

What Ophthalmologists Need to Know About Medicare and Coding

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Agenda

- ICD-10 - Are we close to being ready?

International Classification of Diseases, Tenth Revision (ICD-10)

- ICD-10-CM
 - The diagnosis code set that will replace ICD-9 CM Volumes 1 and 2
 - Used to report diagnoses in all clinical settings
- ICD-10-PCS
 - Used for facility charges for hospital inpatient procedures
 - Not used for professional charges
 - ICD-10-PCS DOES NOT replace CPT and HCPCS

International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)

- Effective for dates of service on and after October 1, 2014
 - ICD-9-CM continues to apply to all dates of service on or before September 30, 2014
- Workers' Compensation, Liability Insurers
 - Not covered entities
 - Are not required to convert from ICD-9 to ICD-10
- Plan to maintain both ICD-9 and ICD-10 for a minimum of 1 year

Consistent with ICD-9

- Code to the highest level of specificity
- Code to the greatest extent known at the time of the encounter
 - Do not use unspecified codes when more specific codes are available.
 - Be very careful developing “quick pick” lists in your EHR
- Do not code from ICD-10 Volume 2 (Index)
- Decimals are not included when reporting diagnosis code on claim form

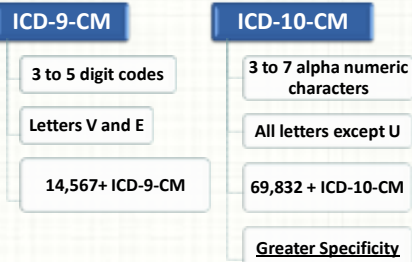
7

Notable Changes in ICD-10 Coding

- All codes begin with alpha character
- Length of codes – maximum of 7 characters
 - May require insertion of place holders (“x” or “X”) when 4-, 5-, 6- digit codes require additional digits for clarification
- Requires greater specificity in code assignment
 - ICD-10 has more codes to describe services
 - ✓ Incorporates laterality
 - ✓ Creates combination diagnosis/symptom codes to reduce number of codes needed to fully describe a condition
 - ✓ Expanded injury codes
 - ✓ Encounter
 - ✓ Activity
 - ✓ Place of Occurrence

8

Comparison ICD-9 with ICD-10



9

15,000 ICD-9-CM Codes 70,000 ICD-10-CM Codes

- A large number of ICD-10-CM codes only differ in one parameter.
 - More than one third of the ICD-10-CM codes are the same except for indicating laterality
 - Thousands of other codes differ only in the way they distinguish among “initial encounter” versus “subsequent encounter” versus “sequelae.”

10

Greatest Challenge?

Medical record documentation

**INSUFFICIENT
DIAGNOSTIC
STATEMENTS**

11

Ophthalmic Diagnoses

- Chapter 7 Diseases of the eye and adnexa (H00-H59) - Categories
 - H00-H05 Eyelid, lacrimal system and orbit
 - H10-H11 Conjunctiva
 - H15-H22 Sclera, cornea, iris, and ciliary body
 - H23-H28 Lens
 - H30-H36 Choroid and retina
 - H40-H42 Glaucoma
 - H43-H44 Vitreous body and globe
 - H46-H47 Optic nerve and visual pathways
 - H49-H52 Ocular muscles, binocular movements, accommodation and refraction
 - H53-H54 Visual disturbances and blindness
 - H55-H57 Other disorders of eye and adnexa
 - H59 Intraoperative and postprocedural complications and disorders of eye and adnexa, not elsewhere classified

12

Ophthalmic Diagnoses Cont'd

- Certain infections and parasitic diseases (A00-B99)
- Congenital malformations, deformities, and chromosomal abnormalities (Q00-Q99)
- Diabetes mellitus, related eye conditions (E09.3-, E10.3-, E11.3-, E13.3-)
- Endocrine, nutritional, and metabolic diseases (E00-E90)
- Injury, poisoning, and certain other consequences of external causes (S00-T98)
- Neoplasms (C00-D48)
- 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)

13

Laterality

- Affected eye may be included in the code description
 - H25.10 Age-related nuclear cataract unspecified eye
 - H25.11 Age-related nuclear cataract right eye
 - H25.12 Age-related nuclear cataract left eye
 - H25.13 Age-related nuclear cataract bilateral
- Diagnosis for each eye will be reported as applicable
 - H25.12 Age-related nuclear cataract left eye
 - H25.011 Cortical age-related cataract right eye

14

Combination Codes

- E11.339 Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema
- H40.11X2 Primary open-angle glaucoma, moderate stage

Note place holder "X" required because 5-digit code requires 7th digit to note the glaucoma stage

15

Specificity - Nonproliferative Diabetic Retinopathy

- Mild: Microaneurysms
- Moderate: Blood vessels become blocked
- Severe: More blood vessels are blocked and the retina senses the need for new blood vessels to grow and supply oxygen

16

Specificity –Glaucoma Severity

- Stage Unspecified
- Mild Stage: optic nerve changes consistent with glaucoma but NO visual field abnormalities on any visual field test OR abnormalities present only on short-wavelength automated perimetry or frequency doubling perimetry.
- Moderate Stage: optic nerve changes consistent with glaucoma AND glaucomatous visual field abnormalities in one hemifield and not within 5 degrees of fixation.
- Severe Stage: optic nerve changes consistent with glaucoma AND glaucomatous visual field abnormalities in both hemifields and/or loss within 5 degrees of fixation in at least one hemifield.
- Indeterminate stage: visual field testing has not been performed

17

Injury Codes with Encounter Description, Activity, and Place of Occurrence

- Diagnostic statement for injuries should include
 - Diagnosis related to injury
 - Activity - What the patient was doing when the injury occurred
 - Place of occurrence - Where the patient was when the injury occurred

18

Injury Codes with Encounter Description, Activity, and Place of Occurrence Cont'd

- S05.01 Injury of conjunctiva and corneal abrasion without foreign body, right eye
 - 5 Digit code requires 7th digit
 - ✓ Coder must insert placeholder “x” or “X” as needed to complete code to describe the service
 - 7th digit indicates
 - ✓ A Initial encounter
 - ✓ D Subsequent encounter
 - ✓ S Sequela

19

Injury Codes with Encounter Description, Activity, and Place of Occurrence Cont'd

- Typically, physician diagnostic statement will need to specify encounter
 - Initial encounter for evaluation of a corneal abrasion right eye without foreign body

ICD-10 = S05.01xA

20

Injury Codes with Encounter Description, Activity, and Place of Occurrence Cont'd

- **Activity** (Main term in ICD-10-CM Index to External Causes)
 - What the patient was doing when the injury occurred
 - Playing with dog
 - Y93.k9 Other activity involving animal care
 - Brushing hair
 - Y93.e8 Other personal hygiene activity

21

Injury Codes with Encounter Description, Activity, and Place of Occurrence Cont'd

- **Place of Occurrence** (Main term in ICD-10-CM Index to External Causes)
 - Where the patient was when the injury occurred
 - At home in yard – (single family house) Y92.017
 - Dog park – (public park) Y92.830
 - Hotel – (Other trade areas) Y92.59

22

Injury Codes with Encounter Description, Activity, and Place of Occurrence Cont'd

- Corneal abrasion right eye while playing with dog at home in the yard – Initial encounter

S05.01xA (Injury of conjunctiva and corneal abrasion without foreign body, right eye, initial encounter)

Y93.k9 (activity: playing with dog)

Y92.017 (place of occurrence: single family residence in yard)

23

Which Eyelid?

- Hordeolum and chalazion
 - Hordeolum externum
 - Hordeolum internum
 - Abscess of eyelid
 - Chalazion
- Inflammation of eyelid
 - Blepharitis Ulcerative
 - Blepharitis Squamous
 - Allergic Dermatitis
 - Discoid lupus erythematosus
 - Eczematous dermatitis
 - Xeroderma

24

Cornea – Specify Eye

- Corneal Ulcer
 - Central corneal ulcer
 - Ring corneal ulcer
 - Corneal ulcer with hypopyon
 - Marginal corneal ulcer
 - Mooren's corneal ulcer
 - Mycotic corneal ulcer
 - Perforated corneal ulcer
- Corneal Edema
 - Corneal edema secondary to contact lens
 - Idiopathic corneal edema
 - Secondary corneal edema

25

Cataract – Specify Eye

- Age-related cataracts
 - Cortical
 - Anterior subcapsular polar
 - Posterior subcapsular polar
 - Other age-related incipient
 - Age-related nuclear
 - Age-related cataract, morgagnian
 - Combined forms of age-related cataract
- Traumatic Cataract
 - Localized traumatic opacities
 - Partially resolved traumatic
 - Total traumatic
- Complicated Cataract
 - Cataract with neovascularization
 - Cataract secondary to ocular disorders (degenerative) (inflammatory)

26

Cataract – Specify Eye Cont'd

- Glaucomatous flecks (subcapsular)
- Drug-induced cataract
- Other specified cataracts
- Infantile and juvenile cataract
 - Cortical, lamellar, or zonular cataract
 - Nuclear
 - Anterior subcapsular polar
 - Posterior subcapsular polar
 - Combined forms

27

Cataracts/Lens Disorders – Specify Eye

- Secondary cataract
 - Soemmering's ring
 - Other secondary cataract
- Other specified cataracts
- Aphakia
- Dislocation of lens
 - Subluxation of lens
 - Anterior dislocation of lens
 - Posterior dislocation of lens
 - Other specified disorders of lens

28

Retinal Detachments and Breaks – Specify Eye

- Retinal detachment with single break
- Retinal detachment with multiple breaks
- Retinal detachment with giant retinal tear
- Retinal detachment with retinal dialysis
- Total retinal detachment
- Cyst of ora serrata
- Parasitic cyst of retina
- Other retinoschisis and retinal cysts
- Serious retinal detachment
- Horseshoe tear of retina without detachment
- Round hole of retina without detachment
- Multiple defects of retina without detachment
- Traction detachment

29

Paralytic Strabismus – Specify Eye

- Third (oculomotor) nerve palsy
- Fourth (trochlear) nerve palsy
- Sixth (abducent) nerve palsy
- Total (external) ophthalmoplegia
- Progressive external ophthalmoplegia
- Kearns-Sayre syndrome
- Other paralytic strabismus

30

Other Strabismus – Specify Eye

- Monocular esotropia
- Monocular esotropia with A pattern
- Monocular esotropia with V pattern
- Monocular esotropia with other noncomitancies
- Alternating esotropia
- Alternating esotropia with A pattern
- Alternating esotropia with V pattern

31

Disorders of Refraction and Accommodation – May Need to Specify Eye

- Hypermetropia
- Myopia
- Irregular astigmatism
- Regular astigmatism
- Anisometropia
- Aniseikonia
- Presbyopia
- Internal ophthalmoplegia (complete)
- Paresis of accommodation
- Spasm of accommodation
- Other disorders of refraction

32

Subjective Visual Disturbances – Specify Eye

- Day blindness
- Transient visual loss
- Sudden visual loss
- Visual discomfort (Asthenopia, Photophobia)
- Visual distortions of shape and size
- Psychological visual disturbances
- Other subjective visual disturbances (e.g., visual halos)

33

Visual Field Defects

- Scotoma involving central area – Specify Eye
- Scotoma of blind spot area – Specify Eye
- Sector or arcuate defects – Specify Eye
- Other localized visual field defect – Specify Eye
- Homonymous bilateral field defects
 - Right side
 - Left side
- Generalized contraction of visual field – Specify Eye

34

Intraoperative and Postprocedural Complications and Disorders of Eye and Adnexa

- Keratopathy (bullous aphakic) following cataract surgery – Specify Eye
- Cataract (lens) fragments in eye following cataract surgery – Specify Eye
- Cystoid macular edema following cataract surgery – Specify Eye
- Other disorders following cataract surgery – Specify Eye
- Intraoperative hemorrhage and hematoma of eye and adnexa complicating ophthalmic procedure – Specify Eye
- Intraoperative hemorrhage and hematoma of eye and adnexa complicating other procedure – Specify Eye
- Accidental puncture and laceration of eye and adnexa during an ophthalmic procedure – Specify Eye
- Accidental puncture and laceration of eye and adnexa during other procedure – Specify Eye

35

Intraoperative and Postprocedural Complications and Disorders of Eye and Adnexa Cont'd

- Postprocedural hemorrhage and hematoma of eye and adnexa following an ophthalmic procedure – Specify Eye
- Postprocedural hemorrhage and hematoma of eye and adnexa following other procedure – Specify Eye
- Inflammation (infection) of postprocedural bleb – Specify Stage
- Chorioretinal scars after surgery for detachment – Specify Eye
- Other intraoperative complications of eye and adnexa, not elsewhere classified

36

Other Diagnostic Statements

- Acquired absence of eye (Z90.01)
- Presence of artificial eye (Z97.0)
- Presence of intraocular lens (Z96.1)
- Corneal transplant status (Z94.7)
- Filtering (vitreous) bleb after glaucoma surgery status (Z98.83)
- Long term (current) use of anticoagulants (Z79.01)
- **Long term (current) use of insulin (Z79.4)**
- Long term (current) use of systemic steroids (Z79.52)
- Other long term (current) drug therapy (Z79.899)
- Family history of blindness and visual loss (Z82.1)
- Family history of glaucoma (Z83.511)
- Family history of other specified eye disorder (Z83.518)
- Encounter for observation for suspected adverse effect from drug (Z03.6)

37

Routine Eye Exam

- Z01.00 Encounter for examination of eyes and vision without abnormal findings
- Z01.01 Encounter for examination of eyes and vision with abnormal findings
 - Use additional code(s) to identify abnormal findings
- Z02.4 Encounter for examination for driving license
- Z13.5 Eye screening

38

Signs, Symptoms, Abnormal Findings

- A sign or symptom code is not to be used as a principal diagnosis when a definitive diagnosis for the sign or symptom has been established.
- Use sign or symptom code when no definitive diagnosis is established at the time of coding.
- Sign or symptom code should be used with a confirmed diagnosis if the symptom is not always associated with that diagnosis, e.g., complex syndromes.

39

Principal or First Listed Diagnosis

- Selection of principal diagnosis/first listed code is based on the conventions in the classification that provide sequencing instructions.
 - Code First
 - Use Additional Code Notes
 - See
 - See Also
- If no sequencing instructions apply, sequencing is based on the condition that brought the patient into the hospital or physician's office
 - REASON for the encounter (MATCH chief complaint)

40

Selection of Secondary Diagnoses

- Additional conditions or reasons for the encounter also need to be coded.
- Additional conditions that receive treatment also need to be coded.
- Diagnosis that relates to an earlier episode that has no bearing on the current encounter should be excluded.

41

Be Wary of Built-in ICD-9 to ICD-10 Crosswalk

- Carefully verify how the vendor intends to create the crosswalk
 - Some diagnostic statements are a one-to-one match between ICD-9 and ICD-10 codes
 - Some diagnostic statements have multiple ICD-10 codes when there was only one ICD-9 code
 - Some diagnostic statements require multiple ICD-9 codes but only one ICD-10 code

42

General Equivalence Mapping (GEM)

- CMS crosswalk between ICD-9 and ICD-10
 - Forward crosswalk - ICD-9 to ICD-10
 - Backward crosswalk – ICD-10 to ICD-9
- For most physician practices, GEMs will be of limited use and may not be appropriate since coding should occur directly to ICD-10 based on actual clinical documentation.
 - GEMs can be helpful in validating your coding practices to help identify some codes in ICD-10 relative to existing ICD-9 for the purpose of training and validation but should not be relied on as the complete and final answer

43

Auditing, Fraud and Abuse

- Audits of all types are increasing in depth and breadth
- After the transition to ICD-10, the increase in detail and specificity will result in greater examination of documentation
- Your practice should perform regular audits on clinical documentation during the post-implementation stabilization period

44

What Now?

- Steps you can take to ensure a smooth transition to ICD-10.
 - Acceptance
 - ✓ ICD-10 implementation on October 1, 2014
 - ❖ Plan training schedule
 - ✓ Requirement to document complete diagnostic statements – Begin practicing ASAP
 - ✓ Costs involved with ICD-10 implementation
 - ❖ Reference Materials – (AAO ICD-10 Coding for Ophthalmology and ICD-10 Code Book)
 - ❖ Staff training
 - ❖ Vendor costs to updated both practice management system and EHR

45

Transition Plan

- Have a transition plan in place that includes the dates that milestones will be achieved
 - Assessment of functional needs
 - Duplicate Coding (I-9 for reimbursement; I-10 for training)
 - Vendor - ICD-10 availability for training
 - Conduct test transactions using ICD-10 codes with your payers and clearinghouses
 - Continuously monitor vendor and payer preparedness, identify and address gaps
- Establish an emergency fund to cover unexpected costs and possible reimbursement delays

<https://www.cms.gov/Medicare/Coding/ICD10/index.html>

46

Thanks for inviting me!

47