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**ICD-10-CM
OPHTHALMOLOGY CODING WORKSHOP
PART 1**

PRESENTED: 


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AGENDA 

Goal: Participants will be able to understand the principles of ICD-10-CM coding related to ophthalmology

- From ICD-9 to ICD-10: Major Changes
- Sequencing and Guidelines
- Practice: Finding the Key Term
- Chapter 1: Infectious Diseases
- Chapter 3: Diseases of the Blood and Blood-Forming organs and Certain Disorders Involving the Immune Mechanism
- Chapter 4: Endocrine, Nutritional and metabolic Diseases

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ORGANIZATION & STRUCTURE OF ICD-10-CM 

Alphabetic Index
Index to Diseases and Injuries

- Neoplasm Table
- Table of Drugs and Chemicals
- Index to External Causes
- Hypertension tables have been eliminated

Manifestation Codes
Example: Disease, Alzheimer's G30.9 [F02.80]

Tabular List
Reorganization, addition, and expansion of chapters

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BASIC STEPS TO CODING DISEASES

1. Locate main term in Index to Diseases
2. Follow directional terms
 - e.g., see, see also, see category
3. Review diagnostic statement to locate essential modifiers in Index to Diseases
 - e.g., sub-terms
4. Select and verify code in Tabular List of Diseases


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BASIC CODING TIPS

- Start looking up the codes from the top down
- Looking up codes from the middle of the page will lead you the **WRONG** way!
- Use colored tabs to mark the alphabet and the sections





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ICD-10-CM

CODING CONVENTIONS AND GUIDELINES



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CODING IN ICD-10-CM

Always at least 3 characters but can be up to seven

1st Character is always a letter. All letters used *except U*

2nd Character is always a number.

3rd through 7th characters can be numbers or letters.

First 3 characters = category. Decimal goes after category (XXX.XXX)

Not case-sensitive. First character is often capitalized.

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CODING AND SEVENTH CHARACTERS

Alpha (Except U)

2 Numeric (3-7 Numeric or Alpha)

Additional Characters

Category

Etiology, anatomic site, severity

Added 7th character for obstetrics, injuries, and external causes of injury

3-7 Characters

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ICD-10 CM CODE STRUCTURE

ICD-9-CM
3 7 6 . 0

ICD-10-CM
H 0 5 . 0 1 3

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HOW MANY MORE CODES? >>

Code Type	ICD-9-CM	ICD-10-CM
Diagnosis	14,315 codes	69,101 codes

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MAJOR MODIFICATIONS IN ICD-10 CM >>

- Placeholders
- Abbreviations
- Punctuation
- Greater Specificity
- Laterality
- Classification Changes
- V/E Codes
- Combination Codes
 - Symptoms/ manifestations
 - Poisonings/ associated external causes
- Instructional Notes
- Excludes Notes
- Injury Regrouping
- 7th Character Extensions

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PLACEHOLDER >>

ICD-10-CM utilizes a **Placeholder Character – "X"** for codes that may require a 7th character, but may not have a 4th, 5th or 6th character.

X Example:

H40.32x3, Glaucoma secondary to eye trauma, left eye, severe stage

S05.21xA, Ocular laceration and rupture with prolapse or loss of intraocular tissue, right eye, initial encounter

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SEVENTH CHARACTERS

- Some categories require a **seventh character** to provide further specificity about the condition being coded.
- May be a number or a letter
- Must **always** be in the **seventh position**

Examples:

S00.211A Abrasion of right eyelid and periocular area, initial encounter
S05.62xD Penetrating wound without foreign body of left eyeball, subsequent encounter
H40.2133. Acute angle-closure glaucoma, bilateral

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7TH CHARACTER EPISODE OF CARE

- A patient may see new and/or different providers over the course of treatment for an injury
- Assignment of the 7th character is based on whether patient is undergoing active treatment, not whether the provider is seeing the patient for the first time.

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EPISODE OF CARE EXAMPLES

Case # 1: Pt with foreign body in the eye goes to ER. It is removed. Follows up with ophthalmologist. Eye is healing normally.

- ▶ Code as SUBSEQUENT: routine care during healing phase

Case #2: Children falls at home and pokes pencil in the eye. At the ER they find out that the pencil is in the tear duct. They remove it. Advises to follows up four days later with his Ophthalmologist due to swelling.

- ▶ Code as INITIAL: Ophthalmologist exams and cleanses and notes minor abrasion and tear.

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CODING AND USE OF SEVENTH CHARACTER

- Obstetrics
- Injury
- External cause

• Either alpha or numeric

• Placeholder X

• Meanings vary

Injury and External Cause - Identifies Injury		
Initial - Receiving active treatment	Subsequent - Receiving routine care during healing or recovery (after active treatment)	Sequela - Complications or conditions arising as result of a condition

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ABBREVIATIONS - NEC

NEC = Not Elsewhere Classified

- For use when the provider documents a **specific condition** but the ICD-10 does not have a code for it
- Alphabetic Index uses NEC for a code description that will direct the coder to the Tabular List showing an Other Specified or Not Elsewhere Classified code description

Examples:
H57.8, Other specified disorders of eye and adnexa
H31.29, Other hereditary choroidal dystrophy

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ABBREVIATIONS - NOS

NOS = Not Otherwise Specified

- **Unspecified**
- Available for use when the documentation of the condition identified by the provider is insufficient to assign a more specific code

Example:
H40.9 Unspecified glaucoma
H02.9 Unspecified disorder of eyelid

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PUNCTUATION

() Parentheses – Nonessential Modifiers

- Supplementary words that may be present or absent in the disease or procedure which do not affect the code assignment

Examples: *Alphabetic Index*

- **Diabetes, diabetic** (mellitus) (sugar)
- **Hemophilia** (classical) (familial) (hereditary)

Examples: *Tabular List*

- **I10**, Essential (primary) hypertension
- **H44.012**, Panophthalmitis (acute), left eye

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PUNCTUATION

[] Brackets

Alphabetic Index: Identify Manifestation Codes

- Disease, Alzheimer's G30.9 [F02.80]
- Nephrosis, in amyloidosis E85.4 [N08]

Tabular List: Encloses synonyms

- B06, Rubella [German measles]
- J00, Acute nasopharyngitis [common cold]

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INSTRUCTIONAL NOTES

Inclusion Notes

- Inclusion Notes are used to clarify the conditions included within a particular chapter, section, category, subcategory or code
- **Not Exhaustive**

Example:

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

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EXCLUDES NOTES

Excludes1: CANNOT BE CODED HERE

- The code excluded should never be used with the code above the Excludes1 note
- Used when two codes cannot occur together

Example:
H40 Glaucoma
Excludes1 Absolute glaucoma (H44.51-)
Congenital glaucoma (Q15.0)
Tramataatic glaucoma due to birth injury (P15.3)

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EXCLUDES 1 UPDATE

If the two conditions are not related to one another, it is permissible to report both codes despite the presence of an Excludes1 note.

Example:

- Patient with recurrent depression (F33.-) is experiencing dizziness (R42)
- Patient with residual effects of a stroke (I69.-) and a current traumatic brain injury (S06.-)

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EXCLUDES NOTES

Excludes2: means condition not INCLUDED with this code.

- Indicates that the Excludes2 condition is not part of the above code, but it is acceptable to use both codes if the patient has both conditions and there is appropriate supporting documentation for both conditions.

Example:
H00.1 Chalazion
Excludes2 infected Meibomian gland (H00.02-)

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EXCLUDES NOTES

Excludes1 & Excludes2 Tip:

Excludes1:
There can be only **1**

Excludes2:
There can be possibly **2**



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RELATIONAL TERMS

"AND" should be interpreted to mean either **"and"** or **"or"**

Example: H20.0, Acute and subacute Iridocyclitis

- Acute Iridocyclitis
- Subacute Iridocyclitis
- Acute and subacute Iridocyclitis

"With," "associated with," "in," or "due to" are used as synonyms

Example: Cataract with neovascularization

- Cataract associated with neovascularization
- Cataract in neovascularization
- Cataract due to neovascularization

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INSTRUCTIONAL NOTES

"Code First" & "Use Additional Code"

- Used for Sequencing Priority – Found in Tabular
- When a particular disease or condition has many manifestations that go along with it, always code the underlying disease first, followed by the manifestation.

Example:

H35.38 Toxic maculopathy

- **Code first** Poisoning due to drug or toxin, if applicable (T36-T65 with fifth or sixth character 1-4 or 6)
- **Use additional code** for adverse effect, if applicable, to identify drug (T36-T50) with fifth or sixth character 5)

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V/E CODES: WHERE ARE THEY NOW? >>

E codes = Chapter 20: External Causes of Morbidity

V codes = Chapter 21: Factors Influencing Health Status and Contact With Health Services

Examples:

W21.03XA, Struck by baseball, initial encounter

Y92.320, Baseball field as the place of occurrence of the external cause

Examples:

Z01.00, Encounter for examination of eyes and vision without abnormal findings

Z85.840, Personal history of malignant neoplasm of eye

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DEFAULT CODE >>

The default code is the code listed next to the main term in the Alphabetic Index

Quadriplegia G82.50 ←

- complete
- C1-C4 level G82.51
- C5-C7 level G82.53
- congenital (cerebral) (spinal) G80.8
- spastic G80.0
- embolic (current episode) I63.4
- functional R53.2
- incomplete
- C1-C4 level G82.52
- C5-C7 level G82.54
- thrombotic (current episode) I63.3
- traumatic -- code to injury with seventh character S
- current episode -- see injury, spinal (cord), cervical

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ICD-10 CM CHAPTER LAYOUT >>

Chapter	Chapter Title
1	Certain Infectious and Parasitic Diseases (A00-B99)
2	Neoplasms (C00-D48)
3	Disease of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)
4	Endocrine, Nutritional, and Metabolic Diseases (E00-E89)
5	Mental and behavioral disorders (F01 – F99)
6	Diseases of Nervous System and Sense Organs (G00-G99)
7	Diseases of Eye and Adnexa (H00-H59)
8	Diseases of Ear and Mastoid Process (H60-H95)
9	Diseases of Circulatory System (I00-I99)
10	Diseases of Respiratory System (J00-J99)
11	Diseases of Digestive System (K00-K94)

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ICD-10 CM CHAPTER LAYOUT

Chapter	Chapter Title
12	Diseases of Skin and Subcutaneous Tissue (L00-L99)
13	Diseases of the Musculoskeletal System and Connective Tissue (M00-M99)
14	Diseases of Genitourinary System (N00-N99)
15	Pregnancy, Childbirth, and the Puerperium (O00-O9A)
16	Certain Conditions Originating in the Perinatal Period (P00-P96)
17	Congenital malformations, deformations, and chromosomal abnormalities (Q00-Q99)
18	Symptoms, signs, and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)
19	Injury, poisoning, and certain other consequences of external causes (S00-T88)
20	External Causes of Morbidity (V01-Y99)
21	Factors influencing health status and contact with health services (Z00-Z99)

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CODING GUIDELINES

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MAJOR MODIFICATIONS IN ICD-10 CM GUIDELINES

- Level of Detail
- Laterality
- Integral Parts of Disease
- Acute and Chronic Conditions
- Combination Code
- Sequela (Late Effects)
- Borderline Diagnosis
- Chapter-Specific Coding Guidelines

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LEVEL OF DETAIL

When reporting a diagnosis code, **report the code to the highest number of characters available**

- The 4th, 5th, 6th and 7th characters provide greater detail
- A code is not valid if it has not been coded to the full number of characters required for that code, including the 7th character

H16 Keratitis

 H16.0 Corneal ulcer

 H16.01 Central corneal ulcer

 H16.011 Central corneal ulcer, right eye

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LATERALITY

H02.821, Cysts of right upper eyelid

H25.12, Age-related nuclear cataract, left eye

H53.133, Sudden visual loss, bilateral

* If no bilateral code is provided, assign separate codes for the left side and the right side

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INTEGRAL PARTS OF DISEASE

- Signs and symptoms that **are associated** routinely with a disease process should not be assigned as additional codes, unless instructed to do so
- Signs and symptoms that **may not be associated** routinely with a disease process should be coded when present

Examples:

Conjunctivitis with itchy eyes, redness, and swelling: Code for Conjunctivitis

Conjunctivitis, redness, and nausea : Code for conjunctivitis and nausea

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CHRONIC AND ACUTE CONDITIONS

If the patient has both the acute and chronic forms of the same condition, code both and sequence the acute code first.

H10.1 **Acute** atopic conjunctivitis
H10.4 **Chronic** conjunctivitis

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COMBINATION CODE

New **combination codes** are a single code used to classify

- Two diagnoses
- A diagnosis with an associated manifestation
- A diagnosis with an associated complication
- A diagnosis with an associated manifestation and complication.

Examples:

H02.724 Madarosis of left upper eyelid and periocular area
H26.211 Cataract with neovascularization, right eye

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SEQUELA (LATE EFFECTS)

A **sequela** is the condition produced, or the *late effect*, after the acute phase of an illness or injury has terminated. There is no time limit.

Two codes required:

- *First code* –The Sequela
- *Second code* –Originating Condition of the Sequela

Example: **Scar after burn**

- *First Code:* **Scar** (Sequela)
- *Second Code:* **Burn** (Originating Condition)

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BORDERLINE DIAGNOSIS

Any "borderline diagnosis" documented at discharge is treated as a confirmed diagnosis

If there is a specific code available (borderline diabetes, borderline hypertension), that code should be used


Borderline ≠ Suspected

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CHAPTER-SPECIFIC CODING GUIDELINES



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CODING GUIDELINES

General Coding Guidelines

- Rules related to sequencing, inclusions, exclusions, and unspecified codes

Chapter Specific Guidelines

- Selection and sequencing for specific conditions and diseases
- Time frames
- Comorbidities and combination codes
- Definitions

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LOOKING UP GUIDELINES

- Beginning of Codebook
- Section I. Conventions, general coding guidelines and chapter specific guidelines
- C. Chapter-Specific Coding Guidelines
- Number after the C tells you which chapter you are in
- Other characters indicate categories, subcategories, etc.

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CHAPTER 1: CERTAIN INFECTIOUS AND PARASITIC DISEASES

Human Immunodeficiency Virus (HIV) Infections

I.C.1.a.1
Code only confirmed cases of HIV infection/illness. In this context, "confirmation" does not require documentation of a positive serology or culture for HIV; the provider's diagnostic statement that the patient is HIV positive, or has an HIV-related illness is sufficient

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CHAPTER 1: CERTAIN INFECTIOUS AND PARASITIC DISEASES

Human Immunodeficiency Virus (HIV) Infections


I.C.1.a.2.a

- If a patient is admitted for HIV-related condition, the principal diagnosis should be B20 (HIV), followed by additional diagnosis codes for all reported HIV-related conditions.

I.C.1.a.2.b

- If a patient with HIV is admitted for a condition unrelated to HIV, the condition should be the principal diagnosis with B20 listed as an additional diagnosis for all reported HIV-related conditions.

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CHAPTER 4: ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES

I.C.4.a.3 Diabetes Mellitus and the Use of Insulin

- Code **Z79.4, Long-term (current) use of insulin**, should be assigned to indicate the patient uses insulin. Code Z79.4 should not be assigned if insulin is given temporarily to bring a patient's blood sugar under control during an encounter.

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CHAPTER 6: DISEASES OF THE NERVOUS SYSTEM

I.C.6.b.1: Pain—Category G89

Codes in category G89, Pain not elsewhere classified, may be used in conjunction with codes from other categories and chapters to provide more detail about acute or chronic pain and neoplasm-related pain.

A code from category G89 should not be assigned if the underlying (definitive) diagnosis is known, unless the reason for the encounter is pain control/management and not management of the underlying condition.

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CHAPTER 9: DISEASES OF THE CIRCULATORY SYSTEM

Subsequent AMI: I.C.9.e.4

A code from category I22 is to be used when a patient who has suffered an AMI has a new AMI within the **4 week time frame** of the initial AMI. A code from category I22 must be used in conjunction with a code from category I21. The sequencing of the I22 and I21 code depends on the circumstances of the encounter.



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CHAPTER 18: SYMPTOMS, SIGNS, AND ABNORMAL CLINICAL AND LABORATORY FINDINGS, NOT ELSEWHERE CLASSIFIED

- **I.C.18.a:** Codes that describe signs and symptoms are acceptable when a definitive diagnosis has not been established by the provider.
- **I.C.18.b:** Codes for signs and symptoms may be reported in addition to a related definitive diagnosis when the sign or symptom is not routinely associated with that diagnosis. Signs or symptoms that are routinely found with a disease process should not be assigned as additional codes, unless otherwise instructed by the classification.

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CHAPTER 19: INJURY, POISONING, AND CERTAIN OTHER CONSEQUENCES OF EXTERNAL CAUSES

- **I.C.19.d, Burns:** The burn codes are for thermal burns, except sunburns, that come from a heat source, electricity, or radiation. Corrosions are burns due to chemicals.
- **I.C.19.d.1:** Sequence first the code that reflects the highest degree of burn when more than one burn is present
- **I.C.19.d.2:** Classify burns of the same local site (three-character category level) but of different degrees to the highest degree burn

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CHAPTER 21: FACTORS INFLUENCING HEALTH STATUS AND CONTACT WITH HEALTH SERVICES

I.C.21.c.16


The following Z codes may only be reported as the principal/first-listed diagnosis, except when there are multiple encounters on the same day and the medical records for the encounters are combined:

- Z00- Encounter for general examination without complaint
- Z02- Encounter for administrative exam
- Z34- Encounter for supervision of normal pregnancy

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DETERMINE THE MAIN TERM, THEN LOOK UP THE CODE 


Abrasion to the Cornea, left eye, initial encounter
Burn of right eyelid and periocular area, initial encounter
Acute atopic conjunctivitis, bilateral
History of cancer of eye
Disease of anterior chamber of eye
Encounter for removal and artificial fitting for right eye

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Conventions and Guidelines Review

p.85, 1-10



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1. The ICD-10-CM code for electrocution is T75.4 and requires the use of a seventh character to identify the encounter. Which of the following is the correct code for an initial encounter to treat the electrocution?

A. T75.4A
B. T75.4XA
C. T75.4XXA
D. T75.4

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2. Nonessential modifiers are enclosed in:

- A. Boxes
- B. Brackets
- C. Parentheses
- D. Colons

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3. True or false? When an Excludes2 note appears under a code, it is acceptable to use both the code and the excluded code together.

- A. True
- B. False

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4. The first character of an ICD-10-CM code is:

- A. Always a number
- B. Always a letter
- C. Can be either a number or letter
- D. None of the above

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5. A(n) _____ note means "not coded here."

- A. Includes
- B. Excludes2
- C. Excludes1
- D. None of the above

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6. Codes titled "other" or "other specified" are to be used:

- A. When the record itself is not available for review
- B. When the information in the medical record provides detail for which a specific code does not exist
- C. When only outpatient diagnostic records are being coded
- D. When the information in the medical record is insufficient to assign a more specific code

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7. True or false? Similar to ICD-9-CM, in ICD-10-CM all categories are three characters.

- A. True
- B. False

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8. True or false? When the term "and" is used in a narrative statement it is interpreted to mean only "and."

A. True
B. False

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9. True or false? In ICD-10-CM all inclusion notes contain all conditions for which a particular code number is to be used, and are considered to be exhaustive.

A. True
B. False

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10. True or false? In ICD-10-CM a "code also" note provides sequencing guidance to the coding professional.

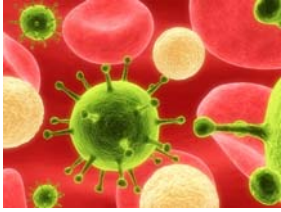
A. True
B. False

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ICD-10-CM



CERTAIN INFECTIOUS AND PARASITIC DISEASES

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Chapter 1

Infectious Diseases

- Includes: Diseases generally recognized as communicable or transmissible
- Excludes1: certain localized infections

Excludes2

- Carrier or suspected carrier of infectious disease
- Infections complicating pregnancy
- Infections in the perinatal period
- Influenza and other acute respiratory infections

- Use additional code for any associated drug resistance to antimicrobial drugs (Z16-)

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Chapter 1

Infectious Diseases

- Categories B90-B94 are to be used to indicate conditions in categories A00-B89 as the cause of sequela, which are themselves classified elsewhere
- Code first condition resulting from (sequela) the infectious or parasitic disease

Example:

G03.9 Meningitis
B90.0 Sequela of central nervous system [due to] tuberculosis

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Chapter 1

Infectious Diseases

- When coding sepsis, it is important to review the Coding Guidelines and the notes at the category level of ICD-10-CM
- B95-B97: used as supplementary or additional codes to identify the infectious agent(s) in diseases classified elsewhere
 - Infection, bacterial, as cause of disease classified elsewhere
 - Organism, as cause of disease classified elsewhere

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GUIDELINES: HIV

- Code only confirmed cases; provider's statement is considered confirmation
- Pregnant patient: Code first O98.7-
- Encounter for HIV-related condition
 - B20, HIV
 - Condition that is the reason for the encounter
 - Any other HIV-related condition(s)
- Encounter for unrelated condition
 - Code first condition being treated
 - B20, HIV
 - Any other HIV-related condition(s)

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ICD-10-CM

Coding Note: ICD-10-CM has created a range of codes to identify infections with a predominantly sexual mode of transmission (A50-A64). It is important to note that human immunodeficiency virus (HIV) disease is excluded from this range of codes.

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SCENARIO 1 


A two-year-old child comes for a visit presenting with red, itchy and watery left eye which is producing a discharge. The condition is diagnosed as acute adenoviral conjunctivitis. What is the correct diagnosis coding for this case?

B30.1 – Conjunctivitis (staphylococcal) (streptococcal) NOS, adenoviral (acute)(follicular)

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SCENARIO 2 


A 30 year old female comes into the doctors complaining of headaches and blurry vision with redness of the eye. A TB test is done and immediately came back positive. She was told she had Iridocyclitis tuberculosis. What is the correct diagnosis coding for this case?

A18.54 – Tuberculosis, Iridocyclitis.

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SCENARIO 3 


This 43 year old HIV positive male has trouble perceiving colors and is seeing blurriness. The diagnostic workup, resulted in a diagnosis of Cytomegalovirus due to AIDS. What diagnosis codes are assigned?

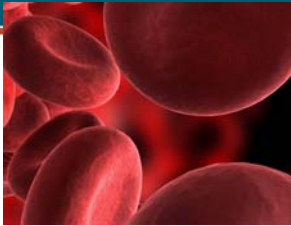
B20 – HIV, Human, Immunodeficiency virus (HIV) Disease (infection)
B25.9 – Cytomegalovirus infection

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Chapter 3 





ICD-10-CM
DISEASES OF THE BLOOD AND BLOOD-FORMING
ORGANS AND CERTAIN DISORDERS INVOLVING
THE IMMUNE MECHANISM

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BLOOD AND BLOOD FORMING ORGANS 





Chapter 3


Blood and Blood
Forming Organs

- Contains codes for anemias, bone marrow failure syndromes, coagulation defects, purpura and other types of disorders of the blood and blood forming organs, such as the spleen.
- ICD-10-CM has moved certain disorders of the immune system that were once included in the "Endocrine, Nutritional, and Metabolic Disease and Immunity" chapter in ICD-9-CM to Chapter 3.

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SCENARIO 4 

A 57 year old male is seen for gradual vision loss. He has family history of Sickle Cell. It is determine that he has Sickle Cell thalassemia without crisis. What diagnosis codes are assigned?

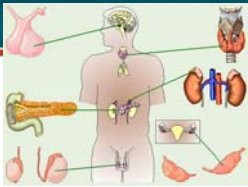
D57.40 Sickle-cell thalassemia without crisis

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CHAPTER 4



ICD-10 CM: ENDOCRINE, NUTRITIONAL AND METABOLIC DISEASES

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Chapter 4

Endocrine, Nutritional and Metabolic Diseases

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Diabetes mellitus

- Combination codes including the type of diabetes, the body system affected, and the specific complications affecting that body system.
- No longer classified as controlled or uncontrolled
- Inadequately controlled, out of control or poorly controlled: coded by type with hyperglycemia

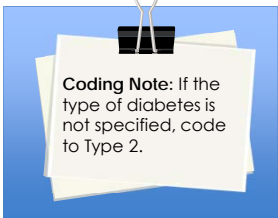
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Excludes1

- Neonatal diabetes
- Gestational diabetes
- Pre-existing diabetes in pregnancy



Coding Note: If the type of diabetes is not specified, code to Type 2.

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DIABETES MELLITUS ➤➤

ICD-9 CM	ICD-10 CM
Categories 249-250	Categories E08-E13
4 th and 5 th digit identify manifestation, complication, or type	Type of diabetes is separated by categories in ICD-10 (E10 Type 1, E11 Type 2)
Additional code for manifestation	Combination codes used to identify manifestation and complication
Additional code for insulin dependency V58.67	Z79.4 used for long term insulin use
	Drug induced is classified to E09 if it is an adverse effect; if caused by drug poisoning, the drug is coded first with E09 as secondary diagnosis
	Inadequately controlled, poorly controlled, out of control are assigned to diabetes by type with hyperglycemia

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CATEGORIES OF DIABETES MELLITUS ➤➤

- E08 – Diabetes mellitus due to underlying condition
- E09 – Drug or chemical induced diabetes mellitus
- E10 – Type 1 diabetes mellitus
- E11 – Type 2 diabetes mellitus
- E13 – Other specified diabetes mellitus

* Note: "Use additional code to identify any insulin use (Z79.4)"

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SCENARIO 5 ➤➤

This 62-year-old male is being seen for mild nonproliferative diabetic retinopathy with macular edema. He has type 2 DM and takes insulin on a daily basis. He also has diabetic cataract in his right eye. What diagnosis codes are assigned?

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SCENARIO 5 

E11.321- Diabetes, diabetic (mellitus) (sugar), type 2, with, retinopathy, nonproliferative, mild, with macular edema


E11.36 – Diabetes, diabetic (mellitus) (sugar), type 2, with, cataract

Z79.4 – Long-term (current) (prophylactic) drug therapy (use of), insulin

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SCENARIO 6 



A 72 year male comes in to see his doctor and complains of heavy irritation of his eyes being dry. He admits to not eating his vegetables due to his lack of taste buds. Tests are done and it is determined that he has a Vitamin A deficiency with conjunctival xerosis. What are the correct diagnosis codes?

E50.0 – Deficiency, deficient, vitamin, A, with, xerosis, conjunctival


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ICD-10-CM




Coding Note: A note appears in the Tabular under category E09 instructing to "Use additional code for adverse effect, if applicable, to identify drug (T36-T65 with fifth or sixth character 5)."
Use the Drugs and Chemical Table to locate this code. An additional note appears in the Tabular under category E09 instructing to "Use additional code to identify any insulin use (Z79.4)."

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THANK YOU FOR ATTENDING! >>



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