

ICD-10, Part 2: Meet the New Terminology

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ICD-10 includes two complementary sets of lists. One is the Alphabetic Index, which lists terms and their respective codes. The other is the Tabular List, which is a structured list of codes organized by body system or condition, with chapter 7—Diseases of the Eye and Adnexa—being the most relevant to ophthalmology. As you review these lists, you’ll see some new terminology, the most important elements of which are described below.

“-” Represents Multiple Codes

In the Alphabetical Index, you’ll see listings in which a dash (“-”) appears at the end of the code, for instance, *Fragments, cataract (lens), following cataract surgery* H59.02-. The dash indicates that the Tabular List includes more specific code options, in this case for laterality—H59.021 for the right eye, H59.022 for the left, and H59.023 for both. Because you are obliged to use the most specific code available, it would be insufficient to submit H59.02 without indicating the laterality.

You also will see the dash used in the Tabular List for cross-referencing.

Two Types of “Excludes” Note

Excludes1 notes indicate mutually exclusive diagnosis codes or conditions that you can’t report together. For example, in chapter 7 of the Tabular List, H02.81 *Retained foreign body in eyelid*

has an Excludes1 note indicating that if you bill one of the H02.81- codes, you can’t bill any of the following codes on the same day for the same eyelid: *Laceration of eyelid with foreign body* (S01.12-), *Retained intraocular foreign body* (H44.6- or H44.7-), or *Superficial foreign body of eyelid and periocular area* (S00.25-).

In another example, H35.35 *Cystoid macular degeneration* has an Excludes1 note that lists *Cystoid macular edema following cataract surgery* (H59.03-).

Excludes2 notes indicate that you can bill certain codes together, when appropriate. For example, H11.1 *Conjunctival degenerations and deposits* has an Excludes2 note that lists H11.81 *Pseudopterygium*. This means that ICD-10 doesn’t include pseudopterygium as part of any condition represented by the H11.1- codes, but it is possible to have both at the same time—in which case you submit the relevant H11.1- code along with H11.81.

Similarly, the listing for H18.21 *Corneal edema secondary to contact lens* includes an Excludes2 note indicating that H18.21- codes may be billed the same day and for the same eye as *Other corneal disorders due to contact lens* (H18.82-).

“And” Can Mean “and/or”

When “and” appears in a title—as in H26.0 *Infantile and juvenile cataract*—it means “and/or.”

“X” Is Used as a Placeholder

For some codes, you will need to add “X” as a placeholder. For instance, when using the injury or trauma diagnosis codes (found in chapter 19 of the Tabular List), the payers will require you to add the letter A (indicating an initial encounter), D (subsequent encounter), or S (sequela) as the seventh character. When these codes only have five characters, an X acts as a placeholder in the sixth place.

Suppose, for example, you want to code a follow-up visit for a burn to the left eyelid and periocular area. The most specific code in the Tabular List is T26.02 *Burn of left eyelid and periocular area*, but you still need to add a D as the seventh character to indicate that this is a follow-up. And because you are adding it to a five-character code, you use X as a placeholder—T26.02XD. ■

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