ICD-10-CM for Ophthalmology

Presented by:
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Agenda

• What does ICD-10-CM bring?
• ICD-10-CM Guidelines for Ophthalmology
• New Codes for Glaucoma
• Cataract
• Blindness and low vision
• Diabetes
• Hypertension
History of ICD-10

• First things first, WHAT IS ICD-10?
  – International Classification of Diseases, 10th Revision
    • Each country has its own modified version
  – CM stands for Clinical Modification
    • Diagnosis codes used by all health care providers
  – PCS stands for Procedure Classification System
    • Procedure codes used in facility settings
Why make the change?

- ICD-9 has been in use for over 30 years
- Outdated terminology
- No room for expansion
- Faster adjudication of claims
- Reimbursement accuracy
- Substantiate medical necessity
Why ICD-10-CM?

• HIPAA

• Final Rule

• One year proposed delay
Benefits

• A greater capacity for effective epidemiological studies and research
• More information available for setting health care policy
• Enhanced monitoring of resource usage in providing medical care
• Better prevention of health care fraud and abuse through more detailed claims
• Strengthened quality initiatives as many more details about the conditions of patients can be reported
Why ICD-10-CM?

• Outdated code descriptions

• Conveys the clinical condition of the patient more accurately

• Compatibility with other countries
## Differences in the Code Sets

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Approximately 14,000 codes</td>
<td>• Approximately 70,000 codes</td>
</tr>
<tr>
<td>• 17 Chapters</td>
<td>• 21 Chapters</td>
</tr>
<tr>
<td>• Up to 5 characters in length</td>
<td>• Up to 7 characters in length</td>
</tr>
<tr>
<td>• 1st character <em>may</em> be alpha</td>
<td>• 1st character <em>always</em> alpha</td>
</tr>
<tr>
<td>• Characters 2-5 numeric</td>
<td>• Characters 2-7 numeric <em>or</em> alpha</td>
</tr>
<tr>
<td>• No laterality</td>
<td>• Laterality part of code set</td>
</tr>
</tbody>
</table>

*ICD-10 Will Change Everything*
Concept of laterality

• ICD-10-CM has introduced the concept of laterality into the coding system
• Currently part of documentation
• Choices include:
  – Right
  – Left
  – Bilateral
  – Unspecified
<table>
<thead>
<tr>
<th>Laterality</th>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 365.05 Open angle with borderline findings, high risk</td>
<td></td>
<td>• H40.021 Open angle with borderline findings, high risk, right eye</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• H40.022 Open angle with borderline findings, high risk, left eye</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• H40.023 Open angle with borderline findings, high risk, bilateral</td>
</tr>
</tbody>
</table>
Dummy Placeholders

• ICD-10-CM utilizes a placeholder character “X”
  – The “X” is used as a character placeholder at certain 6 character codes to allow for future expansion

Example:
  – H40.61X3  Glaucoma secondary to drugs, right eye, severe stage
Guidelines

• New guidelines added to the ICD-10-CM manual
  – Related to coding of glaucoma
  – Correlate to the new glaucoma codes that were added to ICD-10-CM for 2012

1. Assign as many codes from category H40, Glaucoma, as needed to identify the type of glaucoma, the affected eye, and the glaucoma stage.
Guidelines

2. When a patient has bilateral glaucoma and both eyes are documented as being the same type and stage, and there is a code for bilateral glaucoma, report only the code for the type of glaucoma, bilateral, with the seventh character for the stage.

Example: H40.1232  Low-tension glaucoma, bilateral, moderate stage
Guidelines

When a patient has bilateral glaucoma and both eyes are documented as being the same type and stage, and the classification does not provide a code for bilateral glaucoma report only one code for the type of glaucoma with the appropriate seventh character for the stage.

Example: Patient with bilateral mild primary open-angle glaucoma.

H40.11X1  Primary open-angle glaucoma, mild stage
Guidelines

3. When a patient has bilateral glaucoma and each eye is documented as having a different type or stage, and the classification distinguishes laterality, assign the appropriate code for each eye rather than the code for bilateral glaucoma.
Example

A patient has bilateral intermittent angle-closure glaucoma; mild stage in the right, moderate stage in the left

H40.2322  Intermittent angle-closure glaucoma, left eye, moderate stage

AND

H40.2311  Intermittent angle-closure glaucoma, right eye, mild stage
Guidelines

When a patient has bilateral glaucoma and each eye is documented as having a different type, and the classification does not distinguish laterality, assign one code for each type of glaucoma with the appropriate seventh character for the stage.
Example

A patient has severe primary angle-closure glaucoma in the right eye and moderate open-angle glaucoma in the left eye

H40.20X3  Unspecified primary angle-closure glaucoma, severe stage

AND

H40.10X2  Unspecified open-angle glaucoma, moderate stage
Guidelines

When a patient has bilateral glaucoma and each eye is documented as having the same type, but different stage, and the classification does not distinguish laterality, assign a code for the type of glaucoma for each eye with the seventh character for the specific glaucoma stage documented for each eye.
Example

A patient presents with bilateral primary open-angle glaucoma; mild in the right and moderate in the left

H40.11X2  Primary open-angle glaucoma, moderate stage

AND

H40.11X1  Primary open-angle glaucoma, mild stage
Guidelines

4. If a patient is admitted with glaucoma and the stage progresses during the admission, assign the code for highest stage documented.

5. Assignment of the seventh character “4” for “indeterminate stage” should be based on clinical documentation. The seventh character “4” is used for glaucomas whose stage cannot be clinically determined. This seventh character should not be confused with the seventh character “0” unspecified, which should be assigned when there is no documentation regarding the stage of the glaucoma.
Glaucoma codes (H40-H42)

Glaucoma codes are classified by:

• Type
• Stage
• Laterality (in some cases)
• Secondary glaucoma
• Glaucoma suspect  H40.0
• Open-angle glaucoma  H40.1
• Primary angle-closure glaucoma  H40.2
• Glaucoma secondary to eye trauma  H40.3
• Glaucoma secondary to eye inflammation  H40.4
• Glaucoma secondary to other eye disorders  H40.5
• Glaucoma secondary to drugs  H40.6
• Other glaucoma  H40.8
• Unspecified glaucoma  H40.9
• Glaucoma in diseases classified elsewhere  H42

ICD-10 Will Change Everything
Cataract

• Some of the descriptors are different
  – Age-related vs. senile
  – Morgagnian vs. hypermature
  – Infantile & juvenile vs. infantile, juvenile, and presenile
<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
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<tbody>
<tr>
<td>366.15 Cortical senile cataract</td>
<td>• H25.011  Cortical age-related cataract, right eye</td>
</tr>
<tr>
<td></td>
<td>• H25.012  Cortical age-related cataract, left eye</td>
</tr>
<tr>
<td></td>
<td>• H25.013  Cortical age-related cataract, bilateral</td>
</tr>
<tr>
<td></td>
<td>• H25.019  Cortical age-related cataract, unspecified eye</td>
</tr>
</tbody>
</table>
Blindness and low vision

• Some of the descriptors are different
  – Blindness & low vision in ICD-10-CM
  – Profound impairment, moderate impairment, severe impairment, blindness in ICD-9-CM

Both manuals have tables that define these terms
## Example

<table>
<thead>
<tr>
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<td><img src="image" alt="Table" /></td>
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</table>

- **ICD-9-CM**
  - 369.02
  - 369.03
  - 369.04
  - 369.05
  - 369.06
  - 369.07
  - 369.08
  - Better eye versus lesser eye impairment

- **ICD-10-CM**
  - H54.10 Blindness one eye, low vision other eye, unspecified eyes
  - H54.11 Blindness, right eye, low vision left eye
  - H54.12 Blindness, left eye, low vision right eye

*ICD-10 Will Change Everything*
Diabetes

- 5 categories in ICD-10-CM
  - E08 Diabetes mellitus due to underlying condition
  - E09 Drug or chemical induced diabetes mellitus
  - E10 Type 1 diabetes mellitus
  - E11 Type 2 diabetes mellitus
  - E13 Other specified diabetes mellitus
Diabetes

• Diabetes Mellitus codes in ICD-10-CM are combination codes that include:
  – Type of diabetes mellitus
  – Body system affected, and;
  – The complications affecting that body system

• If type 2, long-term use of insulin should also be reported
ICD-10-CM changes

• Combination codes are used in ICD-10-CM for diabetes

• The three character category shows the type of diabetes

• The fourth character shows the underlying conditions with specified complications

• The fifth character defines the specific manifestation
Diabetes

In ICD-10-CM, there are combination codes for

- Diabetic retinopathy
  - Nonproliferative: Mild/moderate/severe
  - Proliferative & Unspecified
  - With/without macular edema

- Diabetic cataract

- Other ophthalmic complication
Example

A type 1 diabetic patient presents with diabetic cataracts

- ICD-9-CM:
  250.51  Diabetes with ophthalmic manifestations, type I, not stated as uncontrolled
  366.41  Diabetic cataract

- ICD-10-CM:
  E10.36  Type 1 diabetes mellitus with diabetic cataract
Example

A type 2 diabetic patient presents with moderate nonproliferative diabetic retinopathy with macular edema.
Answer

- ICD-9-CM:
  250.50 Diabetes with ophthalmic manifestations, type 2 or unspecified, not stated as uncontrolled
  362.05 Moderate nonproliferative diabetic retinopathy
  362.07 Diabetic macular edema

- ICD-10-CM:
  E11.331 Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
Hypertension

- No Hypertension Table
- Benign and Malignant no longer differentiated
- I10 Essential (primary) hypertension
Example

- Benign hypertension
  - I10 Essential hypertension
- Malignant hypertension
  - I10 Essential hypertension
- Uncontrolled hypertension
  - I10 Essential hypertension
- Well controlled hypertension
  - I10 Essential hypertension
Preparation

• Knowledge of elements required to ensure coding to the highest level
• Understand guidelines or make sure coders have resources available to them to begin this process
• Timing of education
• Keep the conversation going!
Importance of preparing

- Even though the date of implementation will be delayed until October 1, 2014 it is important to continue preparing for the change.
- A practice may put themselves at risk by waiting to prepare for the transition to ICD-10.
- Small inefficiencies will be magnified with the implementation of ICD-10 if they are not identified and corrected prior to the transition.
Potential negative impacts

• Decreased productivity
• Interrupted cash flow
• Increased amount of rejections
• Incompatible systems
• Increased volumes of work
• Incorrect mapping
• Increased risk of payer audits
Productivity

- Initially productivity will decrease
- Alphanumeric codes
- New guidelines
- New language
- Uncertainty of how to assign the codes
Measure productivity

• Understand where productivity is at prior to the implementation of ICD-10
• Use this as a “goal” to get back to after the official implementation date
• Canada indicates that their productivity has not recovered since implementation
  – Different reimbursement system
  – Implemented EMR at same time as ICD-10
  – Went from DOS system to an electronic world
Documentation

• Begin the process with awareness
  – Determine most frequently used diagnosis codes by provider
  – Assess if their current documentation is specific enough to be able to assign an ICD-10-CM code
  – Provider education should be customized to each individual provider
  – Identify the elements of ICD-10 that may be missing and gradually include it
Conclusion

• There is no doubt that the transition to ICD-10 will be a large task to undertake
• Through awareness, teamwork, and open lines of communication a smooth and successful transition can occur
• It is important to create and follow a plan that works in your practice/institution, assess and adjust as necessary, and provide ongoing education to all involved
Questions?