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.

Changes to the Epiphora Codes

Description changes impact the epiphora diagnosis family. In the listings below, underlining and strikethroughs 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 drainage, bilateral lacrimal glands

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 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 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).
- Got questions? When ophthalmology practices have a coding conundrum, they can request help via email (coding@aao.org or icd10@aao.org), at their state’s Codequest event (aao.org/codequest), and on the AAOE’s eTalk listserv (aao.org/practice-management/listserv).
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 sequel, respectively (e.g., S05.01XS Injury of conjunctiva and corneal abrasion without foreign body, right eye, sequel). Other than workers’ compensation, most federal and commercial payers consider sequel a noncovered diagnosis and would deny the claim.