

## How the Oct. 1 Changes to ICD-10 Are Impacting Ophthalmologists

On Oct. 1, CMS implemented hundreds of changes to the ICD-10 codes. The updates that are most likely to impact ophthalmology include 26 deleted diagnoses, 6 description changes for the epiphora family, and 120 new ICD-10 codes. This article highlights the key changes.

As payers update their CPT-to-ICD-10 linkage, be sure you also update your practice management software and electronic health record (EHR) systems.

### Deleted Codes

**Deleted eyelid codes.** The codes listed below were deleted and replaced with codes that have greater specificity.

- C43.11 *Malignant melanoma of right eyelid*
- C43.12 *Malignant melanoma of left eyelid*
- The C44- family of codes representing *Other and unspecified malignant neoplasm of skin*
- The D03- family of codes representing *Melanoma in situ*
- The D04- family of codes representing *Carcinoma in situ of skin*

**Replacement eyelid codes.** The replacement codes don't just indicate whether the diagnosis applies to the left or right eyelid; they also indicate whether it is the upper or lower eyelid.

Example: C43.11 is replaced with C43.111 and C43.112, which represent the upper and lower eyelid, respectively.

### Don't Miss Out on These ICD-10 Resources

Make sure you're up to speed on this year's ICD-10 updates, which went into effect on Oct. 1.

**Get the Academy's free ICD-10 materials.** Visit [aao.org/icd10](http://aao.org/icd10) and make sure you have the latest versions of the subspecialty-specific guides to ICD-10 codes, as well as the latest versions of the decision trees. The latter will help you identify the correct ICD-10 code for specific conditions, such as blepharitis or lagophthalmos.

**Get the updated local coverage determinations (LCDs).** Visit [aao.org/lcds](http://aao.org/lcds) to find the LCDs that apply to you.

**Buy ICD-10-CM for Ophthalmology: The Complete Reference.** This reference lists all of ophthalmology's new and updated codes. It is available as a book or as an online subscription ([aao.org/codingproducts](http://aao.org/codingproducts)).

**Get coding news updates.** Go to [aao.org/practice-management/news](http://aao.org/practice-management/news) for coding updates, regulatory news, coding top-10s, and "Ask the Expert" responses to common—and not-so-common—coding queries.

**Got questions?** When ophthalmology practices have a coding conundrum, they can request help via email ([coding@aao.org](mailto:coding@aao.org) or [icd10@aao.org](mailto:icd10@aao.org)), at their state's Codequest event ([aao.org/codequest](http://aao.org/codequest)), and on the AAOE's eTalk list-serv ([aao.org/practice-management/listserv](http://aao.org/practice-management/listserv)).

**Deleted codes for postprocedure infections have more detailed replacements.** The T81.4- family of codes representing *Infection following a procedure* have been deleted and replaced with codes that indicate whether it is an initial encounter, a subsequent encounter, or a sequela.

**A catch-all code is replaced.** The Oct. 1 changes also delete H57.8 *Other specified disorders of eye and adnexa*, but they add H57.89, giving it the same generic catch-all descriptor.

### Changes to the Epiphora Codes

**Description changes impact the epiphora diagnosis family.** In the listings below, underlining and ~~striking throughs~~ are used to indicate new and deleted text, respectively.

- H04.201 *Unspecified epiphora right side lacrimal gland*
- H04.202 *Unspecified epiphora left side lacrimal gland*
- H04.203 *Unspecified epiphora, bilateral lacrimal gland*
- H04.221 *Epiphora due to insufficient drainage, right side lacrimal gland*
- H04.222 *Epiphora due to insufficient drainage, left side lacrimal gland*
- H04.223 *Epiphora due to insufficient*



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*drainage, bilateral ~~lacrimal glands~~*

**Warning.** Do not use these 2 codes:

- H04.209 *Unspecified epiphora, unspecified ~~side lacrimal gland~~*
- H04.229 *Epiphora due to insufficient drainage, unspecified ~~side lacrimal gland~~*

While these 2 side-unspecific codes are legitimate ICD-10 codes, they are not payable, and your claim will be denied if you report them.

### The ABCs of Eyelid Laterality

A welcome change but a new adjustment occurs with the lagophthalmos (H02-) family of codes. Previously, you needed 1 code for the upper eyelid and a second for the lower eyelid to indicate that lagophthalmos had been diagnosed in both.

Now, when used in the sixth position of those codes, A, B, and C represent both the upper and lower eyelids of the right eye, the left eye, and both eyes, respectively.

Example:

- H02.21A *Cicatricial lagophthalmos right eye, upper and lower eyelids*
- H02.21B *Cicatricial lagophthalmos left eye, upper and lower eyelids*
- H02.21C *Cicatricial lagophthalmos, bilateral, upper and lower eyelids*

**Caveat.** Some families of codes—such as the meibomian gland dysfunction family (see below) and the blepharitis family (H01-)—don't have a bilateral code.

Example:

- H01.01A *Ulcerative blepharitis right eye, upper and lower eyelids*
- H01.01B *Ulcerative blepharitis left eye, upper and lower eyelids*

### Meibomian Gland Dysfunction

The new ICD-10 codes include the following codes for meibomian gland dysfunction (MGD):

- H02.881 *MGD right upper eyelid*
- H02.882 *MGD right lower eyelid*
- H02.884 *MGD left upper eyelid*
- H02.885 *MGD left lower eyelid*
- H02.88A *MGD right eye, upper and lower eyelids*
- H02.88B *MGD left eye, upper and lower eyelids*

**Warning.** Do not use these 3 codes:

- H02.883 *MGD of right eye, unspecified eyelid*

- H02.886 *MGD of left eye, unspecified eyelid*
- H02.889 *MGD of unspecified eye, unspecified eyelid*

Although H02.883, H02.886, and H02.889 are legitimate ICD-10 codes, their lack of specificity will cause payers to deny your claim.

### 3 Tips for ICD-10 Coding

**When linking CPT codes to ICD-10**

**codes, remember laterality.** When the CPT code requires modifiers –RT or –LT (to indicate the right and left eye, respectively) and the ICD-10 code has laterality, the CPT code that has –RT should be linked to the ICD-10 code for the right eye and the CPT code with –LT linked to the ICD-10 code for the left eye. If you instead report a bilateral ICD-10 code, the claim will probably be denied.

**Example: Coding for complex cataract surgery in the right eye.** CPT code 66982–RT is linked with H25.11 *Age-related nuclear cataract, right eye*, which indicates the type of cataract. It is also linked with H27.111 *Subluxation of lens, right eye* when the operative report indicates the intraocular lens was supported by using permanent intraocular sutures or a capsular support ring was employed.

**Did you inadvertently bill for cataract surgery twice in the same eye?** If over the past 12 months you erroneously reported cataract surgery twice in the same eye, you can correct that error over the phone—and avoid a data-driven recovery audit—by calling the Medicare Administrative Contractor for your state. You only get 1 opportunity to make this correction, so make sure you remember to correct the ICD-10 code, too.

**Payers typically don't pay for sequelae.** Diagnosis codes for injury or trauma use an A, D, or S as the seventh character to indicate initial encounter, subsequent encounter, or sequela, respectively (e.g., S05.01XS *Injury of conjunctiva and corneal abrasion without foreign body, right eye, sequela*). Other than workers' compensation, most federal and commercial payers consider sequela a noncovered diagnosis and would deny the claim.