ICD-10 Workshop

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Financial Disclosure

Mary Pat Johnson is a Senior Consultant at Corcoran Consulting Group and acknowledges a financial interest in the subject matter of this presentation.

Quick Guide (if you missed Part I)

• Review of the book
  • Read the Introduction
  • Familiarize yourself with the layout
    • Alpha Index, Tabular Index, Tables
  • For Code Selection, start with what you know
    • ICD-9 code and the GEM files
    • Look up term in Alpha Index
    • Instructions will lead to alternate/more specific terms
    • Provide exclusions
  • Confirm in tabular index
    • Again, watch terms and follow instructions

Tool Box

• "GEM" files
  • ICD-9 to ICD-10
  • ICD-10 to ICD-9
  • ICD-10 working files
    • Disease & Injury index (alpha index)
    • Tabular list
    • Drugs table
    • Neoplasms table
    • External causes index

“GEM” Files

• No decimal point in the codes
• Three columns
• Third column describes additional attributes
  • Flags (approximate, no map, combination)
  • Combination entry
  • 1 indicates “on” (Approximate)
  • 0 indicates “off” (Direct hit, but verify)

GEM File Layout
Senile Cataract Example

<table>
<thead>
<tr>
<th>I-9</th>
<th>I-10</th>
<th>+ Flags</th>
</tr>
</thead>
<tbody>
<tr>
<td>36610</td>
<td>H259</td>
<td>00000</td>
</tr>
<tr>
<td>36611</td>
<td>H2589</td>
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<td>10000</td>
</tr>
<tr>
<td>36619</td>
<td>H2589</td>
<td>10000</td>
</tr>
</tbody>
</table>

*1* in the first position in flag column = approximate
How to Use the ICD-10-CM

1. Look up the main term in the Alphabetical Index, scan subterm entries if needed. Review continued lines / additional subterms
2. Note parenthetical terms that help with code selection but do not affect code assignment

How to Use the ICD-10-CM (continued)

3. Pay attention to the following index instructions in the Alphabetical Index
   - "see", "see also", and "see category" references
   - "with" and "without" notes
   - "omit code" notes
   - "due to" subterms
   - other instructions found in note boxes, such as "code by site"
4. Do not code from the Alphabetical Index. Verify the accuracy of the code from the Tabular List

How to Use the ICD-10-CM (continued)

5. Read instructional material in Tabular Index, including
   - "includes" and "excludes" notes
   - "use additional code", "code first" and "code also" fourth-, fifth-, sixth- & seventh- digit requirements
6. Consult the ICD-10-CM guidelines for use of specific codes
7. Confirm and assign the correct code

1. Cataract

   CC:  cataracts, OU, slow decrease VA during past 6 mos, trouble reading, glare worsening
   Dx:  Nuclear sclerotic cataracts OD>OS
   Tx:  Schedule phaco IOL OD

   What is the appropriate ICD-9 code?

   1. Cataract – Choices in ICD-9

   a) 368.8  Blurred vision
   b) 366.10  Senile cataract, unspecified
   c) 366.16  Nuclear sclerosis
   d) 366.14  Posterior subcapsular

   1. Cataract

   CC:  cataracts, OU, slow decrease VA during past 6 mos, trouble reading, glare worsening
   Dx:  Nuclear sclerotic cataracts OD>OS
   Tx:  Schedule phaco IOL OD

   c) 366.16  Nuclear Sclerotic Cataract

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1. Cataract

CC: ♦ cataracts, OU, slow decrease VA during past 6 mos, trouble reading, glare worsening
Dx: Nuclear sclerotic cataracts OD>OS
Tx: Schedule phaco IOL OD
c) 366.16 Nuclear Sclerotic Cataract

How did you get there?

Alpha Index: Search “cataract”
Under “cataract” search “nuclear sclerotic”
• - nuclear
  • - sclerosis —see Cataract, senile, nuclear
  • Under “Cataract, Senile, Nuclear”
    - - nuclear (sclerosis) H25.1-
  • Take that code to Tabular Index for final digit(s)
  • Code: H25.13 Nuclear sclerotic cataract, OU

2. Secondary Cataract

CC: Pseudophake OS, 2 years ago, great difficulty with reading small print
Dx: After cataract, OS, obscuring vision
Tx: Schedule YAG OS

What is the appropriate ICD-9 code?

2. Secondary Cataract - ICD-9

a) 368.8 Blurred vision
b) 366.50 After cataract, unspecified
c) 366.51 Soemmering’s ring
d) 366.52 After cataract, not obscuring vision
e) 366.53 After cataract, obscuring vision

e) 366.53 After cataract, obscuring vision

What is the appropriate ICD-10 code?
3. Cystoid Macular Edema

CC: Pseudophake OU, still having trouble reading, not getting better during the past 2 wks
Test: OCT OU
Dx: CME OU
Tx: Intravitreal injection, nonpreserved triamcinolone acetonide, OD

What is the appropriate ICD-9 code(s)?

362.53 CME

4. Myopia & Astigmatism

CC: Blurry vision, decreased distance vision, glasses no longer adequate
Dx: Myopia, OU
    Regular astigmatism, OU
Tx: Rx given

What is the appropriate ICD-9 code(s)?

367.1 Myopia
367.21 Astigmatism
### 5. Chronic Open Angle Glaucoma

**CC:** IOP > for Chronic Open Angle Glaucoma OU  
**Dx:** Uncontrolled COAG OU ; “severe” VF loss OD, “moderate” VF loss OS  
**Tx:** Schedule Selective Laser Trabeculoplasty (SLT) OD  
**Test:** HVF 24-2

What is the appropriate ICD-9 code(s)?

**Glaucoma Staging Reminders**

- Not a separate ICD-10 code \(365.7x\)  
- Becomes the 7th digit on the glaucoma code  
- Address each eye separately even if codes are not defined with laterality

### 5. Chronic Open Angle Glaucoma

**a)** 365.04 Ocular hypertension  
365.72 Moderate stage glaucoma  
365.73 Severe stage glaucoma  

**b)** 365.11 Primary open angle glaucoma  
365.73 Severe stage glaucoma  

**c)** 365.10 Open-angle glaucoma, unspecified  
365.72 Moderate stage glaucoma  

**d)** 365.11 Primary open angle glaucoma  
365.72 Moderate stage glaucoma

### 6. Glaucoma Suspect

**CC:** IOP > OU per Dr. C  
**IOP:** 16 mm Hg OU  
**Disc:** Moderate cupping OU  
**Test:** OCT, optic nerve, OU  
**Dx:** Glaucoma suspect, OU

What is the appropriate ICD-10 code(s)?

**7. Dry Eye Syndrome**

**CC:** Recheck dry eyes, S/P punctal plugs OU  
**Dx:** DES stable  
**Tx:** Continue artificial tears; RTO 1 yr, PRN if symptoms return

What is the appropriate ICD-9 code(s)?
7. Dry Eye Syndrome

a) 375.2 Epiphora
b) 375.15 Tear film insufficiency, unspecified
c) 375.4 Chronic inflammation of lacrimal passages
d) 375.89 Other disorders of lacrimal system

7. Dry Eye Syndrome

CC: Recheck dry eyes, S/P punctal plugs OU
Dx: DES stable
Tx: Continue artificial tears; RTO 1 yr, PRN if symptoms return

b) 375.15 Tear Film Insufficiency, unspecified
Dry Eye Syndrome

What is the appropriate ICD-10 code(s)?

8. Corneal Ulcer

CC: ✓ corneal ulcer, OD, improved
Dx: Central corneal ulcer, almost resolved
Tx: Finish meds

What is the appropriate ICD-9 code(s)?

8. Corneal Ulcer

a) 370.03 Central corneal ulcer
b) 370.0 Corneal ulcer
c) 370.01 Marginal corneal ulcer
d) 371.0 Corneal scar and opacity

8. Corneal Ulcer

CC: ✓ corneal ulcer, OD, improved
Dx: Central corneal ulcer, almost resolved
Tx: Finish meds

a) 370.03 Central corneal ulcer

What is the appropriate ICD-10 code(s)?
9. Chalazion

a) 373.13 Abscess of eyelid
b) 379.91 Pain in or around the eye
c) 379.92 Swelling or mass of eye
d) 373.2 Chalazion

What is the appropriate ICD-10 code(s)?

9. Chalazion

CC: Small bump LLL, 3-4 days, increasing pain, redness
Dx: Chalazion LLL
Tx: Warm compresses, meds
d) 373.2 Chalazion

What is the appropriate ICD-10 code(s)?

10. Diabetes without Retinopathy

CC: Recently Dx Diabetes (Type II), needs exam
Dx: 1) Diabetes
2) No ocular manifestations
(Note: on oral hypoglycemics only)
Tx: Letter to PCP/Endocrinologist
Recheck 1 yr

What is the appropriate ICD-9 code(s)?

10. Diabetes without Retinopathy

CC: Recently Dx Diabetes (Type II), needs exam
Dx: 1) Diabetes
2) No ocular manifestations
(Note: on oral hypoglycemics only)
Tx: Letter to PCP/Endocrinologist
Recheck 1 yr

250.00 Diabetes mellitus

What is the appropriate ICD-10 code(s)?

11. Background Diabetic Retinopathy

CC: Recently Dx Diabetes (Type II), needs exam
Dx: 1) Diabetes (Note: on oral hypoglycemics only)
2) Mild non-proliferative DR, OU
Tx: Letter to PCP/Endocrinologist, Control Blood sugars
Recheck 1 yr

What is the appropriate ICD-9 code(s)?
11. Background Diabetic Retinopathy

CC: Recently Dx Diabetes (Type II), needs exam
Dx: 1) Diabetes (Note: on oral hypoglycemics only)
    2) Mild non-proliferative DR, OU
Tx: Letter to PCP/Endocrinologist, Control Blood sugars
    Recheck 1 yr

250.50 DM w/ mention of complication, not stated as uncontrolled
362.04 Mild NPDR

What is the appropriate ICD-10 code(s)?

12. Age-related Macular Degeneration

CC: Decreased vision, difficulty reading
Dx: 1) Dry AMD OU
    2) Mild cataracts
Tx: Rx given, Amsler grid daily

362.51 Non-exudative macular degeneration
366.12 Incipient cataract

What is the appropriate ICD-10 code(s)?

13. Epiretinal Membrane

CC: Increasing distortion, OS X 2 weeks
Dx: Epiretinal membrane, OS
Tx: Monitor Amsler grid, OU
    Recheck 1 month, eval progression

362.56 Macular puckering
    Preretinal fibrosis

What is the appropriate ICD-10 code(s)?

14. Ptosis

CC: UL Ptosis OU, causing gradual increased dimness for 6 mos
Dx: Mechanical ptosis OU
Tx: Schedule ptosis repair OU
Test: Bleph VF

374.33 Mechanical ptosis of eyelid

What is the appropriate ICD-10 code(s)?

15. Plaquenil

CC: The patient has systemic lupus and is being treated with Plaquenil. Referred for possible maculopathy.
Dx: Lupus
    No evidence of toxic maculopathy, OU
Tx: Continued observation

710.0 Lupus
V58.69 Long term (current) use of medication

What is the appropriate ICD-10 code(s)?

16. Corneal Graft

CC: The patient is 4 weeks status post penetrating keratoplasty, OS. The pt rubbed it and it requires repair.
Dx: Complication of corneal graft, OS
Tx: Return to OR today for repair using tissue glue, recheck tomorrow

996.51 Complication due to corneal graft
V42.5 Organ or tissue replaced by transplant; cornea

What is the appropriate ICD-10 code(s)?
17. Floppy Iris Syndrome

CC: The patient is taking Flomax. Intraoperative floppy iris syndrome is diagnosed during cataract extraction, OD. It requires mechanical dilation of the pupil.
Dx: Intraoperative floppy iris syndrome, OD
Tx: Complex cataract surgery, OD

c) 1) 366.16 Nuclear sclerosis
2) 364.81 Floppy Iris Syndrome
   Intraoperative Floppy Iris Syndrome
3) E941.3 Sympathomimetics [antiadrenergics]

What is the appropriate ICD-10 code(s)?

18. Strabismus Operative Note

• You are reviewing the op note for a strabismus case done earlier today. You note it was for exotropia, OD - and that two horizontal muscles of the right eye were operated upon.

What is your ICD-10 code(s)?

19. Excision of Basal Cell on Lid

• You are coding the case of a pt who had a 6 mm malignant primary basal cell lesion excised from the left lower lid.

Find the code!

(Hint – Neoplasm chart – process like in ICD-9)

More help...

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

(800) 399-6565
or
www.CorcoranCCG.com
How To SEARCH For A Code Within ICD-10-CM

General guidelines:
1. ALPHABETIC index a place to START
2. TABULAR List is most specific – code from here!
3. Report HIGHEST number of characters possible

Specific guidelines:
1. Identify reason for visit/encounter
   a. Diagnoses
   b. Problems
   c. Complaints
   d. Signs and symptoms
      i. Used for reporting when no related definitive diagnosis is established
   e. Conditions
      i. Report those that are an integral part of a disease process
         1. Do not use additional codes
      ii. Conditions that are not an integral part of a disease process
         1. Code when present (see below if “multiple conditions”)

2. Multiple coding for a single condition
   a. Required for
      i. Any condition with a “use additional code” note
   b. May be needed for
      i. Fully describing a condition, such as
      ii. Late effects
      iii. Complication codes
      iv. Obstetric codes

3. Acute and chronic conditions
   a. If both are present
      i. Code both
      ii. Sequence acute code first
4. Combination code
   a. Single code to classify either
      i. Two diagnoses
      ii. Diagnosis with associated secondary process
      iii. Diagnosis with associated complication
   b. Do not use multiple codes if combination code identifies all elements

5. Late effects (sequelae)
   a. Residual effect after acute phase of injury/illness
   b. No time limit
   c. Condition code sequenced first, late effect code sequenced second
   d. Do not use with acute injury code

6. Impending or threatened condition
   a. If condition did occur, code as diagnosis
   b. If condition did not occur, reference “impending”, “threatened”
      i. If subentry terms for “impending” or “threatened” are listed:
         1. Assign the appropriate code
      ii. Are not listed:
         1. Code existing underlying conditions
   c. Do not code the impending/threatening condition

7. Reporting same diagnosis code more than once
   a. Each code may be used once per encounter

8. Laterality
   a. For codes that can have bilateral sites
   b. Final character of code indicates laterality (0 or 9, 1, 2, 3)
   c. If no bilateral code is provided, assign separate codes for right and left sides

9. RARE for Ophthalmology:
   Documentation for BMI and pressure ulcer stages
   a. May be based on documentation from clinicians who are not the patient’s provider
   b. Associated diagnosis must be documented by patient’s provider
   c. BMI codes are always secondary diagnoses
1. Cataract

**CC:** Cataracts, OD, slow decrease VA during past 6 mos, trouble reading, glare worsening

**Dx:** Nuclear sclerotic cataracts OD>OS

**Tx:** Phaco IOL OD

**H25.13 NS, Cataract, OU**

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2. Secondary Cataract

**CC:** Pseudophake OS, 2 years ago, great difficulty with reading small print

**Dx:** After cataract, OS, obscuring vision

**Tx:** Schedule YAG OS

**H26.492 Other 2nd cat, OS**

**Z98.42 Cataract extraction status, OS**

**Z96.1 Presence of IOL**

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3. Cystoid Macular Edema

**CC:** Pseudophake OU, still having trouble reading, not getting better during the past 2 wks

**Test:** OCT OU

**Dx:** CME OU

**H59.033 CME following cataract surgery, OU**

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4. Myopia & Astigmatism

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

**Dx:** Myopia, OU

**Regular astigmatism, OU**

**Tx:** Rx given

**H52.13 Myopia, OU**

**H52.223 Astigmatism, regular, OU**

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5. Chronic Open Angle Glaucoma

**CC:** IOP ✓ for Chronic Open Angle Glaucoma OU

**Dx:** Uncontrolled COAG OU; "severe" VF loss OD, "moderate" VF loss OS

**Tx:** Schedule Selective Laser Trabeculoplasty OD

**Test:** HVF 24-2

**H40.11x3 POAG, Severe stage (no laterality)**

**H40.11x2 POAG, Moderate stage (no laterality)**

**H53.40 Unspecified visual field defects**
6. Glaucoma Suspect
CC: IOP ✓ OU per Dr. C
IOP: 16 mm Hg OU
Disc: Moderate cupping OU
Test: OCT, optic nerve, OU
Dx: Glaucoma suspect, OU

H40.013 Open angle with borderline findings, low risk (both eyes)

7. Dry Eye Syndrome
CC: Recheck dry eyes, S/P punctal plugs OU
Dx: DES stable
Tx: Continue artificial tears; RTO 1 yr, PRN if symptoms return

H04.123 Dry Eye Syndrome of bilateral lacrimal glands

8. Corneal Ulcer
CC: ✓ corneal ulcer, OD, improved
Dx: Central corneal ulcer, almost resolved
Tx: Finish meds

H16.011 Central corneal ulcer, OD
(Cannot code the improvement)

9. Chalazion
CC: Small bump LLL, 3-4 days, increasing pain, redness
Dx: Chalazion LLL
Tx: Warm compresses, meds

H00.15 Chalazion, left lower eyelid

Note from Chalazion section header:
Excludes2 infected meibomian gland (H00.02-)

10. Diabetes without Retinopathy
CC: Recently Dx Diabetes (Type II), needs exam
Dx: 1) Diabetes
    2) No ocular manifestations
       (Note: on oral hypoglycemics only)
Tx: Letter to PCP/Endocrinologist
    Recheck 1 yr

E11.9 Type II DM w/o complications

11. Background Diabetic Retinopathy
CC: Recently Dx Diabetes (Type II), needs exam
Dx: 1) Diabetes (Note: on oral hypoglycemics only)
    2) Mild non-proliferative DR, OU
Tx: Letter to PCP/Endocrinologist, Control Blood sugars
    Recheck 1 yr

E11.329 Type II DM with mild NPDR w/o macular edema
12. Age-related Macular Degeneration

CC: Decreased vision, difficulty reading
Dx: 1) Dry AMD OU
    2) Mild cataracts
Tx: Rx given, Amsler grid daily

H35.31 Nonexudative age-related macular degeneration (no laterality)
H25.093 Other age-related incipient cataract, bilateral

13. Epiretinal Membrane

CC: Increasing distortion, OS X 2 weeks
Dx: Epiretinal membrane, OS
Tx: Monitor Amsler grid, OU
Recheck 1 month, eval progression

H35.372 Puckering of macula, left eye

14. Ptosis

CC: UL Ptosis OU, causing gradual increased dimness for 6 mos
Dx: Mechanical ptosis OU
Tx: Schedule ptosis repair OU
Test: Bleph VF

H02.413 Mechanical ptosis of bilateral eyelids

15. Plaquenil

CC: The patient has Systemic lupus and is being treated with plaquenil. Referred for possible maculopathy.
Dx: Lupus
No evidence of toxic maculopathy, OU
Tx: Continued observation

M32.9 Systemic lupus erythematosis, unspecified
Z79.899 Other long term (current) drug therapy

16. Corneal Graft

CC: The patient is 4 weeks status post penetrating keratoplasty, OS. The pt rubbed it and it requires repair.
Dx: Complication of corneal graft, OS
Tx: Return to OR today for repair using tissue glue, recheck tomorrow

T85.398A Other mechanical complication of other ocular prosthetic devices, implants, and grafts (initial encounter)

17. Floppy Iris Syndrome

CC: The patient is taking Flomax. Intraoperative floppy iris syndrome is diagnosed during cataract extraction, OD. It requires mechanical dilation of the pupil.
Dx: Intraoperative floppy iris syndrome, OD
Tx: Complex cataract surgery, OD

H25.11 Age-related nuclear cataract, right eye (Nuclear sclerosis)
T44.6x5A Adverse effect of drug = Flomax
H21.81 Floppy iris syndrome
18. Strabismus Operative Note

• You are reviewing the op note for a strabismus case done earlier today. You note it was for exotropia, OD - and that two horizontal muscles of the right eye were operated upon.

H50.111 Monocular exotropia, right eye

19. Excision of Basal Cell on Lid

• You are coding the case of a pt who had a 6 mm malignant primary basal cell lesion excised from the left lower lid (including some canthal tissue).

C44.119 Basal cell carcinoma of skin of left eyelid, including canthus

More help…

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

(800) 399-6565
or
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