ICD-10-CM Practical Coding Exercise

Case #1 – Vitreomacular traction syndrome
- 64 y.o. man with reduced vision, OD
- “Distorted” vision, OD
- Gradually worsening for past year
- Past history of LVC 2008
- No history of trauma of other eye disease
- VA:
  - OD: 20/40-2
  - OS: 20/20+2
- Anterior segment: normal OU
- Fundus:
  - Macular edema and thickening, OD
- OCT:

Diagnosis:
Vitreomacular traction syndrome

ICD-10-CM Coding

Search:
Alphabetical Index: Syndrome, vitreomacular
Alphabetical Index: Vitreomacular
Alphabetical Index: Traction
Alphabetical Index: Adhesion
Tabular List: Chapter 7, H43 (Vitreous), browse down

See answers at the end
Case #2 – Glaucoma suspect

- 71 y.o. lady presents with blurred vision OU
- No eye exam for the past 7 years
  - She changed her glasses at that time
  - Early cataracts were noted at that time
- Normal eye history
- Best corrected VA:
  - OD = 20/50+2 (-1.25 -0.75 x 12)
  - OS = 20/30-1 (-1.00 -0.75 x 165)
- Lens:
  - OD = 3+ NS, 1+ PSC
  - OS = 3+ NS
- IOP (Goldmann)
  - OD = 20 mm Hg
  - OS = 17 mm Hg
- ONH:
  - OD = 0.5 H x 0.65 V
  - OS = 0.45 H x 0.55 V

Diagnosis:
Cataract:
  - NS, OU
  - PSC, OD
Glaucoma
Suspect?
  - Open angle?
  - Narrow angle?
POAG?
LTG?
Myopia, astigmatism, presbyopia

ICD-10-CM Coding

Search:
  - Alphabetical Index: Cataract
  - Alphabetical Index: Glaucoma, suspect
  - Tabular List: Chapter 7, H40 (Glaucoma), browse down

See answers at the end
**Case #3 - Glaucoma**

- 71 y.o. lady presents with blurred vision OU
- No eye exam for the past 7 years
  - She changed her glasses at that time
  - Early cataracts were noted at that time
- Normal eye history
- Best corrected VA:
  - OD = 20/50+2 (-1.25 -0.75 x 12)
  - OS = 20/30-1 (-1.00 -0.75 x 165)
- IOP (Goldmann)
  - **OD = 30 mm Hg**
  - **OS = 27 mm Hg**
- ONH
  - OD = 0.5 H x 0.65 V
  - OS = 0.45 H x 0.55 V

**Diagnosis:**
- Cataract
- Glaucoma
  - Suspect?
  - POAG?
    - Open angle?
    - Narrow angle?

**ICD-10-CM Coding**

**Search:**
- Alphabetical Index: Cataract (see case #2)
- Alphabetical Index: Glaucoma / open angle / primary

**See answers at the end**

**Case #3B**

- Same as Case #3
- Visual Fields:
**Diagnosis:**
Primary open-angle glaucoma, moderate stage, right eye
Primary open-angle glaucoma, mild stage, left eye

*See answers at the end*

**Case #3C – Pigmentary glaucoma**
- Identical history and exam as in Case #3, except:
  - Krukenberg Spindle, OU
  - Dense pigmentation in the trabecular meshwork, OU

*Diagnosis:*
Pigmentary glaucoma, OU

**ICD-10-CM Coding**

**Search:**
Alpha Index: Glaucoma
Tabular List: Chapter 7 (Eye), H40-H42 (Glaucoma)

*See answers at the end*

**Case #4 – Traumatic hyphema and blow out fracture**
- 16 y.o. high school student playing on the baseball team
- Struck in the left eye by a line drive that ricocheted off his glove
- Immediate loss of vision, OS
- Previously had “normal” vision, OU
- VA OS: LP
- AC OS: near total hyphema
- IOP OS: 19 mm Hg
- Mild subconjunctival hemorrhage, OS
- Significant periorbital swelling and tenderness, OS
- 4 mm enophthalmos, OS
- Significant limitation of supraduction, OS

*Diagnosis:*
Traumatic hyphema, OS
Subconjunctival hemorrhage, OS
*Probable* blowout fracture of the orbital floor, OS
Enophthalmos, traumatic, OS
Mechanical strabismus, OS
ICD-10-CM Coding

Search:
Alphabetical Index: hyphema
Alphabetical Index: hemorrhage, subconjunctival
Alphabetical Index: enophthalmos, traumatic
Alphabetical Index: strabismus, mechanical
Alphabetical Index: fracture, blowout (orbit floor)
Activity: External Cause if Injury Index: Baseball
Location: External Cause of Injury Index: High school

See answers at the end

Case #4B – One Day Later
- VA OS: HM
- Subconjunctival hemorrhage, OS, resolved
- Hyphema is reduced to 90%, OS
- IOP OS: 17 m Hg

ICD-10-CM Coding

Is this still an “initial” encounter?

Case #4C – One Week Later
- VA OS: 20/200
- Hyphema is reduced to 10%, OS
- The blow-out fracture is scheduled for repair in 4 days.
- IOP OS: 18 mm Hg

ICD-10-CM Coding

Is this still an “initial” encounter? Maybe, but maybe not.

See answers at the end

Case #4D – One Month Later
- The blow out fracture was repaired two weeks previously
- There is no longer enophthalmos or limitation of upward gaze
- VA OS: 20/20-2
- Hyphema is totally resolved
- IOP OS: 18 mm Hg
- Gonioscopy:
  - 3+ open 360 degrees
  - 4 clock hours of angle recession

See answers at the end
**Diagnosis:**
Traumatic angle recession, OS

**ICD-10-CM Coding**

**Search:**
Alphabetical Index: recession, angle

See answers at the end

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**Case #4E – Five years later**
- The patient has remained asymptomatic
- He returns, at your suggestion, for IOP monitoring
- VA OS: 20/20-2
- IOP:
  - OD: 17 mm Hg
  - OS: 32 mm Hg
- ONH:
  - OD: 0.3 x 0.3
  - OS: 0.5 x 0.65
- VF:
  - OD: normal
  - OS: superior arcuate with nasal step

**Diagnosis:**
Angle recession
Angle recession glaucoma

**ICD-10-CM Coding**

**Search:**
Alphabetical Index: recession, angle
Alphabetical Index: glaucoma, traumatic
Tabular List: Chapter 7 (Eye), H40 (Glaucoma), browse to traumatic

See answers at the end

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**Case #5 – Possible eyelid tumor**
- 74 y.o. man with a progressively enlarging “lump” on the right lower lid nasally
- There is very early ectropion in that area
- You are very suspicious of malignancy
  - Basal cell carcinoma
  - Squamous cell carcinoma
Diagnosis:
Possible malignancy, right lower lid
Ectropion, mechanical, right lower lid

ICD-10-CM Coding

Search:
Alphabetical Index: Lump—see mass
Alphabetical Index: Mass
Alphabetical Index: Ectropion, cicatricial
Tabular List: Chapter 7 (Eye), H00 (Eyelids), browse to ectropion

See answers at the end

Case #5B – Two years later
• Basal cell carcinoma successfully removed
• Significant tearing, OD
• Extensive ectropion, right lower lid nasally, OD

Diagnosis:
Ectropion, cicatricial, right lower lid

ICD-10-CM Coding
Do you have to code the eyelid surgery with sequela?

Case #6 – Diabetes and the eye
• 26 y.o. recently diagnosed with diabetes
• Placed on insulin
• Blurred vision, OD > OS
• VA:
  ▪ OD: 20/20-2 (-0.50 – 0.25 x 177)
  ▪ OS: 20/20-2 (pl -0.75 x 22)
• Normal exam: no retinopathy or macular edema

Diagnosis:
Refractive error
Type 1 diabetes mellitus, without retinopathy

ICD-10-CM Coding

Search:
Alphabetical Index: Diabetes, type 1
Alphabetical Index: Encounter
Alphabetical Index: Examination
Alphabetical Index: Screening
Case #7 – Endophthalmitis

- Patient has “routine” “uneventful” cataract surgery, OS
- 5 days PO he develops
  - Significant pain and photophobia, OS
  - Dramatic drop in the vision, OS
- VA, OS: 20/400
- 1 mm hypopion in the AC, OS
- Vitreous haze, OS

Diagnosis:
Endophthalmitis, postoperative, OS

ICD-10-CM Coding

Search:
Alphabetical Index: Infection, postoperative
Alphabetical Index: Complication, postoperative, eye
Alphabetical Index: Complication, eye
Alphabetical Index: Endophthalmitis
Tabular List: Chapter 7 (Eye), Intraoperative and postprocedural complications NEC (H59)

Case #8 – Rheumatoid arthritis using Plaquesil

- Patient has severe rheumatoid arthritis
- It requires chronic Plaquesil (hydroxychloroquine) treatment for control
- She is referred for monitoring for Plaquesil toxicity
- The eye examination is entirely normal
  - Normal macula
  - VA: 20/20 OU

Diagnosis:
Rheumatoid arthritis

ICD-10-CM Coding

Search:
Alphabetical Index: Arthritis, rheumatoid
Alphabetical Index: Screen
Alphabetical Index: Examination, screening
Alphabetical Index: Encounter, observation
See answers at the end

Case #8B

- Same case
- VA: 20/25, OU
- Macular pigment clumping, OU
- VF: early central depression, OU

Diagnosis:
- Rheumatoid arthritis
- Toxic maculopathy
- Central scotoma

ICD-10-CM Coding

Search:
- Alphabetical Index: Arthritis, rheumatoid
- Alphabetical Index: Maculopathy, toxic
- Alphabetical Index: Scotoma, central

See answers at the end
ICD·10·CM Practical Coding Exercise: The Answers

Case #1
H43.821 – Vitreomacular adhesions, right eye

Lessons from Case #1
- Chose the right term to search on
- Try different terms
  - Vitreomacular
  - Traction
  - adhesion
- The CDC and clinicians may use different terminology
- Browsing the Tabular list may work

Case #2
H25.13 – Age-related nuclear cataract, bilateral
H25.041 – Posterior subcapsular polar age-related cataract, right eye
H40.001 – Preglaucoma, unspecified, right eye
  (H40.011 – Glaucoma suspect, open angle with borderline findings, low risk)

Lessons from Case #2
- ICD·10·CM may not give you “ideal” choices
- Glaucoma coding requires significant information
  - Open vs. close angles vs. low tension, etc
  - Low vs. high risk
- You may choose to ignore the glaucoma coding
  - If you have other valid codes for billing
  - If you plan on further evaluation of the glaucoma

Case #3
H25.13 – Age-related nuclear cataract, bilateral
H25.041 – Posterior subcapsular polar age-related cataract, right eye
H40.11X4 – Primary open-angle glaucoma, indeterminate stage

Case #3B
H25.13 – Age-related nuclear cataract, bilateral
H25.041 – Posterior subcapsular polar age-related cataract, right eye
H40.11X1 – Primary open-angle glaucoma, mild stage
H40.11X2 – Primary open-angle glaucoma, moderate stage

Case #3C
H40.1312 – Pigmentary glaucoma, right eye, moderate stage
H40.1321 – Pigmentary glaucoma, left eye, mild stage

**Lessons from Case #3**

- ICD-10-CM may not give you “ideal” choices
- Pay attention to laterality
  - POAG does not require laterality
- Glaucoma coding requires significant information
  - Open vs. close angles
  - Mild vs. moderate vs. severe stages
- You may choose to ignore the glaucoma coding
  - If you have other valid codes for billing
  - If you plan on further evaluation of the glaucoma
- Glaucoma requires two different codes when:
  - There are different “stages” in the different eyes
  - There are different types of glaucoma in the two eyes

**Case #4**

S05.12xA – Contusion of eyeball and orbital tissue, left eye, initial encounter  
H05.422 – Enophthalmos due to trauma or surgery, left eye  
H50.69 – Other mechanical strabismus, traumatic  
Y93.64 – Activity, baseball  
Y92.320 – Baseball field as the place of occurrence

**Case #4B – 1 Day Later**

S05.12XA – Contusion of eyeball and orbital tissue, left eye, initial encounter  
H05.422 – Enophthalmos due to trauma or surgery, left eye  
H50.69 – Other mechanical strabismus, traumatic  
Y93.64 – Activity, baseball  
Y92.320 – Baseball field as the place of occurrence

**Case #4C – 1 Week Later**

S05.12XD – Contusion of eyeball and orbital tissue, left eye, subsequent encounter  
H05.422 – Enophthalmos due to trauma or surgery, left eye  
H50.69 – Other mechanical strabismus, traumatic  
Y93.64 – Activity, baseball  
Y92.320 – Baseball field as the place of occurrence

**Case #4D – 1 Month Later**

H21.552 – Recession of the chamber angle, OS

**Case #4E – 5 Years Later**

H40.32x4 – Glaucoma secondary to eye trauma, OS, indeterminate stage
H21.552 – Recession of the chamber angle, OS
S05.12xS – Contusion of eyeball and orbital tissue, OS, sequela

Lessons from Case #4
- Do not code “probable” conditions
- Don’t use diagnoses that no longer exist
- Be familiar with the 7th character extension and their definitions
  ▪ Initial encounter
  ▪ Subsequent encounter
  ▪ Sequela
- Watch for “code also” instructions
- Be familiar with external cause index and section

Case #5 – Suspected lid tumor
  R22.0 – Localized swelling, mass and lump, head
  (R22.9 – Localized swelling, mass and lump, unspecified (skin))
  D48.5 – Neoplasm of uncertain behavior of skin
  H02.122 – Cicatricial ectropion, right lower lid

Case #5B – 2 years later
  H02.112 – Cicatricial ectropion of right lower eyelid

Lessons from Case #5
- Be careful in coding for “suspected” conditions
- Finding the right term may be very difficult
- Watch for “code also” or “code first” instructions – they may or may not be present
  ▪ Be familiar with the Table of Neoplasms

Case #6 – Diabetes and the eye
  Z01.00 – Encounter for examination of eyes and vision without abnormal findings
  Z03.8g – Encounter for observation for other suspected diseases and conditions ruled out
  (Z13.5 – Encounter for screening for eye and ear disorders)
  (Z79.4 – Long term (current) use of insulin)
  (Z13.1 – Encounter for screening for diabetes)

Lessons for Case #6
- Know the types of diabetes
- Know the effects of the diabetes on the eye
  ▪ Retinopathy
    ▪ Non-proliferative
      ▪ Mild
      ▪ Moderate
      ▪ Severe
Proliferative
- With or without macular edema
  ▪ Cataract
  ▪ Other complication
  ▪ Be careful in coding for “suspected” conditions
- If there are not effects of diabetes in the eye, it is difficult
- Be familiar with the many options for the Z Codes – Factors Influencing Health Status and Contact with Health Services
  ▪ “ Encounter”
  ▪ “ Examination”
  ▪ “Screening”

**Case #7 – Endophthalmitis**
H44.002 – Unspecified purulent endophthalmitis, left eye
T81.4 – Infection following a procedure
(H59.89 – Other postprocedural complications and disorders of eye and adnexa, NEC)

**Lessons for Case #7**
- Which is the best code if there are several options
  ▪ The most precise
  ▪ The one specific for the eye
- Why not use more than one?
- Any would probably be OK

**Case #8 – Rheumatoid arthritis**
M06.9 – Rheumatoid arthritis, unspecified
Z03.6 – Encounter for observation for suspected toxic effect from ingested substance ruled out

**Case #8B**
H35.383 – Toxic maculopathy, bilateral
T37.8X5A – *Adverse effect* of other specified systemic anti-infectives and antiparasitics
H53.411 – Scotoma involving central area, OU

**Lessons for Case #8**
- There are multiple codes for rheumatoid arthritis
  ▪ Juvenile
  ▪ Seronegative
  ▪ Seropositive
  ▪ Specified type, NEC
- It is OK to use “unspecified” codes, although try to avoid it if possible
- Watch for “use additional code” instructions
- Be familiar with the Table of Drugs and Chemicals