



### Checklist: ICD-10 Linkage Documentation

**Link the appropriate diagnosis code.**

When coding for ophthalmic services, link the ICD-10 code to the CPT code that accurately reflects the diagnosis of the exam, test or surgery provided. Review of the medical records would indicate the appropriate diagnosis per service and the claim accurately reflects this correlation.

Case study - Examination billed today for a patient with:

- Lattice degeneration, left eye (H35.412)
- Nonexudative macular degeneration, intermediate, left eye (H35.3122)
- Horseshoe tear of retina, right eye (H33.311)
- Examination and laser to repair the retinal tear is performed
- Correct coding reflects the appropriate diagnosis pointer

99XXX or 92XXX -57     H33.311, H35.3122, H35.412  
 67145 -RT                H33.311

**File insurance claim.**

Complete CMS-1500 paper claim or Electronic Data Interface (EDI) transaction 837P electronic claim with:

- Diagnosis codes listed in box 21 (up to 12) coded to the highest level of specificity for the date of service, however up to four can be linked to individual service,
- ICD-10 codes listed in order of priority,
- The diagnosis code pointer (A-L) entered in box 24 E from box 21 that links to the procedure code in 24D.

o For example, the above would be listed as:

Box 21

A - H33.311, B - H35.3122, C- H35.412

Box 24

Box 24 D - 99XXX or 92XXX -57

Box 24 E - A, B, C

Box 24 D - 67145 -RT

Box 24 E - A

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)													ICD Ind.		22. RE CC	
A. _____			B. _____			C. _____			D. _____			23. PF				
E. _____			F. _____			G. _____			H. _____							
I. _____			J. _____			K. _____			L. _____							
24. A.		DATE(S) OF SERVICE					B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES				E.			
		From		To		PLACE OF	EMG	(Explain Unusual Circumstances)				DIAGNOSIS				
		MM	DD	YY	MM	DD	YY	SERVICE	CPT/HCPCS	MODIFIER		POINTER	S.			

**Use insurance policies as a reference.**

It is the responsibility of the provider to code to the highest level specified in ICD-10. Review the Medicare Administrative Contractors (MAC) Local Coverage Determination (LCD) and National Coverage Determination (NCD) or other commercial insurance policies, as applicable. These policies provide guidance for insurance coverage, documentation requirements and approved ICD-10 codes for an ophthalmic service.

- **Record chart notes supporting medical necessity per insurance policies.**  
A review of the patient's medical records reveals documentation of the medical necessity for the services provided and reflects the context of a changing clinical picture.  
It is inappropriate to bill rule-out diagnoses. When a diagnosis is not made, best to use the sign or symptom for which the patient presented.
  
- **Obtain physician signature.**
  - Ensure the physician signature is legible on paper chart records.
  - Create a signature log to provide during an audit. The log should include initials and signature and credentials of all who may document in the chart.
  - For EHR, the electronic physician signature is secure. Ensure the practice has an electronic signature policy to provide in the event of an audit.
  
- **Chart notes have the correct beneficiary name and date of birth.**
  
- **Prepare abbreviation list.**  
The practice has an approved abbreviation list readily available for all audits.