</th>
</tr>
</thead>
</table>
| H40.00 | Preglaucoma, unspecified                                                    | H40.001 Right   | H40.002 Left   | H40.003 Bilateral | Absolute glaucoma H44.51-
|        |                                                                              | eye             | eye            |                                 |
|        |                                                                              | H40.001 Right   | H40.002 Left   | H40.003 Bilateral | Congenital glaucoma Q15.0 Traumatic glaucoma due to birth injury P15.3 |
| H40.01 | Open angle with borderline findings, low risk                                | H40.011 Right   | H40.012 Left   | H40.013 Bilateral | Absolute glaucoma H44.51-
|        |                                                                              | eye             | eye            |                                 |
|        |                                                                              | H40.011 Right   | H40.012 Left   | H40.013 Bilateral | Congenital glaucoma Q15.0 Traumatic glaucoma due to birth injury P15.3 |
| H40.02 | Open angle with borderline findings, high risk                               | H40.021 Right   | H40.022 Left   | H40.023 Bilateral | Absolute glaucoma H44.51-
|        |                                                                              | eye             | eye            |                                 |
|        |                                                                              | H40.021 Right   | H40.022 Left   | H40.023 Bilateral | Congenital glaucoma Q15.0 Traumatic glaucoma due to birth injury P15.3 |
| H40.03 | Anatomical narrow angle                                                      | H40.031 Right   | H40.032 Left   | H40.033 Bilateral | Absolute glaucoma H44.51-
|        | Primary angle closure suspect                                                | eye             | eye            |                                 |
|        |                                                                              | H40.031 Right   | H40.032 Left   | H40.033 Bilateral | Congenital glaucoma Q15.0 Traumatic glaucoma due to birth injury P15.3 |
| H40.04 | Steroid responder                                                            | H40.041 Right   | H40.042 Left   | H40.043 Bilateral | Absolute glaucoma H44.51-
|        |                                                                              | eye             | eye            |                                 |
|        |                                                                              | H40.041 Right   | H40.042 Left   | H40.043 Bilateral | Congenital glaucoma Q15.0 Traumatic glaucoma due to birth injury P15.3 |
| H40.05 | Ocular hypertension                                                          | H40.051 Right   | H40.052 Left   | H40.053 Bilateral | Absolute glaucoma H44.51-
|        |                                                                              | eye             | eye            |                                 |
|        |                                                                              | H40.051 Right   | H40.052 Left   | H40.053 Bilateral | Congenital glaucoma Q15.0 Traumatic glaucoma due to birth injury P15.3 |
| H40.06 | Primary angle closure without glaucoma damage                                | H40.061 Right   | H40.062 Left   | H40.063 Bilateral | Absolute glaucoma H44.51-
<p>|        |                                                                              | eye             | eye            |                                 |
|        |                                                                              | H40.061 Right   | H40.062 Left   | H40.063 Bilateral | Congenital glaucoma Q15.0 Traumatic glaucoma due to birth injury P15.3 |
| Staging Codes | Example H40.10X0  | 0-Stage unspecified            | 1-Mild stage    | 2-Moderate stage | 3-Severe stage       |
|        | Unspecified open-angle glaucoma, stage unspecified                           | 4-Indeterminate stage |               |                  |                  |
| H40.10 | Unspecified open-angle glaucoma                                              | No eye indicators |               |                  | Requires X as a place holder in 6th position Add staging codes in 7th position |
| H40.11 | Primary open-angle glaucoma                                                  | No eye indicators |               |                  | Requires X as a place holder in 6th position |</p>
<table>
<thead>
<tr>
<th>Chronic simple glaucoma</th>
<th>Add staging codes in 7th position</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>H40.12</strong> Low-tension glaucoma</td>
<td><strong>H40.121</strong> Right eye</td>
</tr>
<tr>
<td><strong>H40.12</strong> Low-tension glaucoma</td>
<td><strong>H40.122</strong> Left eye</td>
</tr>
<tr>
<td><strong>H40.12</strong> Low-tension glaucoma</td>
<td><strong>H40.123</strong> Bilateral</td>
</tr>
<tr>
<td><strong>H40.15</strong> Residual stage of open-angle glaucoma</td>
<td></td>
</tr>
<tr>
<td><strong>H40.151</strong> Right eye</td>
<td></td>
</tr>
<tr>
<td><strong>H40.152</strong> Left eye</td>
<td></td>
</tr>
<tr>
<td><strong>H40.153</strong> Bilateral</td>
<td></td>
</tr>
<tr>
<td><strong>H40.20</strong> Unspecified primary angle-closure glaucoma</td>
<td>No eye indicators</td>
</tr>
<tr>
<td><strong>H40.21</strong> Acute angle-closure glaucoma attack</td>
<td></td>
</tr>
<tr>
<td><strong>H40.211</strong> Right eye</td>
<td></td>
</tr>
<tr>
<td><strong>H40.212</strong> Left eye</td>
<td></td>
</tr>
<tr>
<td><strong>H40.213</strong> Bilateral</td>
<td></td>
</tr>
<tr>
<td><strong>H40.22</strong> Chronic angle-closure glaucoma</td>
<td></td>
</tr>
<tr>
<td><strong>H40.221</strong> Right eye</td>
<td></td>
</tr>
<tr>
<td><strong>H40.222</strong> Left eye</td>
<td></td>
</tr>
<tr>
<td><strong>H40.223</strong> Bilateral</td>
<td></td>
</tr>
<tr>
<td><strong>H40.23</strong> Intermittent angle-closure glaucoma</td>
<td></td>
</tr>
<tr>
<td><strong>H40.231</strong> Right eye</td>
<td></td>
</tr>
<tr>
<td><strong>H40.232</strong> Left eye</td>
<td></td>
</tr>
<tr>
<td><strong>H40.233</strong> Bilateral</td>
<td></td>
</tr>
<tr>
<td><strong>H40.24</strong> Residual stage of angle-closure glaucoma</td>
<td></td>
</tr>
<tr>
<td><strong>H40.241</strong> Right eye</td>
<td></td>
</tr>
<tr>
<td><strong>H40.242</strong> Left eye</td>
<td></td>
</tr>
<tr>
<td><strong>H40.243</strong> Bilateral</td>
<td></td>
</tr>
<tr>
<td><strong>H40.3</strong> Glaucoma secondary to eye trauma</td>
<td></td>
</tr>
<tr>
<td><strong>H40.31</strong> Right eye</td>
<td></td>
</tr>
<tr>
<td><strong>H40.32</strong> Left eye</td>
<td></td>
</tr>
<tr>
<td><strong>H40.33</strong> Bilateral</td>
<td></td>
</tr>
<tr>
<td><strong>H40.4</strong> Glaucoma secondary to eye inflammation</td>
<td></td>
</tr>
<tr>
<td><strong>H40.41</strong> Right eye</td>
<td></td>
</tr>
<tr>
<td><strong>H40.42</strong> Left eye</td>
<td></td>
</tr>
<tr>
<td><strong>H40.43</strong> Bilateral</td>
<td></td>
</tr>
<tr>
<td><strong>H40.5</strong> Glaucoma secondary to other</td>
<td></td>
</tr>
<tr>
<td><strong>H40.51</strong> Right eye</td>
<td></td>
</tr>
<tr>
<td><strong>H40.52</strong> Left eye</td>
<td></td>
</tr>
</tbody>
</table>

**Glaucoma ICD-10 Quick Reference Guide**

1. Excludes Aqueous misdirection H40.83-
2. Malignant glaucoma H40.83-
3. Requires X as a place holder in 6th position
4. Add staging codes in 7th position
5. Code also underlying condition
   - Requires X as a place holder in 6th position
   - Add staging codes in 7th position
6. Code also underlying eye disorder
<table>
<thead>
<tr>
<th>Eye Disorders</th>
<th>ICD-10 Code</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>H40.53 Bilateral</td>
<td>Requires X as a place holder in 6th position Add staging codes in 7th position</td>
<td></td>
</tr>
<tr>
<td>H40.6 Glaucoma secondary to drugs</td>
<td>H40.61 Right eye H40.62 Left eye H40.63 Bilateral</td>
<td>Use additional code for adverse effect, if applicable, to identify drug (T36-T50) Requires X as a place holder in 6th position Add staging codes in 7th position</td>
</tr>
<tr>
<td>H40.81 Glaucoma with increased episcleral venous pressure</td>
<td>H40.811 Right eye H40.812 Left eye H40.813 Bilateral</td>
<td>Staging codes not required</td>
</tr>
<tr>
<td>H40.82 Hypersecretion glaucoma</td>
<td>H40.821 Right eye H40.822 Left eye H40.823 Bilateral</td>
<td>Staging codes not required</td>
</tr>
<tr>
<td>H40.83 Aqueous misdirection Malignant glaucoma</td>
<td>H40.831 Right eye H40.832 Left eye H40.833 Bilateral</td>
<td>Staging codes not required</td>
</tr>
<tr>
<td>H21.82 Plateau iris syndrome (post-iridectomy) (postprocedural)</td>
<td>One code only No eye indicators</td>
<td>Staging codes not required</td>
</tr>
</tbody>
</table>
The implementation of ICD-10 was set in motion, not by the Affordable Care Act, but by the Health Insurance Portability and Accountability Act of 1996. The goal was to create a system that improves and develops methods for the electronic transmission of health-related information. The Centers for Disease Control’s National Center for Health Statistics, along with stakeholders, developed the ICD-10-CM code sets that were adopted by the Secretary of Health and Human Services. Final rule making in 2009, and a subsequent delay by the Secretary, set an implementation date of October 1, 2014, despite numerous medical societies’ pleas to halt the endeavor.

ICD-10 exponentially expands the codes we physicians use for diagnoses. The entirety of ICD-9 encompasses about 14,000 codes, whereas ICD-10 is estimated to include more than 69,000. The expansion incorporates digits used for designations important to ophthalmology such as laterality and staging that were absent in ICD-9. The sections on trauma and tumors are also far larger.

In ICD-10, codes are divided into chapters, and codes will have three to seven digits, alpha and numeric. New in ICD-10 is the placeholder character “X,” used, for example, when a seventh digit is required but a sixth digit does not exist.

**GENERAL STRATEGY**

While the Eye chapter “H” roughly mimics the organization of ICD-9, now, some of the common eye-related codes such as diabetic eye disease are located outside the Eye chapter, while other codes within the chapter need modifying codes described outside that section. The basic coding conventions that we have always used still apply: we should code diagnoses to the highest degree of accuracy, and if there are additional digits available, we should use them. If a definitive diagnosis does not exist, then we should code a sign or symptom code, but we should not routinely add these codes to elaborate on a diagnosis.

Even in ICD-9 coding, there were two sections within the code set: an alphabetical index and the tabular list. In ICD-10, especially for less familiar diagnosis codes, our best strategy is first to locate the diagnosis in the alphabetical index and then verify the code in the tabular list. Only full-code digits such as laterality and staging are listed in the tabular list. A code will be invalid if it is not coded to the full number of digits required. Although designations for additional digits vary in definition and position from code to code, no matter where the laterality digit resides (in the codes that require it), 1 is right, 2 is left, 3 is bilateral, and “unspecified” (ie, not recorded in the medical record) is either 0 or 9.

**GLAUCOMA ICD-10 CODES**

The diseases of the eye and adnexa are listed in chapter 7. The glaucoma section codes begin with H40 “glaucoma” or H42 “glaucoma in diseases classified elsewhere.”

**LATERALITY AND STAGING**

Most, but not all, glaucoma codes incorporate both laterality and stage of disease. Laterality may be found in either the fifth or sixth digit position, while the stag-
Inexplicably, this first version of ICD-10 does not incorporate laterality for five code sections:

1. primary open-angle glaucoma H40.11-
2. unspecified open-angle glaucoma H40.10-
3. unspecified primary angle-closure glaucoma H40.20-
4. other specified glaucoma H40.89
5. unspecified glaucoma H40.9

Because all other codes in the glaucoma section require laterality digits, the discrepancy is quite confusing and will interfere with data analysis for future research and benchmarking work. The discrepancy was brought to the attention of the ICD-CM committee several times during the past few years, and the 2015 version is supposed to incorporate laterality consistently throughout the glaucoma codes.

The glaucoma staging code digits are to use the same definitions as the add-on codes in ICD-9 (see Glaucoma Staging Codes). In ICD-9, staging was designated for the more severely affected eye. In ICD-10, if laterality is included in the code, we will use the seventh digit to indicate the stage for each eye. In other words, if the stage differs for the patient’s two eyes, we will use two codes, but if the stage is the same in both eyes, we will use the one bilateral code. If laterality is not required (eg, primary open-angle glaucoma), we will continue to code the more severely affected eye. As an example, if the patient has different stages of chronic angle-closure glaucoma in his or her eyes, coding would be as follows:

s(RIGHT EYE MILD STAGE (
s(LEFT EYE SEVERESTAGE (

In contrast, if both eyes have moderate glaucoma, the coding would be H40.223 (bilateral)2(moderate STAGE (

CONCLUSION

This article suggests how enormous a change ICD-10 represents for our practices. The American Academy of Ophthalmology and other medical societies are developing resources to help us with the transition. It is imperative that our practices and electronic health record vendors be prepared and that we plan and train for the new system prior to the go-live date of October 1, 2014.

Cynthia Mattox, MD, is vice chair and associate professor of ophthalmology, Department of Ophthalmology, Tufts University School of Medicine, New England Eye Center, Boston. Dr. Mattox may be reached at (617) 636-8108; cmattox@tuftsmedicalcenter.org.
Glaucoma Stage Definitions:

Mild or Early stage Glaucoma  ICD9 365.71;  ICD 10 7th digit “1”
- Optic Nerve abnormalities consistent with glaucoma
- but NO visual field abnormalities on any visual field test
- OR abnormalities present only on short-wavelength automated perimetry or frequency doubling perimetry

Moderate Stage Glaucoma  ICD9 365.72 ;  ICD 10 7th digit “2”
- Optic nerve abnormalities consistent with glaucoma
- AND glaucomatous visual field abnormalities in ONE hemifield and
- NOT within 5 degrees of fixation  (note: 5 degrees = involvement of spots nearest fixation)

Advanced, Late, Severe Stage   ICD9 365.73 ; ICD 10  7th digit “3”
- Optic nerve abnormalities consistent with glaucoma
- AND glaucomatous visual field abnormalities in BOTH hemifields
- AND/OR loss within 5 degrees of fixation in at least one hemifield.

Indeterminate Stage   ICD9 365.74 ; ICD10 7th digit “4”
- visual fields not performed yet,
- patient incapable of visual field testing,
- unreliable/uninterpretable visual field testing

Unspecified: ICD9 365.70 ; ICD 10 7th digit “0”
- Stage not recorded in chart
- Remember to document stage in record!
For Billing purposes in ICD9:
- Code the type of Glaucoma first.
- Code only one Staging Code to reflect the most severely affected eye.
- Staging Codes for Billing are only required as add-on codes to the most common types of glaucoma listed here:
  - 365.10 Open-angle, unspecified
  - 365.11 Primary OAG
  - 365.12 Low-tension glaucoma , normal tension
  - 365.13 Pigmentary glaucoma
  - 365.20 Primary angle closure glaucoma, unspecified
  - 365.23 Chronic or Primary Angle closure glaucoma
  - 365.31 Steroid induced glaucoma
  - 365.52 Pseudoexfoliation glaucoma
  - 365.62 Glaucoma assoc w/ inflammation
  - 365.63 Glaucoma assoc w/ vascular d/o
  - 365.65 Glaucoma assoc w/ trauma

ICD10
For ICD10, not all glaucoma diagnoses require the use of Staging at the 7th digit. For ICD10, in 2014 some glaucoma codes do not have a laterality digit.

These are the Codes in 2014 ICD10 that do NOT have a laterality digit: Code the Stage for the most severely affected eye, if required in the 7th digit
1. Primary open-angle glaucoma H40.11- (requires Stage digit)
2. Unspecified open-angle glaucoma H40.10- (requires Stage digit)
3. Unspecified primary angle-closure glaucoma H40.20- (Requires Stage digit)
4. Other specified glaucoma H40.89 (Stage is not used)
5. Unspecified glaucoma H40.9 (Stage is not used)
**HEALTH INSURANCE CLAIM FORM**

**APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 12/12**

1. **MEDICARE**
   - **MEDICAID**
   - **TRICARE**
   - **CHAMPVA**
   - **GROUP HEALTH PLAN**
   - **FECA ELIGIBILITY**
   - **OTHER**
   - **INSURED'S ID NUMBER** (For Program in Item 1) 123-45-6789-A

2. **PATIENT'S NAME** (Last Name, First Name, Middle Initial)
   - **PUBLIC, JOHN Q.**

3. **PATIENT'S BIRTH DATE**
   - **SEX**
   - **M**
   - **F**
   - **03 24 1934**

4. **INSURED'S ID NUMBER** (Last Name, First Name, Middle Initial)
   - **PUBLIC, JOHN Q.**

5. **PATIENT'S ADDRESS** (Inc., Street)
   - **123 MAIN STREET**

6. **PATIENT RELATIONSHIP TO INSURED**
   - **Son**
   - **Daughter**
   - **Child**
   - **Other**

7. **INSURED'S ADDRESS** (Inc., Street)
   - **123 MAIN STREET**

8. **ZIP CODE**
   - **94109**
   - **TELEPHONE**
   - **(123) 456-7890**

**XYZ INSURANCE COMPANY**

**567 INSURANCE LANE**

**BIG CITY, IL 60605**

---

**READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.**

**SIGNED**

**SIGNATURE ON FILE (SOF)**

**DATE**

10/01/14

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**MEDICARE**

11. **INSURED'S ID GROUP OR FECA NUMBER**
   - **SEX**
   - **M**
   - **F**
   - **01-01 1958**

12. **OTHER INSURED'S NAME** (Last Name, First Name, Middle Initial)
   - **Reserved for NUCC use**

13. **RESERVED FOR NUCC USE**

14. **INSURED'S POLICY OR GROUP NUMBER**
   - **Reserved for NUCC use**

15. **INSURED'S PLAN NAME OR PROGRAM NAME**
   - **Reserved for NUCC use**

16. **IS PATIENT'S CONDITION RELATED TO:**
   - **EMPLOYMENT**
   - **YES**
   - **NO**

17. **AUTO ACCIDENT?**
   - **PLACE**
   - **(State)**
   - ** Reserved for NUCC use**

18. **OTHER ACCIDENT?**
   - **Reserved for NUCC use**

19. **CLAIM CODES (Designated by NUCC)**

20. **IS THERE ANOTHER HEALTH BENEFIT PLAN?**
   - **Reserved for NUCC use**

**PHYSICIAN OR SUPPLIER INFORMATION**

**SIGNATURE ON FILE (SOF)**

**DATE**

---

**NAME OF REFERRING PROVIDER OR OTHER SOURCE**

**DK**

**JOHN MILLER, MD**

**NPI**

1012345678

**ADDITIONAL CLAIM INFORMATION** (Designated by NUCC)

**DIAGNOSIS OR NATURE OF ILLNESS OR INJURY**

**ICD Exc**

- **A**
- **B**
- **C**

**PROCEDURES, SERVICES, OR SUPPLIES**

**Explain Unusual Circumstances**

**MODIFIER**

**DIAGNOSIS POINTER**

1. **RESUBMISSION CODE**

2. **ORIGINAL REF. NO.**

3. **PRIOR AUTHORIZATION NUMBER**

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**SIGNATURE ON FILE 10/01/14**

**SIGNATURE DATE**

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