ICD·10·CM
Simply the Basics

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I. Introduction
A. ICD·10·CM will be implemented on 10/1/2015
   1. Major (total) revision to the codes themselves
   2. Significant reorganization of the code set
   3. Extensive expansion of coding capabilities
   4. Far greater specificity now required
B. Purpose of this course
   1. Explore all aspects of this new diagnostic coding system
      a. Compare what is the same with ICD-9·CM
      b. Compare where it is different and new
   2. Provide Resources
   3. Coding exercise: demonstrate examples
   4. K.I.S.S. – Keep it simple
C. What is ICD·10·CM?
   1. 1979: ICD-9·CM was adopted in the USA
   2. 1990: ICD·10 was first developed
   3. 1994: Came into use by WHO member states
   4. 1997: ICD·10·CM was first introduced in the US
      a. ICD® is owned and copyrighted by the WHO
      b. WHO authorized the “Clinical Modification” for purposes of the United States Government
         1) Centers for Disease Control and Prevention (CDC)
         2) National Center for Health Statistics (NCHS)
         3) Coordination and Maintenance Committee
   5. 1/2009: Recommended for implementation by the HHS Secretary with implementation on 10/1/2013
   6. 12/2012: The AMA petitioned CMS to permanently delay ICD·10·CM
      a. Cosigned by 80 more State Medical Associations and Professional Specialty Societies
      b. Including AAO and the ASCRS
   7. Final (?) Rule – October 1, 2015
   8. AMA continues to oppose ICD·10·CM
      a. “No apparent clinical benefit to the patient”
      b. “No increase in the quality of care”

II. The Need for ICD·10·CM
A. Problems with ICD·9·CM
   1. Out of space
      a. ICD·9·CM has ~14,000 codes
      b. Additional codes are having to be assigned to inappropriate sections
   2. Lack of specificity
   3. Inadequate ability to monitor biosurveillance
   4. Compatibility of data with other countries
B. ICD·10 vs. ICD·10·CM
   1. “Clinical Modification” for use in the US
   2. Greater specificity
   3. Examples – See Appendix A
C. Goals of ICD-10-CM
   1. Expand the capacity for new codes: ICD-10-CM will have ~69,000 codes
   2. Reorganize current diagnoses into better and current understanding of pathophysiology of disease
   3. Allow greater levels of specificity
      a. Add laterality
      b. Provide greater detail on socioeconomic issues
         1) Family relationships
         2) Ambulatory care conditions
         3) Problems related to lifestyle
         4) Results of screening tests
      c. Add new post-procedural disorders
      d. Major expansion of injury codes
      e. Expand distinctions for ambulatory and managed care encounters
   4. Higher level of data gathering, for management and analysis

III. What's the same in ICD-10-CM?
   A. General content
      1. Tabular List
         a. Body system divisions
         b. Type of condition
      2. Alphabetical Index
         a. Index to Disease Conditions
            1) Contains a Neoplasm Table
            2) Contains a Table of Drugs and Chemicals
         b. Index to External Causes of Injury
      3. Procedure Codes – ICD-10-PCS (Procedure Coding System)
         a. Used in the hospital setting only
         b. Office/ASC procedures use CPT-4 (AMA)
   B. Coding principles are the same
      1. Code to the highest degree of accuracy and completeness
         a. If a further subclassification is available use it
         b. The best code is the actual disease, if known
         c. The next best code is an “Other” code
            1) Known disease
            2) Without a specific code
            3) “Wastebasket” code
         d. The next best code is a symptom, if the diagnosis is not yet definitive
         e. The least best code is an “Unspecified” code...but it is still valid
            1) Insufficient information to know
            2) While valid, but try to avoid – some carriers will not pay

<table>
<thead>
<tr>
<th>H11.0</th>
<th>Pterygium of eye</th>
</tr>
</thead>
<tbody>
<tr>
<td>H11.00</td>
<td>Unspecified pterygium of eye</td>
</tr>
<tr>
<td>H11.01</td>
<td>Amyloid pterygium</td>
</tr>
<tr>
<td>H11.02</td>
<td>Central pterygium of eye</td>
</tr>
<tr>
<td>H11.03</td>
<td>Double pterygium of eye</td>
</tr>
<tr>
<td>H11.04</td>
<td>Peripheral pterygium of eye, stationary</td>
</tr>
<tr>
<td>H11.05</td>
<td>Peripheral pterygium of eye, progressive</td>
</tr>
<tr>
<td>H11.06</td>
<td>Recurrent pterygium of eye</td>
</tr>
</tbody>
</table>

2. Do not code “probable”, “suspected”, “questionable”, or “rule out” conditions until they are established
3. Do not code conditions that no longer exist
4. Remember: proper coding rules may be different than proper reporting rules
   a. Coding rules are set in ICD-10-CM
   b. Reporting rules can vary from carrier to carrier
   c. Always follow the carrier's instructions
5. Avoid using refractive codes for medical conditions
6. Always match the appropriate diagnosis (ICD-10-CM) with the corresponding procedure (CPT-4)
7. Syndromes
   a. Unless the syndrome is specifically listed, code a manifestation of the syndrome
   b. If there are multiple manifestations, pick the most pertinent to justify medical necessity

<table>
<thead>
<tr>
<th>Ocular Ischemia Syndrome</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Causes</strong></td>
</tr>
<tr>
<td>Impaired internal and external carotid circulation</td>
</tr>
<tr>
<td>Reduced circulation to the whole eye</td>
</tr>
<tr>
<td><strong>Findings</strong></td>
</tr>
<tr>
<td>retinal microaneurysms ... H35.04 - Retinal micro-aneurysms NOS</td>
</tr>
<tr>
<td>retinal hemorrhage....... H35.6 - Retinal hemorrhage</td>
</tr>
<tr>
<td>retinal A/V shunts ........... H35.09 Other intraretinal microvascular abnormalities</td>
</tr>
<tr>
<td>iris neovascularization ..... H21.1x - Other vascular disorders of iris and ciliary body</td>
</tr>
<tr>
<td>neovascular glaucoma ...... H40.5 - Glaucoma secondary to other eye disorders</td>
</tr>
</tbody>
</table>

8. Disorders not found in ICD-10-CM
   a. Know the pathophysiology of the disease
      1) Textbooks
      2) Journals
      3) Colleagues
   b. Consider alternative terminology
   c. Know the organization of the Tabular List
   d. Manually search
      1) Frequently will require an "other" code
      2) Feel free to use a symptom code

<table>
<thead>
<tr>
<th>Dysphotopsia</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pathophysiology</strong></td>
</tr>
<tr>
<td>Visual phenomenon from an IOL</td>
</tr>
<tr>
<td><strong>ICD-10-CM applicable sections</strong></td>
</tr>
<tr>
<td>Vision section</td>
</tr>
<tr>
<td>Surgical complication section</td>
</tr>
<tr>
<td>eye section</td>
</tr>
<tr>
<td>trauma/surgery section</td>
</tr>
<tr>
<td><strong>Options</strong></td>
</tr>
<tr>
<td>H53.71 Glare sensitivity</td>
</tr>
<tr>
<td>H59.09* Other disorders following cataract surgery</td>
</tr>
<tr>
<td>T85.29 Mechanical complication of intraocular lens</td>
</tr>
<tr>
<td>T85.89X Other specified complication of internal prosthetic devices, implants and grafts, not elsewhere classified</td>
</tr>
</tbody>
</table>

C. Abbreviations are mostly the same
   1. NEC – "Not elsewhere classifiable"
      a. Found in the Alphabetical Index
      b. Equivalent to "Other" or "Other specified" in the Tabular List
Anomaly, anomalous Q89.9
  pupil Q13.2
    function H57.00
    specified type NEC H57.09

H57 Other disorders of eye and adnexa
  H57.0 Anomalies of pupillary function
    H57.09 Other anomalies of pupillary function

2. NOS – “Not otherwise specified”
   a. Found mostly in the Alphabetical Index
   b. Equivalent to “Unspecified” in the Tabular List

Conjunctivitis (staphylcoccal) (streptococcal) NOS H10.9
  H10 Conjunctivitis
    H10.9 Unspecified conjunctivitis

D. Punctuation
1. Brackets “[ ]”
   a. Tabular List – synonyms, alternative wording, explanatory phrases
   b. “Nonessential modifier”
   c. The list of terms in not necessarily all inclusive
2. Parentheses “( )”
   a. Supplementary words that may be present or absent without affecting the code
   b. “Nonessential modifier”
   c. The list of terms is not necessarily all inclusive
3. Colon “:”
   a. Found in the Tabular List
   b. Used after an incomplete term that needs one or more modifiers to make it assignable to a given category
   c. The list of terms is not necessarily all inclusive
4. Comma “,”
   a. The words following a comma must be present for the code to be used.
   b. “Essential modifier”

H31.32 Choroidal rupture
  H31.321 Choroidal rupture, right eye
  H31.322 Choroidal rupture, left eye
  H31.323 Choroidal rupture, bilateral
  H31.329 Choroidal rupture, unspecified eye

E. Terminology
1. “And” - the term “And” should be interpreted to mean either “and” or “or” (i.e. “and/or”)

H26.0 Infantile and juvenile cataract

2. “With”
   a. Alphabetical Index the word “with” is sequenced immediately following the main term and not in alphabetical order
   b. You will find this far more frequently in the ICD-10-CM code set with the addition of combination codes

Hypertension, hypertensive
  with
heart involvement
kidney involvement
renal sclerosis – see Hypertension, kidney
benign, intracranial G93.2
cardiorenal (disease) I13.10
...
ocular H40.0

3. “—see”
   a. Found in the Alphabetic Index
   b. Referenced term is not the "preferred" term
   c. No coding options are given
   d. This is a mandatory instruction

   Ablatio, ablation
   retinæ —see Detachment, retina

4. “—see also”
   a. Found in the Alphabetic Index
   b. Another term that may also be referenced
   c. Coding option may or may not be provided

   Proptosis (ocular) – see also Exophthalmos
   thyroid —see Hyperthyroidism, with goiter

   Abnormal
   hemoglobin (disease) –see also Disease, hemoglobin D58.2–

5. “Includes”
   a. Usually found at the section level or the category level (3 digit code level)
   b. Applies to everything at that level and below
   c. Provides examples of what is included in the entire category
   d. The list is not necessarily all inclusive

   H44 Disorders of globe
   Includes:
   disorders affecting multiple structures of eye

F. Etiology / Manifestation / Sequencing instruction
   1. The concept
      a. Some diseases have an underlying condition with multiple systemic manifestations
      b. ICD-10-CM conventions require both the underlying condition and the manifestation be coded
         1) The underlying condition or etiology is always coded first (primary code)
         2) The manifestation of the condition is always coded second (secondary code)
   2. "Code first"
      a. This instruction is found with any manifestation of an underlying condition
      b. The code where the “Code first” instruction is found is always a secondary code
      c. Directions are given for where to find the underlying condition
      d. The suggested list may not be all inclusive

   H28 Cataract in diseases classified elsewhere
   Code first underlying disease, such as:
   hypoparathyroidism (E20.-)
   myotonia (G71.1-)
   myxedema (E03.-)
protein-calorie malnutrition (E40-E46)

3. “Use additional code”
a. This instruction is found with the underlying condition (etiology)
b. The condition with the “Use additional code” instruction is always the primary code
c. Directions are given for where to look for the manifestations of the underlying condition
d. An addition code should be used to provide a more complete description

<table>
<thead>
<tr>
<th>H20.1 Chronic iridocyclitis</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Use additional code for any associated cataract (H26.21-)</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>H26.1 Traumatic cataract</th>
</tr>
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<tbody>
<tr>
<td><em>Use additional code (Chapter 20) to identify external cause</em></td>
</tr>
</tbody>
</table>

4. “Code also”
a. “Code also” indicates that two codes may be required to fully describe a condition
b. This note allows discretion on sequencing

<table>
<thead>
<tr>
<th>H18.03 Corneal deposits in metabolic disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Code also associated metabolic disorder</em></td>
</tr>
</tbody>
</table>

5. A caveat
a. These are mandatory coding instructions
b. They may or may not be mandatory for reporting to the carrier
c. It is still wise to follow official guidelines for coding

IV. What’s new with ICD-10-CM?
A. The key differences: ICD-9-CM vs. ICD-10-CM
1. Reorganization of Tabular List – everything in the right place
2. Greater specificity
   a. Laterality
   b. Expansion of external causes
   c. Combination codes
   d. Late effects
   e. 7th character extension
3. Alpha-numeric system
4. Excludes1 and Excludes2
5. Miscellaneous issue
   a. Stages of glaucoma
   b. The dash “-”
   c. With / without standardization
   d. Unspecified standardization
   e. Sequencing notations in the Alphabetical Index

B. Tabular List: organization and reorganization
1. Twenty-one chapters (italics indicates chapters where eye code may likely be found)
a. Each chapter represents
   1) Body/organ systems; or
   2) Disease type
   3) Other ancillary chapters
      a) Symptoms, signs, and abnormal clinical and laboratory findings
      b) Injury, poisoning, and certain other consequences of external causes
      c) External causes of morbidity
      d) Factors Influencing Health Status and Contact with Health Services

| 1 Certain Infectious and Parasitic Diseases ..................................................... A00-B99 |
2. Divided into
   a. Categories – three characters
   b. Subcategory – 4 or 5 characters
   c. Subclassification – 6 or 7 characters
   d. Character #1 is *always* alpha
   e. Characters 2 – 6 are *usually* numeric but can be alpha

```
G43.B Ophthalmoplegic migraine
G43.B0 Ophthalmoplegic migraine, not intractable
   G43.B01 Ophthalmoplegic migraine, not intractable, with status migrainosus
   G43.B09 Ophthalmoplegic migraine, not intractable, without status migrainosus
```

f. “Codes” are the final level of subdivision
   1) A usable codes is any one that is not further subdivided
   2) A valid code can contain only 3 or up to 7 characters

3. Subcategories of Chapter 7, The Eye
   a. See Appendix B
   b. Progression from external (lids) to posterior segment
   c. Glaucoma follows retina – indicating it’s relation to the retina and optic nerve
   d. Ending with some miscellaneous issues
      1) Vision
      2) Eye movements
      3) Surgery complications
   e. Knowing this organization will make manual searches more efficient

4. Other Chapters with eye codes – See Appendix C

5. Reorganization of many codes to different, more appropriate sections
   a. Things may not be where you found them in ICD-9-CM
   b. Some PO conditions are now placed in the eye section

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ICD-10-CM: Simply the Basics
H59  Intraoperative and postprocedural complications and disorders of eye and adnexa, not elsewhere classified

**Excludes1:**

- mechanical complication of intraocular lens (T85.2)
- mechanical complication of other ocular prosthetic devices, implants and grafts (T85.3)
- pseudophakia (Z96.1)
- secondary cataracts (H26.4-)

H59.0  Disorders of the eye following cataract surgery

- H59.01  Keratopathy (bullous aphakic) following cataract surgery
  - Vitreal corneal syndrome
  - Vitreous (touch) syndrome
- H59.02  Cataract (lens) fragments in eye following cataract surgery

6. Expansion of the External Causes of Morbidity – Chapter 20
   a. No national mandate to use
   b. May be required by state or carrier mandates
   c. Place of occurrence and/or activity
      1) i.e. Pedestrian, pedal cycle, motorcycle, car, pickup, bus, etc.
      2) i.e. Intentional harm, assault, war, terrorism
      3) i.e. Misadventures to patients during surgical and medical care
         a) i.e. Failure of sterile precautions
         b) i.e. Failure of dosage
         c) Y77 Ophthalmic devices associated with adverse incidents
            i) Diagnostic devices
            ii) Therapeutic devices
            iii) Prosthetic devices
            iv) Surgical instruments
   d. External Cause of Injury Index

7. Combination codes
   a. A single code is used to classify:
      1) Two diagnoses; or
      2) A diagnosis with an associated manifestation; or
      3) A diagnosis with an associated complication
      4) Both must be present
      5) Both should never be unbundled
   b. Diabetic retinopathy
      1) Moved from the eye section to the diabetes section (endocrine)
      2) Combined with the underlying diabetes mellitus
      3) Diabetes mellitus is divided into:
         a) E08 – due to underlying condition
         b) E09 – drug or chemical induced
         c) E10 – Type 1
         d) E11 – Type 2
         e) E13 – other specified diabetes mellitus
      4) Each of the above is further subdivided into the same subcategories, i.e.
         a) E**.0 – with hyperosmolality
         b) E**.1 – with ketoacidosis
         c) E**.2 – with kidney complications
         d) E**.3 – with ophthalmic complications
         e) E**.4 – with neurological complications
         f) E**.5 – with circulatory complications
         g) E**.6 – with other specified complications
h) E**.8 – with unspecified complications
  i)  E**.9 – without complications
5) Subcategory 3 “with ophthalmic complications” is further subdivided:
  a) E**.31 – with unspecified diabetic retinopathy
  b) E**.32 – with mild nonproliferative diabetic retinopathy
  c) E**.33 – with moderate nonproliferative diabetic retinopathy
  d) E**.34 – with severe nonproliferative diabetic retinopathy
  e) E**.35 – with proliferative retinopathy
  f) E**.36 – with diabetic cataract
  g) E**.39 – with other diabetic ophthalmic complication
6) Finally each retinopathy code is further subdivided into
  a) E**.31 – with unspecified diabetic retinopathy
     i)  E**.311 …with macular edema
     ii) E**.319 …without macular edema
  b) E**.32 – with mild nonproliferative diabetic retinopathy
     i)  E**.321 …with macular edema
     ii) E**.329 …without macular edema
  c) E**.33 – with moderate nonproliferative diabetic retinopathy
     i)  E**.331 …with macular edema
     ii) E**.339 …without macular edema
  d) E**.34 – with severe nonproliferative diabetic retinopathy
     i)  E**.341 …with macular edema
     ii) E**.349 …without macular edema
  e) E**.35 – with proliferative retinopathy
     i)  E**.351 …with macular edema
     ii) E**.359 …without macular edema

<table>
<thead>
<tr>
<th>E11.3</th>
<th>Type 2 diabetes mellitus with ophthalmic complications</th>
</tr>
</thead>
<tbody>
<tr>
<td>E11.31</td>
<td>Type 2 diabetes mellitus with unspecified diabetic retinopathy</td>
</tr>
<tr>
<td></td>
<td>E11.311 Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema</td>
</tr>
<tr>
<td></td>
<td>E11.319 Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema</td>
</tr>
<tr>
<td>E11.32</td>
<td>Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy</td>
</tr>
<tr>
<td></td>
<td>Type 2 diabetes mellitus with nonproliferative diabetic retinopathy NOS</td>
</tr>
<tr>
<td></td>
<td>E11.321 Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema</td>
</tr>
<tr>
<td></td>
<td>E11.329 Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema</td>
</tr>
<tr>
<td>E11.33</td>
<td>Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy</td>
</tr>
<tr>
<td></td>
<td>E11.331 Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema</td>
</tr>
<tr>
<td></td>
<td>E11.339 Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema</td>
</tr>
<tr>
<td>E11.34</td>
<td>Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy</td>
</tr>
<tr>
<td></td>
<td>E11.341 Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema</td>
</tr>
<tr>
<td></td>
<td>E11.349 Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema</td>
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</tbody>
</table>
ICD·10·CM: Simply the Basics

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>E11.35</td>
<td>Type 2 diabetes mellitus with proliferative diabetic retinopathy</td>
</tr>
<tr>
<td>E11.351</td>
<td>Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema</td>
</tr>
<tr>
<td>E11.359</td>
<td>Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema</td>
</tr>
<tr>
<td>E11.36</td>
<td>Type 2 diabetes mellitus with diabetic cataract</td>
</tr>
<tr>
<td>E11.39</td>
<td>Type 2 diabetes mellitus with other diabetic ophthalmic complication</td>
</tr>
</tbody>
</table>

7) Diabetes: what you must know at the time of billing (exam)
   a) The type of diabetes
      i) Due to underlying condition
      ii) Drug or chemical induced
      iii) Type 1
      iv) Type 2
      v) Other specified
   b) How it is affecting the eye
      i) Retinopathy
      ii) Cataract
      iii) Other complication
   c) The severity of the retinopathy
      i) Unspecified retinopathy
      ii) Mild nonproliferative retinopathy
      iii) Moderate nonproliferative retinopathy
      iv) Severe nonproliferative retinopathy
      v) Proliferative retinopathy
   d) Whether there is macular edema or not

8) Levels of non-proliferative diabetic retinopathy
   a) Mild NPDR
      i) At least one microaneurysm present; but
      ii) Retinopathy less than in Standard Photo 2A (right, above)
   b) Moderate NPDR
      i) Soft exudates, venous beading, and intraretinal microvascular anomalies (IRMAs) definitely present
      ii) Retinopathy greater than in Standard Photo 2A
   c) Severe NPDR
      i) Hemorrhage/microaneurysms greater than in Photo 2A in all four quadrants; or
      ii) Venous beading in two or more quadrants; or
      iii) IRMAs greater than in Standard Photo 8A (right, below) in at least one quadrant

8. 7th Character extension
   a. Further qualify something about the diagnosis and the encounter
   b. Found primarily in orthopedic, obstetrics, injuries, and external causes
   c. It will apply to all codes in the section it is found
   d. Mandatory: if available the 7th character must be used

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>T15</td>
<td>Foreign body on external eye</td>
</tr>
</tbody>
</table>

- 10 -
The appropriate 7th character is to be added to each code from category T15

A – initial encounter
D – subsequent encounter
S – sequela

T15.0 Foreign body in cornea
   T15.00 Foreign body in cornea, unspecified eye
   T15.01 Foreign body in cornea, right eye
   T15.02 Foreign body in cornea, left eye

T15.1 Foreign body in conjunctival sac
   T15.10 Foreign body in conjunctival sac, unspecified eye
   T15.11 Foreign body in conjunctival sac, right eye
   T15.12 Foreign body in conjunctival sac, left eye

9. Placeholder character “X”
   a. Capitalization makes no difference
   b. May be used with the 7th character extension

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

A – initial encounter
D – subsequent encounter
S – sequela

S05.7 Avulsion of eye
   Traumatic enucleation
   S05.70 Avulsion of unspecified eye
   S05.71 Avulsion of right eye
   S05.72 Avulsion of left eye

c. May be used in anticipation of future expansion

H21.1 Other vascular disorders of iris and ciliary body
   H21.1x Other vascular disorders of iris and ciliary body
      H21.1x1 Other vascular disorders of iris and ciliary body, right eye
      H21.1x2 Other vascular disorders of iris and ciliary body, left eye
      H21.1x3 Other vascular disorders of iris and ciliary body, bilateral
      H21.1x9 Other vascular disorders of iris and ciliary body, unspecified eye

H21.2 Degeneration of iris and ciliary body

10. Initial, subsequent, sequelae
   a. Initial
      1) When the patient is receiving active treatment for the condition
      2) May be used for more than one encounter
      3) More than one physician may be involved in an initial type of encounter
   b. Subsequent
      1) After the patient has received active treatment
      2) While the patient is receiving routine care during the healing or recovery phase
   c. Sequela
      1) Complications or conditions that arise as a direct result of a condition
      2) The primary code would be the sequela, i.e. scar
      3) The secondary code would be the cause, i.e. burn, with the 7th character extension “S”

C. Laterality
1. Typical nomenclature for laterality
   a. Right, left, bilateral, unspecified
   b. Found when conditions are not generally considered bilateral

2. Standardized conventions
   a. Right = 1
   b. Left = 2
   c. Bilateral = 3
   d. Unspecified = 0 for position #5; 9 for position #6
   e. Unless it is combined with upper and lower, then the rules are thrown out

H40  Glaucoma
   H40.2  Primary angle-closure glaucoma
      H40.21  Acute angle-closure glaucoma
         H40.211  Acute angle-closure glaucoma, right
         H40.212  Acute angle-closure glaucoma, left
         H40.213  Acute angle-closure glaucoma, bilateral
         H40.219  Acute angle-closure glaucoma, unspecified eye

H33  Retinal detachments and breaks
   H33.2  Serous retinal detachment
      H33.20  Serous retinal detachment, unspecified eye
      H33.21  Serous retinal detachment, right eye
      H33.22  Serous retinal detachment, left eye
      H33.23  Serous retinal detachment, bilateral

3. Lack of laterality
   a. Laterality is never specified in “Other” and “Unspecified” conditions

H26  Other cataract
   H26.4  Secondary cataract
      H26.41  Soemmering’s ring
         H26.411  Soemmering’s ring, right eye
         H26.412  Soemmering’s ring, left eye
         H26.413  Soemmering’s ring, bilateral
         H26.419  Soemmering’s ring, unspecified eye
      H26.8  Other specified cataract
      H26.8  Unspecified cataract

b. Laterality is not required in hereditary conditions that are generally bilateral

c. Laterality is not required in systemic conditions with ophthalmic manifestations, i.e. diabetes with ophthalmic complications

d. Laterality is not required in some unpredictable situations: i.e. primary open angle glaucoma

H40.1  Open-angle glaucoma
   H40.10  Unspecified open-angle glaucoma
   H40.11  Primary open-angle glaucoma
   H40.12  Low-tension glaucoma
      H40.121  Low-tension glaucoma, right eye
      H40.122  Low-tension glaucoma, left eye
      H40.123  Low-tension glaucoma, bilateral
      H40.129  Low-tension glaucoma, unspecified eye

D. Upper and lower
   1. With eye conditions it is combined with right and left
2. Conventions: last character:
   a. 1 = right upper
   b. 2 = right lower
   c. 3 = right unspecified
   d. 4 = left upper
   e. 5 = left lower
   f. 6 = left unspecified
   g. 9 = unspecified eye, unspecified eyelid

<table>
<thead>
<tr>
<th>H00</th>
<th>Hordeolum and chalazion</th>
</tr>
</thead>
<tbody>
<tr>
<td>H00.0</td>
<td>Hordeolum (externum) (internum) of eyelid</td>
</tr>
<tr>
<td>H00.01</td>
<td>Hordeolum externum</td>
</tr>
<tr>
<td>H00.011</td>
<td>Hordeolum externum right upper eyelid</td>
</tr>
<tr>
<td>H00.012</td>
<td>Hordeolum externum right lower eyelid</td>
</tr>
<tr>
<td>H00.013</td>
<td>Hordeolum externum right eye, unspecified eyelid</td>
</tr>
<tr>
<td>H00.014</td>
<td>Hordeolum externum left upper eyelid</td>
</tr>
<tr>
<td>H00.015</td>
<td>Hordeolum externum left lower eyelid</td>
</tr>
<tr>
<td>H00.016</td>
<td>Hordeolum externum left eye, unspecified eyelid</td>
</tr>
<tr>
<td>H00.019</td>
<td>Hordeolum externum unspecified eye, unspecified eyelid</td>
</tr>
</tbody>
</table>

E. Miscellaneous new features
1. Excludes1 and Excludes2
   a. The concept
      1) Some codes may or may not be used together
      2) Excludes details which codes
      3) Excludes details the circumstance
      4) Shows where to find the excluded code(s)
      5) Applies to the entire section where the instruction is found
   b. Excludes1
      1) Means “NOT CODED HERE!”
      2) The excluded code is NEVER used with the code listed above it
      3) Found when two codes cannot coexist, i.e. a congenital vs. an acquired condition

<table>
<thead>
<tr>
<th>H10</th>
<th>Conjunctivitis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Excludes1:</strong></td>
</tr>
<tr>
<td></td>
<td>keratoconjunctivitis (H16.2-)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>H33.1</th>
<th>Retinoschisis and retinal cysts</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Excludes1:</strong></td>
</tr>
<tr>
<td></td>
<td>congenital retinoschisis (Q14.1)</td>
</tr>
<tr>
<td></td>
<td>microcystoid degeneration of retina (H35.42-)</td>
</tr>
</tbody>
</table>

2. Excludes2
   1) Means “not included here”
   2) The excluded condition is not part of the code listed above it
   3) It is possible that both conditions could be found simultaneously in the same patient
   4) **It is acceptable to use both codes at the same time, when appropriate**

<table>
<thead>
<tr>
<th>H35.0</th>
<th>Background retinopathy and retinal vascular changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>H35.03</td>
<td>Hypertensive retinopathy</td>
</tr>
<tr>
<td>H35.031</td>
<td>Hypertensive retinopathy, right eye</td>
</tr>
<tr>
<td>H35.032</td>
<td>Hypertensive retinopathy, left eye</td>
</tr>
<tr>
<td>H35.033</td>
<td>Hypertensive retinopathy, both eyes</td>
</tr>
</tbody>
</table>
H35.039  Hypertensive retinopathy, unspecified eye

I10  Essential (primary) hypertension

*Excludes:* essential (primary) hypertension involving vessels of eye (H35.0-)

2. Stages of glaucoma
   a. The severity of most (not all) of the glaucomas is defined with a 7th character code extension
      1) 0 = stage unspecified
      2) 1 = mild stage
      3) 2 = moderate stage
      4) 3 = severe stage
      5) 4 = indeterminate stage
   b. May require the use of the “X” placeholder

<table>
<thead>
<tr>
<th>H40.12</th>
<th>Low tension glaucoma</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>stage unspecified</td>
</tr>
<tr>
<td>1</td>
<td>mild stage</td>
</tr>
<tr>
<td>2</td>
<td>moderate stage</td>
</tr>
<tr>
<td>3</td>
<td>severe stage</td>
</tr>
<tr>
<td>4</td>
<td>indeterminate stage</td>
</tr>
</tbody>
</table>

   c. Definitions of the stages of glaucoma
      1) Unspecified stage – severity not specified in the medical record
      2) Mild stage
         a) optic nerve abnormalities consistent with glaucoma; and
         b) no visual field abnormalities on any white-on-white visual field test; or
         c) abnormalities present only on short-wavelength automated perimetry or frequency-doubling perimetry
      3) Moderate stage
         a) optic nerve abnormalities consistent with glaucoma; and
         b) glaucomatous visual field abnormalities
            i) in one hemifield; and
            ii) not within 5 degrees of fixation
      4) Severe stage
         a) optic nerve abnormalities consistent with glaucoma; and
         b) glaucomatous visual field abnormalities
            i) in both hemifields; and/or
            ii) loss within 5 degrees of fixation in at least one hemifield
      5) Indeterminate stage
         a) visual fields not performed yet; or
         b) patient incapable of visual field testing; or
         c) unreliable/uninterpretable visual field testing

d. Coding glaucoma
   1) Bilateral same type of glaucoma same stage: use one single code
   2) Bilateral same type of glaucoma different stage: use two different codes
   3) Bilateral different type of glaucoma, regardless of stages: use two different codes

3. Headache
   a. Some of the headache codes differentiate between “intractable” and “not intractable”
b. Migraine headaches differentiate between with and without “status migrainosus”
c. Note and document this during your clinic evaluation

<table>
<thead>
<tr>
<th>G44.2 Tension-type headache</th>
</tr>
</thead>
<tbody>
<tr>
<td>G44.21 Episodic tension-type headache</td>
</tr>
<tr>
<td>G44.211 Episodic tension-type headache, intractable</td>
</tr>
<tr>
<td>G44.219 Episodic tension-type headache, not intractable</td>
</tr>
</tbody>
</table>

Episodic tension-type headache NOS

4. Dash "-"
a. Found in the Alphabetical Index
b. Found at the end of a code
c. Indicates additional characters are required as specified in the Tabular List

Blepharoconjunctivitis H10.5-
- angular H10.52-
- contact H10.53-
- ligneous H10.51-

5. “Unspecified”
a. Standard conventions:
   1) 4th digit = 9
   2) 5th digit = 0
   3) 6th digit = 9

H 30.9 Unspecified chorioretinal inflammation
- H30.90 Unspecified chorioretinal inflammation, unspecified eye
- H30.91 Unspecified chorioretinal inflammation, right eye
- H30.92 Unspecified chorioretinal inflammation, left eye
- H30.93 Unspecified chorioretinal inflammation, bilateral

H30.0 Focal chorioretinal inflammation
- H30.00 Unspecified focal chorioretinal inflammation
  - H30.001 Unspecified focal chorioretinal inflammation, right eye
  - H30.002 Unspecified focal chorioretinal inflammation, left eye
  - H30.003 Unspecified focal chorioretinal inflammation, bilateral
  - H30.009 Unspecified focal chorioretinal inflammation, unspecified eye

b. Alphabetical Index: code listed with main condition is usually “unspecified”

Iridocyclitis H20.9
- acute H20.0-
  - hypopyon H20.05-
  - primary H20.01-
  - recurrent H20.02-
  - secondary (noninfectious) H20.04-
    - infectious H20.03-

H20.9 Unspecified iridocyclitis

H. Table of Drugs and Chemicals – See Appendix D
   1. An alternate index to the Tabular List
   2. Codes T36 – T65
   3. Mixture of class of medications, generic names and even trade names
4. Indexed according to chemical/medication
   a. Poisoning, accidental (unintentional)
   b. Poisoning, intentional self-harm
   c. Poisoning, assault
   d. Poisoning, undetermined
   e. Adverse effect
   f. Underdosing

5. **This table can be very helpful**

I. Table of Neoplasms – See Appendix E
   1. An alternate index to the Tabular List
   2. Organized according to
      a. Body part/organ
      b. Tissue type
   3. Classifies if the neoplasm is:
      a. Malignant, primary
      b. Malignant, secondary
      c. Ca in situ
      d. Benign
      e. Uncertain behavior
      f. Unspecified behavior

4. **This table can be very helpful**

V. Preparing for ICD-10-CM
   A. Planning the transition: getting everyone on board
      1. Many courses, workshops and publications (sometimes very confusing)
      2. The process varies considerably depending on size and complexity
         a. Assess your needs
            1) Look at every area of your practice
               a) Front office
               b) Back office
               c) Clinic
               d) Surgery
               e) Outreach (PR)
               f) Forms
                  i) Patient registration
                  ii) Superbill
                  iii) Laboratory orders
                  iv) Eligibility forms
            g) Meaningful use and PQRS
            2) Look at electronic systems and vendors
               a) EHR
               b) Practice Management
               c) ERx
               d) Billing services
               e) Clearing houses
            3) Identify all staff who work with diagnosis codes
   b. Making appropriate changes
      1) Understand the ICD-10-CM code set
         a) Tabular List
         b) Alphabetical Index
            i) Table of Drugs and Chemicals
            ii) Table of Neoplasm
         c) ICD-10-CM Guidelines
i) Here are all the official rules for ICD-10-CM
ii) There are specific, unique guidelines for many sections, chapters, conditions or organ systems
2) Redesign clinic data gathering
   a) Severity of glaucoma
   b) Type and complications of diabetes
   c) Upper and lower lids
   d) Nature of headaches
3) Contact the vendors
   a) New software?
   b) New hardware?
4) Redesign forms – especially your “Quick Code List”
5) Work with billing systems
   a) Clearing houses
   b) Billing services
   c. Perform staff training
      1) Who?
      2) How?
      3) How much?
      4) When?
   d. Perform dry runs
      1) CMS claims they are ready, as of 10/2013
      2) March 2014
         a) 27,000 claims processed
         b) 2,600 participants (5% of all providers?)
         c) 89% were accepted
         d) Some denied claims were intentionally incorrect for “negative” testing purposes
3) Acknowledgment testing
   a) Anyone who submits directly to the MAC can participate
   b) No registration is required
   c) March 2-6, 2015
   d) June 1-5, 2015
4) End-to-End Testing
   a) Registration required with your MAC
   b) Each MAC will choose 50 providers
   c) Each provider will submit 50 claims
   e. Implement – October 1, 2015
      1) Code set used is determined by date of service
         a) If service provided prior to 10/1/2015, use ICD-9-CM
         b) Even if submitted after 10/1/2015
      2) Be prepared for the overlap of the two systems
      3) Be prepared that not all carriers will be ready, i.e. Workman’s Comp
3. Allow time
B. Resources
1. All major coding publishers
2. CMS (free): http://www.cdc.gov/nchs/icd/icd10cm.htm
   a. The entire ICD-10 code set in .pdf format
   b. The entire ICD-10 code set in XML format
5. EHR: Be caution in relying on your EHR
6. Planning
   a. AMA:
1) [http://www.ama-assn.org/go/icd-10](http://www.ama-assn.org/go/icd-10)

b. CMS: [http://cms.gov/Medicare/Coding/ICD10](http://cms.gov/Medicare/Coding/ICD10)
c. American Health Information Management Association: [http://www.ahima.org](http://www.ahima.org)

7. GEMs – General Equivalence Mapping
   a. The GEM’s are the ICD-10-CM committee’s crosswalk matching ICD-9 and ICD-10-CM codes
   b. This is done mainly for professionals in industry rather than the medical practice
   c. Available free: [http://www.cdc.gov/nchs/icd/icd10cm.htm](http://www.cdc.gov/nchs/icd/icd10cm.htm)
d. Provides tables for both:
   1) Forward mapping: ICD-9-CM to ICD-10-CM

<table>
<thead>
<tr>
<th>ICD-9</th>
<th>ICD-10</th>
<th>Rule</th>
</tr>
</thead>
<tbody>
<tr>
<td>365.00</td>
<td>H40.0</td>
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</tr>
<tr>
<td>365.01</td>
<td>H40.0</td>
<td>10000</td>
</tr>
<tr>
<td>365.02</td>
<td>H40.0</td>
<td>10000</td>
</tr>
<tr>
<td>365.03</td>
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<td>10000</td>
</tr>
<tr>
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</tr>
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</tr>
<tr>
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<td>10000</td>
</tr>
<tr>
<td>365.20</td>
<td>H40.20</td>
<td>00000</td>
</tr>
</tbody>
</table>

   2) Backward mapping: ICD-10-CM to ICD-9-CM

<table>
<thead>
<tr>
<th>ICD-10</th>
<th>ICD-9</th>
<th>Rule</th>
</tr>
</thead>
<tbody>
<tr>
<td>H2510</td>
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</tr>
<tr>
<td>H2511</td>
<td>366.16</td>
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<td>366.16</td>
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<tr>
<td>H2513</td>
<td>366.16</td>
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<tr>
<td>H2520</td>
<td>366.18</td>
<td>10000</td>
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<tr>
<td>H2521</td>
<td>366.18</td>
<td>10000</td>
</tr>
<tr>
<td>H2522</td>
<td>366.18</td>
<td>10000</td>
</tr>
<tr>
<td>H2523</td>
<td>366.18</td>
<td>10000</td>
</tr>
</tbody>
</table>

   3) The crosswalk is not precise
      a) There may be combination codes
      b) There may be a higher level of specificity
      c) Rules
         i) Approximate flag
         ii) No map flag
         iii) Combination flag
         iv) Scenario
            a) the number of variations of diagnosis combinations included in the source system code
            b) 1 - 9
      v) Choice list
         a) the possible target system codes that combined are one valid expression of a scenario
         b) 1 - 9
e. GEMs may be helpful for that oddball, rare bird codes you used in ICD-9 and don’t have a clue where to begin in ICD-10

VI. Summary
A. ICD-10-CM is right around the corner
B. It is a huge change from ICD-9-CM
C. The success of your transition in the next few months will be dependent on:
   1. The choices and decisions you make
   2. And the actions you take
D. You can be prepared

Appendix A
ICD-10 vs. ICD-10-CM

ICD-10-CM

H40.0 Glaucoma

Excludes:
- absolute glaucoma (H44.51-)
- congenital glaucoma (Q15.0)
- traumatic glaucoma due to birth injury (P15.3)

H40.0 Glaucoma suspect

- H40.00 Preglaucoma, unspecified
  - H40.001 Preglaucoma, unspecified, right eye
  - H40.002 Preglaucoma, unspecified, left eye
  - H40.003 Preglaucoma, unspecified, bilateral
  - H40.009 Preglaucoma, unspecified, unspecified eye

- H40.01 Open angle with borderline findings, low risk
  - Open angle, low risk
  - H40.011 Open angle with borderline findings, low risk, right eye
  - H40.012 Open angle with borderline findings, low risk, left eye
  - H40.013 Open angle with borderline findings, low risk, bilateral
  - H40.019 Open angle with borderline findings, low risk, unspecified eye

- H40.02 Open angle with borderline findings, high risk
  - Open angle, high risk
  - H40.021 Open angle with borderline findings, high risk, right eye
  - H40.022 Open angle with borderline findings, high risk, left eye
  - H40.023 Open angle with borderline findings, high risk, bilateral
  - H40.029 Open angle with borderline findings, high risk, unspecified eye

- H40.03 Anatomical narrow angle
  - Primary angle closure suspect
  - H40.031 Anatomical narrow angle, right eye
  - H40.032 Anatomical narrow angle, left eye
  - H40.033 Anatomical narrow angle, bilateral
  - H40.039 Anatomical narrow angle, unspecified eye

- H40.04 Steroid responder
  - H40.041 Steroid responder, right eye
  - H40.042 Steroid responder, left eye
H40.043  Steroid responder, bilateral
H40.049  Steroid responder, unspecified eye
H40.05  Ocular hypertension
H40.051  Ocular hypertension, right eye
H40.052  Ocular hypertension, left eye
H40.053  Ocular hypertension, bilateral
H40.059  Ocular hypertension, unspecified eye
H40.06  Primary angle closure without glaucoma damage
H40.061  Primary angle closure without glaucoma damage, right eye
H40.062  Primary angle closure without glaucoma damage, left eye
H40.063  Primary angle closure without glaucoma damage, bilateral
H40.069  Primary angle closure without glaucoma damage, unspecified eye
H40.1  Open-angle glaucoma
H40.10  Unspecified open-angle glaucoma

One of the following 7th characters is to be assigned to code H40.10 to designate the stage of glaucoma
0 - stage unspecified
1 - mild stage
2 - moderate stage
3 - severe stage
4 - indeterminate stage

H40.11  Primary open-angle glaucoma
Chronic simple glaucoma

One of the following 7th characters is to be assigned to code H40.11 to designate the stage of glaucoma
0 - stage unspecified
1 - mild stage
2 - moderate stage
3 - severe stage
4 - indeterminate stage

H40.12  Low-tension glaucoma

One of the following 7th characters is to be assigned to each code in subcategory H40.12 to designate the stage of glaucoma
0 - stage unspecified
1 - mild stage
2 - moderate stage
3 - severe stage
4 - indeterminate stage
H40.121  Low-tension glaucoma, right eye
H40.122  Low-tension glaucoma, left eye
H40.123  Low-tension glaucoma, bilateral
H40.129  Low-tension glaucoma, unspecified eye

H40.13  Pigmentary glaucoma

One of the following 7th characters is to be assigned to each code in subcategory H40.13 to designate the stage of glaucoma
0 - stage unspecified
1 - mild stage
2 - moderate stage
3 - severe stage
4 - indeterminate stage
H40.131  Pigmentary glaucoma, right eye
H40.132  Pigmentary glaucoma, left eye
ICD-10

H40.133 Pigmentary glaucoma, bilateral
H40.139 Pigmentary glaucoma, unspecified eye
H40.14 Capsular glaucoma with pseudoexfoliation of lens

*One of the following 7th characters is to be assigned to each code in subcategory H40.14 to designate the stage of glaucoma*

- 0 - stage unspecified
- 1 - mild stage
- 2 - moderate stage
- 3 - severe stage
- 4 - indeterminate stage

H40.141 Capsular glaucoma with pseudoexfoliation of lens, right eye
H40.142 Capsular glaucoma with pseudoexfoliation of lens, left eye
H40.143 Capsular glaucoma with pseudoexfoliation of lens, bilateral
H40.149 Capsular glaucoma with pseudoexfoliation of lens, unspecified eye

H40.15 Residual stage of open-angle glaucoma
H40.151 Residual stage of open-angle glaucoma, right eye
H40.152 Residual stage of open-angle glaucoma, left eye
H40.153 Residual stage of open-angle glaucoma, bilateral
H40.159 Residual stage of open-angle glaucoma, unspecified eye

ICD-10

H40 Glaucoma

Excludes:
- absolute glaucoma (H44.5)
- congenital glaucoma (Q15.0)
- traumatic glaucoma due to birth injury (P15.3)

H40.0 Glaucoma suspect
- Ocular hypertension

H40.1 Primary open-angle glaucoma
- Glaucoma (primary)(residual stage):
  - capsular with pseudoexfoliation of lens
  - chronic simple
  - low-tension
  - pigmentary
Appendix B
Subcategories of Chapter 7, The Eye

Disorders of eyelid, lacrimal system and orbit (H00-H05)

H00 Hordeolum and chalazion

H01 Other inflammation of eyelid
  H01.0 Blepharitis
  H01.1 Noninfectious dermatoses of eyelid
  H01.8 Other specified inflammations of eyelid
  H01.9 Unspecified inflammation of eyelid

H02 Other disorders of eyelid
  H02.0 Entropion and trichiasis of eyelid
  H02.1 Ectropion of eyelid
  H02.2 Lagophthalmos
  H02.3 Blepharochalasis
  H02.4 Ptosis of eyelid
  H02.5 Other disorders affecting eyelid function
  H02.6 Xanthelasma of eyelid
  H02.7 Other and unspecified degenerative disorders of eyelid and periocular area
  H02.8 Other specified disorders of eyelid
  H02.9 Unspecified disorder of eyelid

H04 Disorders of lacrimal system
  H04.0 Dacryoadenitis
  H04.1 Other disorders of lacrimal gland
  H04.2 Epiphora
  H04.3 Acute and unspecified inflammation of lacrimal passages
  H04.4 Chronic inflammation of lacrimal passages
  H04.5 Stenosis and insufficiency of lacrimal passages
  H04.6 Other changes of lacrimal passages
  H04.8 Other disorders of lacrimal system
  H04.9 Disorder of lacrimal system, unspecified

H05 Disorders of orbit
  H05.0 Acute inflammation of orbit
  H05.1 Chronic inflammatory disorders of orbit
  H05.2 Exophtalmic conditions
  H05.3 Deformity of orbit
  H05.4 Enophthalmos
  H05.5 Retained (old) foreign body following penetrating wound of orbit
  H05.8 Other disorders of orbit
  H05.9 Unspecified disorder of orbit

Disorders of conjunctiva (H10-H11)

H10 Conjunctivitis
  H10.0 Mucopurulent conjunctivitis

H10.1 Acute atopic conjunctivitis
H10.2 Other acute conjunctivitis
H10.3 Unspecified acute conjunctivitis
H10.4 Chronic conjunctivitis
H10.5 Blepharconjunctivitis
H10.8 Other conjunctivitis
H10.9 Unspecified conjunctivitis

H11 Other disorders of conjunctiva
  H11.0 Pterygium of eye
  H11.1 Conjunctival degenerations and deposits
  H11.2 Conjunctival scars
  H11.3 Conjunctival hemorrhage
  H11.4 Other conjunctival vascular disorders and cysts
  H11.8 Other specified disorders of conjunctiva
  H11.9 Unspecified disorder of conjunctiva

Disorders of sclera, cornea, iris and ciliary body (H15-H22)

H15 Disorders of sclera
  H15.0 Scleritis
  H15.1 Episcleitis
  H15.8 Other disorders of sclera
  H15.9 Unspecified disorder of sclera

H16 Keratitis
  H16.0 Corneal ulcer
  H16.1 Other and unspecified superficial keratitis without conjunctivitis
  H16.2 Keratoconjunctivitis
  H16.3 Interstitial and deep keratitis
  H16.4 Corneal neovascularization
  H16.8 Other keratitis
  H16.9 Unspecified keratitis

H17 Corneal scars and opacities
  H17.0 Adherent leukemia
  H17.1 Central corneal opacity
  H17.8 Other corneal scars and opacities
  H17.9 Unspecified corneal scar and opacity

H18 Other disorders of cornea
  H18.0 Corneal pigmentation and deposits
  H18.1 Bullous keratopathy
  H18.2 Other and unspecified corneal edema
  H18.3 Changes of corneal membranes
  H18.4 Corneal degeneration
  H18.5 Hereditary corneal dystrophies
  H18.6 Keratoconus
  H18.7 Other and unspecified corneal deformities
H18.8  Other specified disorders of cornea
H18.9  Unspecified disorder of cornea

H20  Iridocyclitis
H20.0  Acute and subacute iridocyclitis
H20.1  Chronic iridocyclitis
H20.2  Lens-induced iridocyclitis
H20.8  Other iridocyclitis
H20.9  Unspecified iridocyclitis

H21  Other disorders of iris and ciliary body
H21.0  Hyphema
H21.1  Other vascular disorders of iris and ciliary body
H21.2  Degeneration of iris and ciliary body
H21.3  Cyst of iris, ciliary body and anterior chamber
H21.4  Pupillary membranes
H21.5  Other and unspecified adhesions and disruptions of iris and ciliary body
H21.8  Other specified disorders of iris and ciliary body
H21.9  Unspecified disorder of iris and ciliary body

H22  Disorders of iris and ciliary body in diseases classified elsewhere

Disorders of lens (H25-H28)

H25  Age-related cataract
H25.0  Age-related incipient cataract
H25.1  Age-related nuclear cataract
H25.2  Age-related cataract, Morgagnian type
H25.8  Other age-related cataract
H25.9  Unspecified age-related cataract

H26  Other cataract
H26.0  Infantile and juvenile cataract
H26.1  Traumatic cataract
H26.2  Complicated cataract
H26.3  Drug-induced cataract
H26.4  Secondary cataract
H26.8  Other specified cataract
H26.9  Unspecified cataract

H27  Other disorders of lens
H27.0  Aphakia
H27.1  Dislocation of lens
H27.8  Other specified disorders of lens
H27.9  Unspecified disorder of lens

H28  Cataract in diseases classified elsewhere

Disorders of choroid and retina (H30-H36)

H30  Chorioretinal inflammation
H30.0  Focal chorioretinal inflammation
H30.1  Disseminated chorioretinal inflammation
H30.2  Posterior cyclitis
H30.8  Other chorioretinal inflammations
H30.9  Unspecified chorioretinal inflammation

H31  Other disorders of choroid
H31.0  Chorioretinal scars
H31.1  Choroidal degeneration
H31.2  Hereditary choroidal dystrophy
H31.3  Choroidal hemorrhage and rupture
H31.4  Choroidal detachment
H31.8  Other specified disorders of choroid
H31.9  Unspecified disorder of choroid

H32  Chorioretinal disorders in diseases classified elsewhere

H33  Retinal detachments and breaks
H33.0  Retinal detachment with retinal break
H33.1  Retinoschisis and retinal cysts
H33.2  Serous retinal detachment
H33.3  Retinal breaks without detachment
H33.4  Traction detachment of retina
H33.8  Other retinal detachments

H34  Retinal vascular occlusions
H34.0  Transient retinal artery occlusion
H34.1  Central retinal artery occlusion
H34.2  Other retinal artery occlusions
H34.8  Other retinal vascular occlusions
H34.9  Unspecified retinal vascular occlusion

H35  Other retinal disorders
H35.0  Background retinopathy and retinal vascular changes
H35.1  Retinopathy of prematurity
H35.2  Other non-diabetic proliferative retinopathy
H35.3  Degeneration of macula and posterior pole
H35.4  Peripheral retinal degeneration
H35.5  Hereditary retinal dystrophy
H35.6  Retinal hemorrhage
H35.7  Separation of retinal layers
H35.8  Other specified retinal disorders
H35.9  Unspecified retinal disorder

H36  Retinal disorders in diseases classified elsewhere

Glaucoma (H40-H42)

H40  Glaucoma
H40.0  Glaucoma suspect
H40.1  Open-angle glaucoma
H40.2  Primary angle-closure glaucoma
H40.3  Glaucoma secondary to eye trauma
H40.4  Glaucoma secondary to eye inflammation
H40.5 Glaucoma secondary to other eye disorders
H40.6 Glaucoma secondary to drugs
H40.8 Other glaucoma
H40.9 Unspecified glaucoma

**H42 Glaucoma in diseases classified elsewhere**

**Disorders of vitreous body and globe (H43-H44)**

**H43 Disorders of vitreous body**
- H43.0 Vitreous prolapse
- H43.1 Vitreous hemorrhage
- H43.2 Crystalline deposits in vitreous body
- H43.3 Other vitreous opacities
- H43.8 Other disorders of vitreous body
- H43.9 Unspecified disorder of vitreous body

**H44 Disorders of globe**
- H44.0 Purulent endophthalmitis
- H44.1 Other endophthalmitis
- H44.2 Degenerative myopia
- H44.3 Other and unspecified degenerative disorders of globe
- H44.4 Hypotony of eye
- H44.5 Degenerated conditions of globe
- H44.6 Retained (old) intraocular foreign body, magnetic
- H44.7 Retained (old) intraocular foreign body, nonmagnetic
- H44.8 Other disorders of globe
- H44.9 Unspecified disorder of globe

**Disorders of optic nerve and visual pathways (H46-H47)**

**H46 Optic neuritis**
- H46.0 Optic papillitis
- H46.1 Retrobulbar neuritis
- H46.2 Nutritional optic neuropathy
- H46.3 Toxic optic neuropathy
- H46.8 Other optic neuritis
- H46.9 Unspecified optic neuritis

**H47 Other disorders of optic [2nd] nerve and visual pathways**
- H47.0 Disorders of optic nerve, not elsewhere classified
- H47.1 Papilledema
- H47.2 Optic atrophy
- H47.3 Other disorders of optic disc
- H47.4 Disorders of optic chiasm
- H47.5 Disorders of other visual pathways
- H47.6 Disorders of visual cortex
- H47.9 Unspecified disorder of visual pathways

**Disorders of ocular muscles, binocular movement, accommodation and refraction (H49-H52)**

**H49 Paralytic strabismus**
- H49.0 Third [oculomotor] nerve palsy
- H49.1 Fourth [trochlear] nerve palsy
- H49.2 Sixth [abducent] nerve palsy
- H49.3 Total (external) ophthalmoplegia
- H49.4 Progressive external ophthalmoplegia
- H49.8 Other paralytic strabismus
- H49.9 Unspecified paralytic strabismus

**H50 Other strabismus**
- H50.0 Esotropia
- H50.1 Exotropia
- H50.2 Vertical strabismus
- H50.3 Intermittent heterotropia
- H50.4 Other and unspecified heterotropia
- H50.5 Heterophoria
- H50.6 Mechanical strabismus
- H50.8 Other specified strabismus
- H50.9 Unspecified strabismus

**H51 Other disorders of binocular movement**
- H51.0 Palsy (spasm) of conjugate gaze
- H51.1 Convergence insufficiency and excess
- H51.2 Internuclear ophthalmoplegia
- H51.8 Other specified disorders of binocular movement
- H51.9 Unspecified disorder of binocular movement

**H52 Disorders of refraction and accommodation**
- H52.0 Hypermetropia
- H52.1 Myopia
- H52.2 Astigmatism
- H52.3 Anisometropia and aniseikonia
- H52.4 Presbyopia
- H52.5 Disorders of accommodation
- H52.6 Other disorders of refraction
- H52.7 Unspecified disorder of refraction

**Visual disturbances and blindness (H53-H54)**

**H53 Visual disturbances**
- H53.0 Amblyopia ex anopsia
- H53.1 Subjective visual disturbances
- H53.2 Diplopia
- H53.3 Other and unspecified disorders of binocular vision
- H53.4 Visual field defects
- H53.5 Color vision deficiencies
- H53.6 Night blindness
- H53.7 Vision sensitivity deficiencies
- H53.8 Other visual disturbances
- H53.9 Unspecified visual disturbance
### H54  **Blindness and low vision**
- **H54.0** Blindness, both eyes
- **H54.1** Blindness, one eye, low vision other eye
- **H54.2** Low vision, both eyes
- **H54.3** Unqualified visual loss, both eyes
- **H54.4** Blindness, one eye
- **H54.5** Low vision, one eye
- **H54.6** Unqualified visual loss, one eye
- **H54.7** Unspecified visual loss
- **H54.8** Legal blindness, as defined in USA

### H55  **Other disorders of eye and adnexa (H55-H57)**
- **H55.0** Nystagmus
- **H55.8** Other irregular eye movements

### H57  **Other disorders of eye and adnexa**
- **H57.0** Anomalies of pupillary function
- **H57.1** Ocular pain
- **H57.8** Other specified disorders of eye and adnexa
- **H57.9** Unspecified disorder of eye and adnexa

*Intraoperative and postprocedural complications and disorders of eye and adnexa, not elsewhere classified (H59)*

### H59  **Intraoperative and postprocedural complications and disorders of eye and adnexa, not elsewhere classified**

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**Appendix C**

**Chapters with Eye Codes**

**Chapter 1 – Certain infectious and parasitic diseases**
- **A18.5** Tuberculosis of the eye
- **A50.3** Late congenital syphilitic oculopathy
- **A54.3** Gonococcal infection of eye
- **B00.5** Herpesviral ocular disease
- **B01.8** Varicella keratitis
- **B02.3** Zoster ocular disease
- **B05.81** Measles keratitis and keratoconjunctivitis
- **B30** Viral conjunctivitis
- **B58.0** Toxoplasma oculopathy
- **B60.1** Acanthamebiasis conjunctivitis and keratoconjunctivitis
- **B73.0** Onchocerciasis with eye disease

**Chapter 2 - Neoplasms**
- **C43.1** Malignant melanoma of eyelid, including canthus
- **C44.1** Other and unspecified malignant neoplasm of skin of eyelid, including canthus
- **C69** Malignant neoplasm of eye and adnexa
- **D31** Benign neoplasm of eye and adnexa

**Chapter 4 – Endocrine, nutritional and metabolic diseases**
- **E05 – E13** Diabetes mellitus

**Chapter 12 – Diseases of skin and subcutaneous tissue**
- Many conditions affect the skin around the eye

**Chapter 16 – Certain conditions originating in the perinatal period**
- **P11** Birth injuries, nerves
- **P15** Birth injuries, eye and face

**Chapter 17 – Congenital malformations, deformations and chromosomal abnormalities**
- **Q10, Q11, Q12, Q13, Q14, Q15** – All contain specific eye malformations

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*ICD-10-CM: Simply the Basics*
Chapter 18 – Symptoms, sign and abnormal clinical and laboratory findings, NEC

- R51 Headache
- R69 Illness, unspecified
- R70.0 Elevated erythrocyte sedimentation rate
- R73.-- Elevated blood glucose
- R76.0 Raised antibody titer
- R79.82 Elevated C-reactive protein
- R94.11- Abnormal results of function studies of eye
  - R94.110 Abnormal EOG
  - R94.111 Abnormal ERG
  - R94.112 Abnormal VEP
  - R94.113 Abnormal oculomotor study
  - R94.118 Abnormal other study of eye

Chapter 19 – Injury, poisoning, and certain other consequences of external causes (S00 – T88)

- Most S codes are body parts injured
- Most T codes are a type of injuries

S00-S09 Injuries to the head
  - S00.1 Contusion of eyelid and periocular area
  - S00.2 Other and unspecified injury to eyelid and periocular area
  - S01.1 Open wound of eyelid and periocular area
  - S02.3 Fracture of orbital floor
  - S05 Injury of eye and orbit

T15-T19 Effects of foreign body entering through natural orifice
  - T15 Foreign body on external eye

T20-T32 Burns and corrosions
  - T26 Burn and corrosion confined to eye and adnexa

T26-T50 Medications
  - Organized according to class of medication (i.e. antibiotic, hormone, analgesic, psychotropic, etc)
  - T49.5 Poisoning by, adverse effects of and underdosing of ophthalmological drugs and preparations

T51-T65 Chemicals (see Table of Drugs and Chemicals)

T80-T88 Complications of surgical and medical care not elsewhere classified
  - T85.2 Mechanical complication of IOL
  - T85.3 Mechanical complication of other ocular prosthetic devices, implants and grafts
  - T86.84 Complications of corneal transplant

Do not forget H59 Intraoperative and postprocedural complications and disorders of eye and adnexa, NEC

Chapter 21 - Factors influencing health status and contact with health services

From the old "V Codes"
## Appendix D

### Table of Drugs and Chemicals

<table>
<thead>
<tr>
<th>Substance</th>
<th>Poisoning, Accidental (unintentional)</th>
<th>Poisoning, Intentional self-harm</th>
<th>Poisoning, Assault</th>
<th>Poisoning, Undetermined</th>
<th>Adverse effect</th>
<th>Underdosing</th>
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<td>Acetazolamide</td>
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<td>T50.2X2</td>
<td>T50.2X3</td>
<td>T50.2X4</td>
<td>T50.2X5</td>
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<td>T49.5X2</td>
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<td>Acyclovir</td>
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<td>T65.893</td>
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<td>Adrenal (extract, cortex or medulla) (glucocorticoids) (hormones) (mineralocorticoids)</td>
<td>T38.0X1</td>
<td>T38.0X2</td>
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<td>Alcohol, methyl</td>
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<td>Alkali (caustic)</td>
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## Appendix E

### Table of Neoplasms

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<thead>
<tr>
<th>Substance</th>
<th>Malignant Primary</th>
<th>Malignant Secondary</th>
<th>Ca In Situ</th>
<th>Benign</th>
<th>Uncertain Behavior</th>
<th>Unspecified Behavior</th>
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<td>eye NEC</td>
<td>C69.9</td>
<td>C79.49</td>
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<td>C79.49</td>
<td>D09.2-</td>
<td>D31.9-</td>
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<td>eyebrow</td>
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