ICD-10 Reference Guide: Ophthalmology

ICD-10 General Overview

**ICD-10-CM**

- **Acute, Subacute, and Chronic**
  - ICD-10-CM can accommodate more specificity when describing acute, subacute, and chronic conditions
  - Some conditions may meet both acute and chronic criteria and should be documented as such

**Anatomic Site/Location**

- More detail in terms of location of injury/condition
- Document precisely where injury/condition occurs
- Read through ICD-10-CM descriptions to understand the type of clinical detail that is required

**Laterality**

- Left
- Right
- Bilateral
- Multiple Locations (if applicable)

**Signs/Symptoms**

- Documentation of signs/symptoms continue to be acceptable when there is no definitive diagnosis identified by physician
- Document to highest degree of specificity (e.g. severity, acute vs chronic)

**Type of Encounter (Episode of Care)**

- Initial encounter
  - Actively receiving treatment
- Subsequent encounter
  - Active phase of treatment/receiving routine care during period of healing/recovery
  - Healing – routine vs delayed
  - Complications – nonunion or malunion
- Sequela
  - Complications or conditions that arise as direct result of an injury

**ICD-10-PCS**

- **Access**
  - How did you gain access to the procedure site?
    - Incision
    - Open
    - Natural Orifice/Artificial Opening (Mouth, Vagina, Ostomy, Urethra, etc.)
    - Scope
    - Needle
    - Directly on the Skin

- **Anatomic Site/Location**
  - Specify exact site of procedure to ensure accurate coding
  - Some procedure codes cannot be identified (by coding staff) without the exact site/location being documented

- **Intent**
  - Be clear in documentation as to what procedure(s) are performed

**Other Helpful Hints**

- Insufficiencies vs Failure
  - Insufficiency adds no severity of illness
  - State Failure when appropriate
- Post-Operative Complications
  - Reserve “Post-Op” verbiage to reflect a true complication of the procedure
- Links:
  - Symptoms to etiology
  - Home Meds to Applicable Diagnosis
  - Manifestations to etiology
- History & Physical (Current, updated, signed copy)
- Present on Admission
  - Documentation should reflect the onset
  - Abnormal Lab Values
  - Document disease process

**Clinical Scenario**

The patient is a 68 year-old female who noticed "gnats" buzzing about her face yesterday evening, and throughout today. She has no prior history of eye problems, wears contact lenses only rarely and relies mostly on reading glasses. She has suffered no trauma to the eye or blow to the head. She denies any loss of vision or pain. She has a history of paroxysmal atrial fibrillation, well controlled on low-dose beta blocker, but no other significant active medical problems. Her exam is remarkable for PERRLA, intact extraocular movement, normal conjunctivae, clear anterior chambers, visualized "floaters" in the left vitreous, and a total retinal detachment of the left eye, confirmed by bedside ultrasound.

**CODING – DX**

- H33.052 Retinal detachment
- I48.0 Paroxysmal atrial fibrillation
- Z79.899 Other long term (current) drug therapy
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# ICD-10-CM: OPHTHALMOLOGY

*The following items should be documented (as appropriate) to allow complete coding under ICD-10-CM*

## Diabetes
- Type: Type 1, Type 2, Secondary (specify drug or chemical induced), Due to other condition (specify underlying disease)
- Link Manifestations/Complications with “due to …”
  - Neuropathy, Ophthalmic, Pregnancy, CKD
- Long Term Use of Insulin
- Presence of Insulin Pump

## Eye Disease
- Eyelid Impacted (upper vs lower)
- Ectropion and Entropion
  - Cicatricial, mechanical, senile, spastic, trichiasis
- Type and location of corneal ulcer
- Cataract (age related, traumatic, or drug induced)
  - Anterior vs posterior
  - Complicated vs uncomplicated
- Primary vs secondary disease

## Infections
- Link infective organism & disease process

## Injuries (Cause)
- Mechanism: How it happened (e.g. struck by a basketball)
- Place of Occurrence: Where it happened (e.g. high school)
- Activity: What patient was doing (e.g. playing basketball)
- External Cause Status: Military, civilian, work-related, leisure (e.g. leisure)

## Injuries (Eye)
- Detailed locations (specific orbital bone, eyelid, eyeball)
- Laceration (penetrating, with prolapse, avulsion)
- Episode of Care (Initial, Subsequent, Sequela)

## Neoplasm
- Malignant vs benign, primary, secondary, in situ
- Detailed locations (overlapping sites vs different, distinct locations)
- Primary
  - Still active primary site
  - Previously removed/treated
  - Treatment status (current, completed, etc.)
- Metastatic
  - Location
  - Symptomatic
  - Current treatment course

## Status of Disease
- Acute, Chronic, Intermittent, Recurrent, Transient
- Primary versus Secondary

## Specialty Links

**General ICD-10**
- World Health Organization - ICD-10 Interactive Self Learning Tool

**Ophthalmology**
- Conquering ICD-10-CM - American Academy of Ophthalmology
# ICD-10 Reference Guide: Ophthalmology

## Common Co-Morbid Conditions

### Anemia
- **Etiology/Type**
  - Vitamin/Iron Deficiency, Due to Chronic Disease, Pernicious, Sickle Cell
  - Due to Chronic Disease (name disease)
  - Autoimmune, Cancer, CKD, Liver Cirrhosis, HIV/AIDS, Hepatitis
  - Acquired vs hereditary hemolytic anemia
  - Cause of aplastic anemia

### Angina
- **Avoid using term “Acute Coronary Syndrome/ACS”**
- **Stable vs Unstable or New Onset**
- **Supply Causes, state “due to …”**
  - CAD, aortic stenosis, hypertrophic, cardiomyopathy, pulmonary artery hypertension
- **Demand Causes, state “due to …”**
  - Anemia, tachyarrhythmia (name it), thyrotoxicosis, shock (name it)
- **Document spasm, when present**

### Benign Prostatic Hypertrophy (BPH)
- **Link Symptoms to Syndrome (Weak Urine Stream, Difficulty Starting Urination, Unable to Empty Bladder)**

### Chronic Kidney Disease (CKD)
- **Stage 1-5**
- **ESRD**
- **Etiology (Hypertension, Diabetes)**

### Cerebral Vascular Accident (CVA)
- **Current vs Old**
- **Artery Impacted**
  - Laterality (where applicable)
- **Occlusion vs Stenosis**
- **Post-procedural**
- **Specify Additional Symptoms “Due To” Drugs**
  - Tremors, Tics, etc.
- **Traumatic Injury**
  - Episode of Care (Initial, Subsequent, Sequela)

### Congestive Heart Failure (CHF)
- **Specify:**
  - Acute vs Chronic vs Both
  - Systolic and/or Diastolic Dysfunction
- **For Acute, state “due to …”**
  - Non-compliance, Afib with RVR, Ischemia (USA, AMI), Hypertensive Crisis, Other (name it)
- **For Chronic, state “due to …”**
  - CAD (ischemic cardiomyopathy), HTN (hypertensive heart disease), Specify other cause of cardiomyopathy
  - A document EF is not a diagnosis of heart failure, need verbiage in medical record to support

### Diabetes Mellitus (DM)
- **Type**
  - Type 1, Type 2, Secondary (specify drug or chemical induced), Due to other condition (specify underlying disease)
- **Link Manifestations/Complications with “due to …”**
  - Neuropathy, Ophthalmic, Pregnancy, CKD
- **Long Term Use of Insulin**
- **Presence of Insulin Pump**

### Decubitus Ulcers
- **Location – Stage (1-4, Unstageable, Unspecified)**
- **Laterality**

### Nutritional
- **Deficiencies (Specify substance)**
- **Overweight vs Obesity vs Morbid Obesity (BMI value)**
- **Malnutrition**
  - With or without complications
  - Mild, moderate or severe

### Pneumonia
- **Type (Aspiration, Bacterial, Virus)**
  - Identify causative organism

### Seizure
- **Seizure disorder = Epilepsy**
- **Seizure = single even to yet-to-be diagnosed**

### Urinary Tract Infections (UTI)
- **Location**
  - Bladder, Kidney, Urethra
- **Identify Infectious Agent**
- **Complicating Pregnancy**
  - Specify Trimester Where Condition Began