ICD–10–CM
Are you Prepared? Part II
More Basics

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With contributions from Doug Morrow O.D. & Harvey Richman O.D.
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Outline for ICD–10–CM Webinars

- January 2014   Introduction to ICD–10–CM Coding System
- February 2014  ICD–10–CM More Basics
- March 2014     ICD–10–CM Coding: Lids to Lens
- April 2014     ICD–10–CM Coding: Posterior Segment
- May 2014       ICD–10–CM Coding: Glaucoma–Optic Pathways
- June 2014      ICD–10–CM Coding: Refraction, Muscles, Disturbances
- July 2014      ICD–10–CM Coding: Diabetes and other systemic disease
- August 2014    ICD–10–CM Coding: Common Ocular Infection and Injury
- September 2014  ICD–10–CM Coding: Post-procedural Complications
- October 2014    ICD–10–CM Coding: Odds and Ends and Recap
Review of ICD–10–CM
More Basics

- Review of ICD–10–CM coding nomenclature
- ICD–10–CM Terminology and Conventions
- Define Etiology–Manifestation coding guidelines
  - Dagger (†) & asterisk (*)→Same principle different language
- Summary
- Questions and Answers
US Version of ICD–10–CM
NOT WHO Version

ICD–10–CM code set – maintained by the National Center for Health Statistics (NCHS) of the Centers for Disease Control and Prevention (CDC) for use in the United States.

Thus some different rules will apply for SOME diagnoses in US vs World Health Organization.
Do not use the Dagger (†) & asterisk (*) convention.
Eliminated some code numbering.
ICD–10–CM Coding Nomenclature

• 3 –7 characters
• Character 1 = alpha (except U)
• Character 2 = numeric
• Characters 3–7 = alpha or numeric
• Decimal after 3 characters
• Dummy placeholder “x” used when need 7th character
• Alpha characters not case-sensitive
ICD–10–CM Terminology and Conventions
Alphabetic Index

Alphabetical list of terms and their corresponding code
1. Index of Diseases and Injury
2. Index of External Causes of Injury
3. Table of Neoplasms
4. Table of Drugs and Chemicals
ICD–10–CM Terminology and Conventions
Alphabetic Index Example

Macula
- cornea, corneal — *see Opacity, cornea*
- degeneration (atrophic) (exudative) (senile) — *see also Degeneration, macula*
  - hereditary — *see Dystrophy, retina*

Degeneration, degenerative
- macula, macular (acquired) (age–related) (senile) H35.30
  - angioid streaks H35.33
  - atrophic age–related H35.31
  - congenital or hereditary — *see Dystrophy, retina*
  - cystoid H35.35–
  - drusen H35.36–
  - exudative H35.32
  - hole H35.34–
  - nonexudative H35.31
  - puckering H35.37–
  - toxic H35.38–
ICD–10–CM Terminology and Conventions

Tabular List

Structured list of codes divided into chapters based on body system or condition

• Divided into categories, subcategories and codes

1. **Categories**– 3 characters
   – has no further subdivision is equivalent to a code

2. **Subcategories** – 4 or 5 characters
   – each level of subdivision after a category is a subcategory

3. **Codes**– 3, 4, 5, 6 or 7 characters
   – Final level of subdivision
   – If applicable, 7th character is required invalid without 7th character
   – If placeholder exists– X used for code to be valid code

Only codes are permissible for reporting
H35 Other Retinal Disorders

H35.3 Degeneration of macula and posterior pole
  H35.30 Unspecified macular degeneration
    Age-related macular degeneration
  H35.31 Nonexudative age-related macular degeneration
    Atrophic age-related macular degeneration
  H35.32 Exudative age-related macular degeneration
  H35.33 Angioid streaks of macula
  H35.34 Macular cyst, hole, or pseudohole
    H35.341 ...... right eye
    H35.342 ...... left eye
    H35.343 ...... bilateral
    H35.349 ...... unspecified eye
ICD–10–CM Terminology and Conventions

7th Characters

Certain ICD–10–CM categories have applicable 7th character

When 7th character is required, used for all codes within the category or as the notes in the Tabular List instruct

Then 7th character must be the 7th character in data field

If code requires 7th character but is not 6 characters long THEN must use placeholder X to fill in the empty characters

We will discuss this in greater detail in later webinar
Tabular Index Chapter VII Categories
Slightly different list than in first webinar – Official USA Version for ICD-10-CM

H00–H05 → Disorders of eyelid, lacrimal system, orbit
H10–H11 → Disorders of conjunctivae
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
ICD–10–CM Terminology and Conventions

Abbreviations

**NEC** “Not elsewhere classifiable”
- This abbreviation represents “other specified”
  - When a specific code is not available for condition:
    - Alphabetic Index directs the coder to the “other specified” code in the Tabular List.
    - Tabular List includes an NEC entry under a code to identify the code as the “other specified” code.

**NOS** “Not otherwise specified”
- This abbreviation is equivalent of unspecified
ICD–10–CM Terminology and Conventions

Punctuation

[ ] Brackets
- Alphabetic Index: identify manifestation codes
- Tabular List: enclose synonyms, alternative wording or explanatory phrases

( ) Parentheses
- Alphabetic Index and Tabular List: enclose supplementary words that may or may not be present in statement of disease or procedure without affecting code number assignment

: Colons
- Tabular List: after incomplete term which needs one or more of modifiers following colon to make it assignable to a category
ICD–10–CM Terminology and Conventions
Punctuation ( ) further explanation

• In Alphabetic Index–

Terms within the parentheses nonessential modifiers and apply to subterms following a main term except when a nonessential modifier and a subentry are mutually exclusive, the subentry takes precedence

Example—“cortical” nonessential but “anterior” is subcategory
Cataract (cortical) (immature) (incipient) H26.9
  – with
  – – neovascularization —see Cataract, complicated
  – age–related —see Cataract, senile
  – anterior
  – – and posterior axial embryonal Q12.0
  – – pyramidal Q12.0 ...
ICD–10–CM Terminology and Conventions

Word nomenclature

“Other” or “other specified” codes
Used when medical record documentation provides detail but specific code does not exist
Alphabetic Index entries with NEC designate “other” codes in Tabular List

“Unspecified” codes
Used when medical record documentation is insufficient to assign more specific code
For those categories that do not provide “unspecified code” then “other specified” code may represent both “other” and “unspecified”
ICD–10–CM Terminology and Conventions

Word nomenclature

• **“And”** : interpreted to mean either “and” or “or” when it appears in title

• **“With”** : interpreted to mean “associated with” or “due to” when it appears in code title, Alphabetic Index, or Tabular List instructional note
  – Alphabetic Index-”with” is sequenced immediately following main term and not in alphabetical order

• **“See” and “See Also”**
  – Alphabetic Index: “see” following main term indicates another term should be referenced and must locate the referenced term to locate correct
  – Alphabetic Index: “see also” following main term indicates additional Alphabetic Index entries reference that may be useful BUT optional when original main term provides necessary code
ICD–10–CM Terminology and Conventions

Examples

Amblyopia (congenital) (ex anopsia) (partial) (suppression) H53.00–
– anisometropic — see Amblyopia, refractive
– deprivation H53.01–
– hysterical F44.6
– nocturnal — see also Blindness, night
– – vitamin A deficiency E50.5
– refractive H53.02–
– strabismic H53.03–
– tobacco H53.8
– toxic NEC H53.8
– uremic — see Uremia
ICD–10–CM Terminology and Conventions

Includes Notes:

- Immediately under three character code title further define or give examples of category content.

Inclusion terms are list of terms included under some codes:

- Defines when code is to be used.
- May be synonyms of the code title.
- For “other specified” codes is list of various conditions assigned to code.

**BUT** not necessarily exhaustive.

Additional terms found only in the Alphabetic Index may also be assigned to a code.
ICD–10–CM Terminology and Conventions
Excludes Notes

Two types of excludes notes

- **Excludes1**
  Excludes1 note – 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 the code and
  excluded code together, when applicable

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ICD-10-CM Terminology and Conventions
Examples

H53 Visual disturbances
  H53.0 Amblyopia ex anopsia
    Excludes1: amblyopia due to vitamin A deficiency (E50.5)
  H53.00 Unspecified amblyopia

H11.1 Conjunctival degenerations and deposits
  Excludes2: pseudopterygium (H11.81)
  H11.10 Unspecified conjunctival degenerations
  H11.11 Conjunctival deposits
ICD–10–CM Terminology and Conventions
Other Nomenclature

“Code also” note
Instructs that two codes may be required to fully describe condition, but this note does not provide sequencing direction

Default codes
Listed next to a main term in Alphabetic Index
The default code represents condition most commonly associated with main term or is the unspecified code for the condition
If condition is documented in medical record (for example, appendicitis) without any additional information, such as acute or chronic, the default code should be assigned
USA Version of ICD-10-CM: Sequencing
Different Nomenclature for Dagger (†) & asterisk (*) coding

- Dagger (†) & asterisk (*) coding only for WHO ICD–10–CM
- Sequencing is same principle but different wording
- Certain conditions have both an underlying etiology and multiple body system manifestations due to the underlying etiology

- Underlying condition be sequenced first followed by the manifestation
  - “use additional code” note at the etiology code
  - “code first” note at the manifestation code

- Proper sequencing order of codes is etiology followed by manifestation
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>H03*</td>
<td>Disorders of eyelid...</td>
</tr>
<tr>
<td>H06*</td>
<td>Disorders of lacrimal system and orbit...</td>
</tr>
<tr>
<td>H13*</td>
<td>Disorders of conjunctiva...</td>
</tr>
<tr>
<td>H19*</td>
<td>Disorders of sclera and cornea...</td>
</tr>
<tr>
<td>H22*</td>
<td>Disorders of iris and ciliary body...</td>
</tr>
<tr>
<td>H28*</td>
<td>Cataract and other disorders of lens...</td>
</tr>
<tr>
<td>H32*</td>
<td>Chorioretinal disorders...</td>
</tr>
<tr>
<td>H36*</td>
<td>Retinal disorders...</td>
</tr>
<tr>
<td>H42*</td>
<td>Glaucoma...</td>
</tr>
<tr>
<td>H45*</td>
<td>Disorders of vitreous body and globe...</td>
</tr>
<tr>
<td>H48*</td>
<td>Disorders of optic [2nd] nerve and visual pathways...</td>
</tr>
<tr>
<td>H58*</td>
<td>Other disorders of eye and adnexa...</td>
</tr>
</tbody>
</table>
Dagger (†) & asterisk (*) coding
Non * coding

• Never use asterisk code (*) alone if code uses dagger (†) & asterisk (*) convention
• Asterisk categories— in diseases classified elsewhere
• Dagger (†) is for diseases classified elsewhere
• Asterisk (*) is the ocular codes in chapter VII
• When an ocular manifestation has an * must first code the appropriate dagger code
• In other words, codes disease classified elsewhere first then the ocular manifestation of that disease

Diabetic retinopathy example

Diabetes coded in Chapter IV since endocrine disorder (†) with manifestation of retinopathy ocular condition * in Chapter VII
ICD–10–CM Sequencing Order

Alphabetical Notes

• For Alphabetic Index
  – Both conditions are listed together
  – Etiology code first then manifestation codes in brackets
  – Code in brackets always coded second

• AND

• “Code first” & “Use additional code” notes also used as sequencing rules in classification for certain codes that are not part of an etiology/manifestation combination
ICD-10-CM Sequencing Order
Alphabetical Notes Example

Retinopathy (background) H35.00
- arteriosclerotic I70.8 [H35.0–]
- atherosclerotic I70.8 [H35.0–]
- central serous — see Chorioretinopathy, central serous
- Coats H35.02–
- diabetic — see Diabetes, retinopathy
- exudative H35.02–
- hypertensive H35.03– ...

Per Alphabetical listing for Retinopathy due to Arteriosclerosis
Code 170.8 first
Code H35.0– second

**Still need to look up specific code in Tabular Listing
ICD–10–CM Sequencing Order

Tabular Notes

• Most cases: manifestation codes will have “in diseases classified elsewhere” in code title

• “In diseases classified elsewhere” codes:
  – Never permitted to be used as first-listed diagnosis code
  – Must be used with underlying condition code
  – Must be listed following the underlying condition

• Some manifestation codes do not have “in diseases classified elsewhere” in title
  – “use additional code” note for the etiology code
  – “code first” note at the manifestation code
  – Rules for sequencing apply→ etiology code then manifestation code
ICD–10–CM Sequencing Order Tabular Notes Example

H35 Other retinal disorders


H35.0 Background retinopathy and retinal vascular changes
  Code Also any associated hypertension (I10.–)
  H35.00 Unspecified background retinopathy
  .
  .
  .
  H35.03 Hypertensive retinopathy
    H35.031 Hypertensive retinopathy, right eye
    H35.032 Hypertensive retinopathy, left eye
    H35.033 Hypertensive retinopathy, bilateral
    H35.039 Hypertensive retinopathy, unspecified eye
ICD–10–CM Sequencing Order
Tabular Notes Example

**I10 Essential (primary) hypertension**

**Includes:**
- high blood pressure
- hypertension (arterial) (benign) (essential) (malignant) (primary) (systemic)

**Excludes1:**
- hypertensive disease complicating pregnancy, childbirth and the puerperium (O10–O11, O13–O16)

**Excludes2:**
- essential (primary) hypertension involving vessels of brain (I60–I69)
- essential (primary) hypertension involving vessels of eye (H35.0–)

Exclude1 means cannot use together
Excludes2 means they can be used together
ICD–10–CM Sequencing Order
Tabular Notes Example

- Hypertensive Retinopathy, bilateral

I10    Essential Hypertension
H35.033 Hypertensive Retinopathy, bilateral

Must code both and must be in this order per the alphabetical index and tabular list instructions
Summary

• Review and understand nomenclature
  Then
  • Must use Alphabetical Index first to find proper code
  • Must read and understand all coding instructions
  Then
  • Must find code(s) in Tabular Index and use the most specific and complete code possible
  • Must use codes in proper sequence when required
  BUT
  • Do not use Category codes
  • Do not use Subcategory codes
Resources

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

2014 release of ICD-10-CM at bottom of page has all the downloads
ICD-10-CM Guidelines [PDF - 512 KB]
ICD-10-CM PDF Format
ICD-10-CM List of codes and Descriptions (updated 7/3/2013)

CMS ICD–10–CM information

American Optometric Association
www.aoa.org/coding

X World Health X
Use for general training only
http://apps.who.int/classifications/apps/icd/icd10training

AOA Order Department can provide AOA members with copy of the AMA ICD–10–CM manual at AMA member prices
Review Questions

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

1. If I look up a code in the Tabular Index and there is a Excludes1 note for the condition I want to code, I can use this code for the condition.

   True or False

2. For the following Alphabetical Entry-

   Degeneration, degenerative
   - macula, macular (acquired) (age-related) (senile) H35.30

   I must find a different code for senile macula degeneration.

   True or False
3. For the following entry, match the entries to the proper titles:

H35 Other Retinal Disorders
  H35.3 Degeneration of macula and posterior pole
  H35.30 Unspecified macular degeneration
  Age-related macular degeneration

Category is: ____________
Code is: ________________
Subcategory is: ___________
QUESTIONS
Coming Attraction

• March 21, 2014  1:30pm Eastern Time

ICD-10-CM Coding: Lids to Lens

• Begin detailed review of common codes found in Chapter VII with specific coding examples
THANK YOU