Are You Prepared? Part VIII
Common ocular infections and injuries

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August 2014

With contributions from Doug Morrow OD & Harvey Richman OD
Overview

This webinar will provide an introduction to ICD–10–CM coding changes and begin your preparation.

There will be more information coming in the next few months to further prepare you for the change to ICD–10–CM.
Are You Well Connected??

Notice:
To hear the audio portion of this webinar—

Connect through your computer with a headset or through your telephone

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EMNichols@AOA.org
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Click ICD–10 on the right hand column and it will take you to all the available resources for ICD–10

Other helpful resources will soon be available as well
Q&A and After the Webinar

• AT THE END OF THE PRESENTATION:
Questions will be answered at the end of the presentation, as time permits
To ask a question that pertains to this presentation:
Click on the red arrow to maximize the webinar control panel and expand the ‘Questions’ section.
Type inquiries in the dialog box and press ‘Send’

• AFTER THE WEBINAR
Please submit questions using the online submission form on www.aoa.org/coding
AOA Third Party Center Coding Experts

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## Outline for ICD–10–CM Webinars

**Are you prepared? 10 Part Series**

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
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<tbody>
<tr>
<td>January 10, 2014</td>
<td>Introduction to ICD–10–CM Coding System</td>
</tr>
<tr>
<td>February 14, 2014</td>
<td>ICD–10–CM More Basics</td>
</tr>
<tr>
<td>March 21, 2014</td>
<td>ICD–10–CM Coding: Lids to Lens</td>
</tr>
<tr>
<td>April 11, 2014</td>
<td>ICD–10–CM Coding: Posterior Segment</td>
</tr>
<tr>
<td>May 23, 2014</td>
<td>ICD–10–CM Coding: Glaucoma–Optic Pathways</td>
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<tr>
<td>June 20, 2014</td>
<td>ICD–10–CM Coding: Refraction, Muscles, Disturbances</td>
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<tr>
<td>July 11, 2014</td>
<td>ICD–10–CM Coding: Diabetes and other systemic disease</td>
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<tr>
<td>August 8, 2014</td>
<td>ICD–10–CM Coding: Common Ocular Infection and Injury</td>
</tr>
<tr>
<td>September 12, 2014</td>
<td>ICD–10–CM Coding: Post-procedural Complications</td>
</tr>
<tr>
<td>October 17, 2014</td>
<td>ICD–10–CM Coding: Odds and Ends and Recap</td>
</tr>
</tbody>
</table>

All webinars are recorded and will be posted to the AOA Eyelearn site within 3–5 business days following the live presentation.
Topics for this Webinar

• ICD–10–CM delay
• Brief Overview of Chapter 7
• Chapter 7 General Inclusions and Exclusions– Details
• Chapter 7 Details
• Common ocular infections
  – Allergic
  – Dacryocystitis
  – Herpes Simplex Corneal Ulcer
• Common ocular injuries
  – Coding the visit
  – Coding the cause
  – Subsequent and sequela coding
• Questions
• Resources
• Self Assessment Review Questions

Specific coding examples sprinkled throughout presentation
ICD–10–CM Delay–Final Rule

Dateline: CMS  July 31, 2014

**Deadline set for October 1, 2015**

“The U.S. Department of Health and Human Services (HHS) issued a rule today finalizing Oct. 1, 2015 as the new compliance date for health care providers, health plans, and health care clearinghouses to transition to ICD-10, the tenth revision of the International Classification of Diseases.

This deadline allows providers, insurance companies and others in the health care industry time to ramp up their operations to ensure their systems and business processes are ready to go on Oct. 1, 2015.”

Excerpts from CMS NEWS  July 31, 2014
Deadline for ICD-10 allows health care industry ample time to prepare for change
ICD–10–CM Delay–Final Rule

Review of WHY this change

- More detailed patient history coding
- Better coordinate patient’s care across providers and over time
- Improves quality measurement and reporting
- Facilitates detection and prevention of fraud, waste, and abuse
- Leads to greater accuracy of reimbursement for medical services
- Code set’s granularity will improve data capture and analytics of
  - public health surveillance and reporting
  - national quality reporting
  - research and data analysis
  - detailed data to enhance health care delivery

Excerpts from CMS NEWS  July 31, 2014
Deadline for ICD-10 allows health care industry ample time to prepare for change
ICD–10–CM Delay–Final Rule
Review of WHY this change

ICD-10-CM will allow:

• Doctors to capture much more information…can better understand important details about patient’s health
• Researchers and public health officials can better track diseases and health outcomes
• Improved diagnosis of chronic illness
• Identify underlying causes, complications of disease, and conditions that contribute to complexity of a disease
• Captures severity and stage of diseases

Excerpts from CMS NEWS  July 31, 2014
Deadline for ICD-10 allows health care industry ample time to prepare for change

American Optometric Association
Tabular List Chapter 7 Categories

Official USA Version for ICD–10–CM)

- H00–H05 → Disorders of eyelid, lacrimal system, orbit
- H10–H11 → Disorders of conjunctiva
- H15–H22 → Disorders of sclera, cornea, iris, ciliary body
- H25–H28 → Disorders of lens
- H30–H36 → Disorders of choroid and retina
- H40–H42 → Glaucoma
- H43–H44 → Disorders of vitreous body and globe
- H46–H47 → Disorders of optic nerve & visual pathways
- H49–H52 → Disorders of ocular muscles, binocular movement, accommodation and refraction
- H53–H54 → Visual disturbances and blindness
- H55–H57 → Other disorders of eye and adnexa
- H 59 → Intraoperative and postprocedural complications and disorders
Chapter 7 Diseases of the eye and adnexa (H00–H59) Overall Notes and Exclusions

**Note:** Use an external cause code following the code for the eye condition, if applicable, to identify the cause of the eye condition

**Excludes:**

- Certain conditions originating in the perinatal period (P04–P96)
- Certain infectious and parasitic diseases (A00–B99)
- Complications of pregnancy, childbirth and the puerperium (O00–O9A)
- Congenital malformations, deformations, and chromosomal abnormalities (Q00–Q99)
- Diabetes mellitus related eye conditions (E09.3–, E10.3–, E11.3–, E13.3–)
- Endocrine, nutritional and metabolic diseases (E00–E88)
- Injury (trauma) of eye and orbit (S05.–)
- Injury, poisoning and certain other consequences of external causes (S00–T88)
- Neoplasms (C00–D49)
- Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00–R94)
- Syphilis related eye disorders (A50.01, A50.3–, A51.43, A52.71)
Definition Reminder

• Excludes1:
Excludes 1 note is pure excludes note—meaning “NOT CODED HERE!”
Code excluded should never be used at same time as code above Excludes1 note
Excludes1 used when two conditions cannot occur together
(Example: congenital versus acquired form of same condition)

• Excludes2
Excludes2 note means “Not included here”
Excluded condition is not part of condition represented by code
BUT patient may have both conditions at the same time

Excludes2 used when it is acceptable to use both code and excluded code together, when applicable
Conjunctivitis Alphabetic Index

Note: many codes are NOT found in H section
<table>
<thead>
<tr>
<th>Condition</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>gonococcal (neonatorum)</td>
<td>A54.31</td>
</tr>
<tr>
<td>granular (trachomatous)</td>
<td>A71.1</td>
</tr>
<tr>
<td>sequelae (late effect)</td>
<td>B94.0</td>
</tr>
<tr>
<td>hemorrhagic (acute) (epidemic)</td>
<td>B30.3</td>
</tr>
<tr>
<td>herpes zoster</td>
<td>B02.31</td>
</tr>
<tr>
<td>in (due to)</td>
<td></td>
</tr>
<tr>
<td>- Acanthamoeba</td>
<td>B60.12</td>
</tr>
<tr>
<td>- adenovirus (acute) (follicular)</td>
<td>B30.1</td>
</tr>
<tr>
<td>- Chlamydia</td>
<td>A74.0</td>
</tr>
<tr>
<td>- coxsackievirus</td>
<td>B30.3</td>
</tr>
<tr>
<td>- diphtheria</td>
<td>A36.86</td>
</tr>
<tr>
<td>- enterovirus type 70 (hemorrhagic)</td>
<td>B30.2</td>
</tr>
<tr>
<td>- filariasis</td>
<td>B74.9</td>
</tr>
<tr>
<td>- gonococci</td>
<td>A54.31</td>
</tr>
<tr>
<td>- herpes (simplex) virus</td>
<td>B00.53</td>
</tr>
<tr>
<td>- - zoster</td>
<td>B02.31</td>
</tr>
<tr>
<td>- infectious disease NEC</td>
<td>B99</td>
</tr>
<tr>
<td>- meningococci</td>
<td>A39.89</td>
</tr>
<tr>
<td>- mucocutaneous leishmaniasis</td>
<td>B55.2</td>
</tr>
<tr>
<td>- rosacea</td>
<td>L71.9</td>
</tr>
<tr>
<td>- syphilis (late)</td>
<td>A52.71</td>
</tr>
<tr>
<td>- - zoster</td>
<td>B02.31</td>
</tr>
<tr>
<td>- inclusion</td>
<td>A74.0</td>
</tr>
<tr>
<td>- infantile</td>
<td>P39.1</td>
</tr>
<tr>
<td>- - gonococcal</td>
<td>A54.31</td>
</tr>
<tr>
<td>- Koch-Weeks’ — see Conjunctivitis, acute, mucopurulent</td>
<td></td>
</tr>
<tr>
<td>- light — see Conjunctivitis, acute, atopic</td>
<td></td>
</tr>
<tr>
<td>- ligneous — see Blepharoconjunctivitis, ligneous</td>
<td></td>
</tr>
<tr>
<td>- meningococcal</td>
<td>A39.89</td>
</tr>
<tr>
<td>- mucopurulent — see Conjunctivitis, acute, mucopurulent</td>
<td></td>
</tr>
<tr>
<td>- neonatal</td>
<td>P39.1</td>
</tr>
<tr>
<td>- - gonococcal</td>
<td>A54.31</td>
</tr>
<tr>
<td>- Newcastle</td>
<td>B30.8</td>
</tr>
<tr>
<td>- of Béal</td>
<td>B30.2</td>
</tr>
<tr>
<td>- parasitic</td>
<td></td>
</tr>
<tr>
<td>- - filariasis</td>
<td>B74.9</td>
</tr>
<tr>
<td>- - mucocutaneous leishmaniasis</td>
<td>B55.2</td>
</tr>
<tr>
<td>- Parinaud’s</td>
<td>H10.89</td>
</tr>
<tr>
<td>- petrificans</td>
<td>H10.89</td>
</tr>
<tr>
<td>- rosacea</td>
<td>L71.9</td>
</tr>
<tr>
<td>- specified NEC</td>
<td>H10.89</td>
</tr>
<tr>
<td>Condition</td>
<td>Code</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>swimming-pool</td>
<td>B30.1</td>
</tr>
<tr>
<td>trachomatous</td>
<td>A71.1</td>
</tr>
<tr>
<td>acute</td>
<td>A71.0</td>
</tr>
<tr>
<td>sequelae (late effect)</td>
<td>B94.0</td>
</tr>
<tr>
<td>traumatic NEC</td>
<td>H10.89</td>
</tr>
<tr>
<td>tuberculous</td>
<td>A18.59</td>
</tr>
<tr>
<td>tularemic</td>
<td>A21.1</td>
</tr>
<tr>
<td>tularensis</td>
<td>A21.1</td>
</tr>
<tr>
<td>viral</td>
<td>B30.9</td>
</tr>
<tr>
<td>due to</td>
<td></td>
</tr>
<tr>
<td>adenovirus</td>
<td>B30.1</td>
</tr>
<tr>
<td>enterovirus</td>
<td>B30.3</td>
</tr>
<tr>
<td>specified NEC</td>
<td>B30.8</td>
</tr>
</tbody>
</table>

**Viral conjunctivitis conditions** tend to be under “B”

**Acute, mucopurulent, atopic** tend to be under “H”

**Certain infective and parasitic** tend to be under “A”
Previous Webinar Part III

- Reviewed Acute Mucopurulent Conjunctivitis
- Reviewed Adenovirus Conjunctivitis and Keratoconjunctivitis
- Reviewed Hordeolum
- Reviewed Blepharitis
- Reviewed Iritis

Not going to repeat these conditions. Please refer back to Part III of this series.
Allergic Conjunctivitis OU Example

Alphabetic Index

Allergy, allergic (reaction) (to) T78.40
- animal (dander) (epidermal) (hair) (rhinitis) J30.81
- bee sting (anaphylactic shock) — see Toxicity, venom, arthropod, bee
  - colitis K52.2
  - dander (animal) (rhinitis) J30.81
- epidermal (animal) (rhinitis) J30.81
- feathers (rhinitis) J30.89
- nasal, seasonal due to pollen J30.1
- pneumonia J82

Conjunctivitis (staphylococcal) (streptococcal) NOS H10.9
- allergic (acute) — see Conjunctivitis, acute, atopic
  - chronic H10.45
  - - vernal H10.44
  - acute H10.3-
  - - atopic H10.1-

Nothing under “allergy”
Go to H10.1- section of Tabular Listing
## Allergic Conjunctivitis OU Example

### Tabular Listing

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>H10.1</td>
<td>Acute atopic conjunctivitis</td>
</tr>
<tr>
<td></td>
<td>Acute papillary conjunctivitis</td>
</tr>
<tr>
<td>H10.10</td>
<td>Acute atopic conjunctivitis, unspecified eye</td>
</tr>
<tr>
<td>H10.11</td>
<td>Acute atopic conjunctivitis, right eye</td>
</tr>
<tr>
<td>H10.12</td>
<td>Acute atopic conjunctivitis, left eye</td>
</tr>
<tr>
<td>H10.13</td>
<td>Acute atopic conjunctivitis, bilateral</td>
</tr>
</tbody>
</table>

---

**EASY ➔ Final code is H10.13**
Dacryocystitis OS Example
Alphabetic Index

Dacryocystitis H04.30-
- acute H04.32-
- chronic H04.41-
- neonatal P39.1
- phlegmonous H04.31-
- syphilitic A52.71
- -- congenital (early) A50.01
- trachomatous, active A71.1
- -- sequelae (late effect) B94.0

Note that some codes for this conditions, again, are not under the H section
Go to H04.32-
Dacryocystitis OS Example Tabular Listing

H04.3  Acute and unspecified inflammation of lacrimal passages

Excludes1: neonatal dacryocystitis (P39.1)

H04.32  Acute dacryocystitis
         Acute dacryopericystitis

         H04.321  Acute dacryocystitis of right lacrimal passage
         H04.322  Acute dacryocystitis of left lacrimal passage
         H04.323  Acute dacryocystitis of bilateral lacrimal passages
         H04.329  Acute dacryocystitis of unspecified lacrimal passage

Final Code  → H04.322
Not difficult yet again
Herpes Simplex Corneal Ulcer OS Example

Alphabetic Index

**Ulcer, ulcerated, ulcerating, ulceration, ulcerative**
- cornea H16.00-
  - - with hypopyon H16.03-
  - - central H16.01-
  - - dendritic (herpes simplex) B00.52
  - - marginal H16.04-

**Herpes, herpesvirus, herpetic** B00.9
- anogenital A60.9
  - - blepharitis (zoster) B02.39
  - - simplex B00.59
  - - circinatus B35.4
  - - bullosus L12.0
  - - conjunctivitis (simplex) B00.53
  - - zoster B02.31
  - - cornea B02.33
    - - eye (zoster) B02.30
    - - simplex B00.50

Note: This entry would lead you to B02.33 BUT

Note: under Herpes, Eye that zoster is B02.30 not simplex
Herpes Simplex Corneal Ulcer OS Example

Alphabetic Index

**Keratitis** (nodular) (nonulcerative) (simple) (zonular) H16.9
- with ulceration (central) (marginal) (perforated) (ring) —see Ulcer, cornea
  - dendritic (a) (herpes simplex) B00.52
  - disciform (is) (herpes simplex) B00.52
  - - varicella B01.81
  - - filamentary H16.12-

For this example, all sections of Alphabetic Index leads to Section B of the Tabular Listing B00.52 or B00.50 and maybe B02.33?
Herpes Simplex Corneal Ulcer OS Example

Alphabetic Index

B00-B09  Viral infections characterized by skin and mucous membrane lesions
B00  Herpesviral [herpes simplex] infections
  Excludes1: congenital herpesviral infections (P35.2)
  Excludes2: anogenital herpesviral infection (A60.-)
    gammaherpesviral mononucleosis (B27.0-)
    herpangina (B08.5)
B00.5  Herpesviral ocular disease
  B00.50  Herpesviral ocular disease, unspecified
  B00.51  Herpesviral iridocyclitis
    Herpesviral iritis
    Herpesviral uveitis, anterior
  B00.52  Herpesviral keratitis
    Herpesviral keratoconjunctivitis
  B00.53  Herpesviral conjunctivitis
  B00.59  Other herpesviral disease of eye
    Herpesviral dermatitis of eyelid
B02.3  Zoster ocular disease

Final Code would be B00.52 Not per eye in this case

NOT THIS SECTION!!
Ocular Injury Coding Principles
External Cause, Activity, Place of Occurrence

- **External causes** of morbidity codes never sequenced as first diagnosis
- **External cause code** used for length of treatment with appropriate 7th character
- Assign as many external cause codes as necessary
- Combination external cause codes should correspond to sequence of events without regard for which caused most serious injury
  - fall causing a strike against injury
- **Place of occurrence** (Y92) are secondary codes
  - location of the patient at time of injury or other condition.
- **Activity code** (Y93), describe activity at time of injury or other health condition
- **External cause status code** (Y99) only used for initial injury
- Place of occurrence, activity, and external cause status codes are sequenced after main external cause code(s)
Ocular Injury Coding Principles
External Cause, Activity, Place of Occurrence

There is no **national requirement for mandatory** ICD-10-CM **external cause code reporting**. Unless a provider is subject to a state-based external cause code reporting mandate or these codes are required by a particular payer, reporting of ICD-10-CM codes in Chapter 20, External Causes of Morbidity, is not required.

In the absence of a mandatory reporting requirement, **providers are encouraged to voluntarily report** **external cause codes**, as they provide valuable data for injury research and evaluation of injury prevention strategies.
Chief complaint: “My right eye hurts”
Cutting tree limbs in my yard this morning when I bumped into a branch. Since then, my right eye has been tearing and watering. Sensitive to light and painful.

Finding: Corneal abrasion of central cornea in right eye
Diagnosis: Corneal abrasion OD

But how do we code this injury?
Corneal Abrasion, right eye, central-Tree limb Home Yard Work – No fall involved

Alphabetic Index
Cornea – see condition
Abrasions T14.8

- cornea S05.0-

Go to S05.0- section of Tabular Listing
Corneal Abrasion, right eye, central-Tree limb

Chapter 19

Injury, poisoning and certain other consequences of external causes (S00-T88)
Note: Use secondary code(s) from Chapter 20, External causes of morbidity, to indicate cause of injury.

Use additional code to identify any retained foreign body, if applicable (Z18.-)

Note: The chapter uses the S-section for coding different types of injuries related to single body regions

S05 Injury of eye and orbit

Includes: open wound of eye and orbit

Excludes2: 2nd cranial [optic] nerve injury (S04.0-)
3rd cranial [oculomotor] nerve injury (S04.1-)
open wound of eyelid and periorcular area (S01.1-)
orbital bone fracture (S02.1-, S02.3-, S02.8-)
superficial injury of eyelid (S00.1-S00.2)

The appropriate 7th character is to be added to each code from category S05

A DIFFERENT 7th character than we used for glaucoma!
Corneal Abrasion, right eye, central - Tree limb
Home Yard Work – No fall involved

S05.0 Injury of conjunctiva and corneal abrasion without foreign body

Excludes1: foreign body in conjunctival sac (T15.1)
foreign body in cornea (T15.0)

S05.00 Injury of conjunctiva and corneal abrasion without foreign body, unspecified eye
S05.01 Injury of conjunctiva and corneal abrasion without foreign body, right eye
S05.02 Injury of conjunctiva and corneal abrasion without foreign body, left eye

S05.01 is part of code but need 7th character
AND external cause, place of occurrence, activity code,
external cause status code

The appropriate 7th character is to be added to each code from category S05

A - initial encounter
D - subsequent encounter
S - sequela

American Optometric Association
Corneal Abrasion, right eye, central-Tree limb Home Yard Work- No fall involved

Diagnosis for *initial* encounter for injury
Code is S05.01XA

Diagnosis for *subsequent* encounter for injury
Code is S05.01XD

Diagnosis for *sequela* to original injury
Code is S05.01XS

Now find EXTERNAL CAUSE for injury
Corneal Abrasion, right eye, central-Tree limb
Home Yard Work – No fall involved

But First ► Sequela (Late Effects)
Residual effect (condition produced) after acute phase of illness or injury
No time limit on when sequela code can be used
may be apparent early or may occur months or years later
Coding of sequela generally requires two codes sequenced in following order:
1. Condition or nature of sequela first
2. Sequela code is sequenced second

Recurrent corneal erosion following an initial abrasion
H18.831 then S05.01XS
Corneal Abrasion, right eye, central-Tree limb
Home Yard Work- No fall involved

Use secondary code(s) from Chapter 20-
(External causes of morbidity) to indicate cause of injury when code of condition requires

Go to External Causes Index – but where
“T” for tree- no!
“L” for limb- no!
“S” for scratched by – no!
“S” for self inflicted (not intentional)- no!
“B” for Blunt object – maybe?

Y29.XXXA, Y29.XXXD, Y29.XXXS

“S” for striking against object or struck by other object:

W22.8 ➤ W22.8XXA, W22.8XXD, W22.8XXS
Corneal Abrasion, right eye, central - Tree limb
Home Yard Work – No fall involved

S05.01XA and W22.8XXA or Y29.XXXA

External cause code depends on whether you choose Bumped by or Striking against

OR is it?

Contact with nonvenomous plant thorns and spines and sharp leaves??

W60.XXXA, W60.XXXD, W60.XXXS

MAYBE??
Corneal Abrasion, right eye, central-Tree limb
Home Yard Work – No fall involved

Find Place of Occurrence Code - Y92

Y92 Place of occurrence of the external cause
The following category is for use, when relevant, to identify the place of occurrence of the external cause. Use in conjunction with an activity code.
Place of occurrence should be recorded only at the initial encounter for treatment

Y92.0 Non-institutional (private) residence as the place of occurrence of the external cause
Excludes1: abandoned or derelict house (Y92.89)
home under construction but not yet occupied (Y92.6-
institutional place of residence (Y92.1-

Y92.00 Unspecified non-institutional (private) residence as the place of occurrence of the external cause

Y92.007 Garden or yard of unspecified non-institutional (private) residence as the place of occurrence of the external cause

S05.01XA and W22.8XXA and Y92.007
(Injury) (External Cause) (Place)
Corneal Abrasion, right eye, central-Tree limb
Home Yard Work – No fall involved

Activity Code- what were they doing at time of injury/condition
Use with External Cause Code and Place of Occurrence Code

Y93 Activity codes

Note: Category Y93 is provided for use to indicate the activity of the person seeking healthcare for an injury or health condition, such as a heart attack while shoveling snow, which resulted from, or was contributed to, by the activity. These codes are appropriate for use for both acute injuries, such as those from chapter 19, and conditions that are due to the long-term, cumulative effects of an activity, such as those from chapter 13. They are also appropriate for use with external cause codes for cause and intent if identifying the activity provides additional information on the event. These codes should be used in conjunction with codes for external cause status (Y99) and place of occurrence (Y92).
Corneal Abrasion, right eye, central - Tree limb
Home Yard Work – No fall involved

The record SHOULD indicate specifics → pruning trees

Activity Code = Y93.H2

S05.01XA + W22.8XXA + Y92.007 + Y93.H2
Corneal Abrasion, right eye, central-
Tree limb
Home Yard Work – No fall involved

Y99 External cause status

Note: A single code from category Y99 should be used in conjunction with the external cause code(s) assigned to a record to indicate the status of the person at the time the event occurred.

This section is divided into:
Civilian Work related
Military related
Volunteer related
Other related (leisure, student, etc)
Not specified related

Again, while example does not indicate external cause, the Record should
Corneal Abrasion, right eye, central-Tree limb
Home Yard Work – No fall involved

Y99 External cause status

Y99.0 Civilian activity done for income or pay
- Civilian activity done for financial or other compensation
  Excludes1: military activity (Y99.1)
  volunteer activity (Y99.2)

Y99.1 Military activity
  Excludes1: activity of off duty military personnel (Y99.8)

Y99.2 Volunteer activity
  Excludes1: activity of child or other family member assisting in compensated work of other family member (Y99.8)

Y99.8 Other external cause status
  Activity NEC
  Activity of child or other family member assisting in compensated work of other family member
  Hobby not done for income
  Leisure activity
  Off-duty activity of military personnel
  Recreation or sport not for income or while a student
  Student activity
  Excludes1: civilian activity done for income or compensation (Y99.0)
  military activity (Y99.1)

Y99.8 is the choice
Corneal Abrasion, right eye, central-Tree limb
Home Yard Work – No fall involved

Final Code Choices for Initial Encounter
S05.01XA Actual injury – corneal abrasion OD
W22.8XXA External cause- striking against object
(or Y29.XXXA blunt object? or W60.XXXA- nonvenom plant)
Y92.007 Garden/yard private residence
Y93.H2 Activity, gardening and landscaping
Y99.8 Other external cause- leisure

Final Code Choices for Subsequent Encounter(s)
S05.01XD
W22.8XXD

The other codes are only used at initial encounter
Take Home Messages

1. Not all infections require coding of organism causing infection
2. Pay attention, if certain types of infections - viral particularly
3. Injuries will require several coding choices
   a) Injury itself ► 7th character will vary with visit
   b) External cause of injury - primary ► 7th character will vary with visit
   c) Place of occurrence ► where
   d) Activity code ► what
   e) External cause status ► work, leisure, military, volunteer etc
4. Place, activity and external cause and status may or may not be required but strongly encouraged (worker comp claims?)
5. Place, activity and external cause status codes for initial visit
Resources

CDC ICD–10–CM Official USA site
http://www.cdc.gov/nchs/icd/icd10cm.htm

2015 release of ICD-10-CM at bottom of page has all the downloads
- ICD-10-CM PDF Format
- ICD-10-CM XML Format
- ICD-10-CM List of codes and Descriptions
- General Equivalence Mapping Files

2014 release has Guidelines – will still need to review the following
- Preface [PDF - 35 KB]
- ICD-10-CM Guidelines [PDF - 512 KB]
- Detailed List of Codes Exempt from Diagnosis Present on Admission Requirement PDF Format
- Detailed List of Codes Exempt from Diagnosis Present on Admission Requirement XLSM Format

CMS ICD–10–CM information

American Optometric Association
www.aoa.org/coding
Codes for Optometry 2015-
Coming Soon!

- **New!** AOA ICD–10–CM Source Book—now complete!
- Preorders will begin on [October 1st](#)
- Excerpted majority of codes related to eye conditions
  - Alphabetic Index
  - Tabular Listing
  - ICD–9–CM to ICD–10–CM General Equivalence Mapping (GEMS)
    for common ocular diagnoses
  - Paper for those who want to hold something
QUESTIONS?

If you have a question after today please submit via submission form on www.aoa.org/coding
Review Questions

Answers will be posted on ICD-10-CM AOA Page

1. Where would you begin when locating a diagnosis code for a tear duct obstruction
   a) Always begin with the Tabular Listing under the H section
   b) Always begin with the last code you used
   c) Begin in the Alphabetic Index under Tear duct
   d) Begin in the Alphabetic Index under Obstruction, lacrimal

2. You always need to code the External Cause, place activity and external cause status, for all injuries.
   a) True
   b) False
Review Questions
Answers will be posted on ICD–10–CM AOA Page

3. What would the External Cause code be for an injury related to getting punched in the eye during a bar fight?
   a) Y07.03XXS
   b) Y07.50XD
   c) Y04.0XXA
   d) Y08.89A
   e) Y09.XXA

4. Which code(s) would be used for the second visit for an injury?
   a. S05.01XD, W18.198D, Y92.009D, Y93.B4, Y99.8
   b. S05.0XXD, W18.198S, Y92.009
   c. S05.O1XD, W18.198XD
   d. S05.01XS, Y07.03XS
Review Questions

Answers will be posted on ICD–10–CM AOA Page

5. The majority of conjunctivitis diagnoses are found in which section (s)?
   a) Section H and Q
   b) Section H, B and A
   c) Section H, V and B
   d) You have to always look these up in the Tabular Listing

6. The deadline for beginning to use ICD-10-CM ______ while you can use ICD-9-CM until ______?
   a) October 31, 2015 and October 31, 2015
   b) October 1, 2015 and October 1, 2016
   c) September 30, 2014 and October 1, 2015
   d) October 1, 2015 and September 30, 2015
Other Injury coding examples for you to try

1. Battery acid blow up in both eyes causing corneal and conjunctival burn at work
2. Toddler finger nail causing left conjunctival abrasion to daycare worker
3. Superglue into right eye by accident, at home- squeezing tube too hard stuck on conjunctiva
4. Subconjunctival hemorrhage from bug flying into left eye while boating, retained bug part
5. Hit in right eye by racket ball on court in school tournament with iritis and hyphema
THANK YOU