## Medical Billing and the Use of Codes

ICD stands for the International Classification of Diseases. The current version is called ICD-9. ICD-9 codes are used to describe a patient's diagnosis including symptoms, diseases or disorders. In a medical office, ICD-9 codes are used to establish medical necessity for patient visits as well as to communicate to insurance companies the reason for a patient visit.

It is important for ICD-9 codes to be accurate for the quality of patient care, to prevent medical malpractice and for the medical office to receive proper insurance reimbursement. Proper ICD-9 coding requires an understanding of how ICD-9 codes are used, how to use the ICD-9 manual and the importance of accuracy in ICD-9 coding.

To summarize, ICD-9 codes

- usually referred to as diagnosis codes
- stands for International Classification of Disease, Ninth Revision
- · coding is a universal or standard system used for the purpose of identifying diseases
- are three, four or five digit codes
- can describe the reason for the visit, the illness, the injury or supplemental information
- can be numerical or alphanumerical
- must be coded to the highest level of specificity
- are listed on billing claim forms, CMS-1500 and UB-04

This system was started in 1979 and has been modified yearly since then. This coding system allowed for the use of a SuperBill. This was a single page that included the patient's demographics, the medical office information such as address and medical license, the most commonly used procedures (CPT codes) used by the doctor and the most common diagnoses (ICD-9) used by the doctor. The number of disease codes could be as high as 135 and still fit a single page. Each listing would include the name of the disease or condition and the specific code that describe that diagnosis.

This thirty-five year old system is to be completely replaced on October 1, 2015. The general principles will not change. However, the ICD-9 code has about 14,000 codes and the codes are 3, 4 or 5 digits long. The new code starting in October will have 68,000 codes and these codes have 5, 6 or 7 digits. Many physicians feel that the advent of the Electronic Medical Records (EMR) system will do away with the SuperBill because paper forms may not be necessary. However, many physicians will still want to use a form of the SuperBill for several reasons. One is that the SuperBill may be placed outside the patient's room for the doctor to use for identification purposes prior to entering the room. At the conclusion of the exam, it will also allow the doctor or tech to quickly circle or underline the codes generated for the visit even if that has been entered within the EMR system. This form will be taken with the patient to the checkout counter as the patient is being discharged. That will allow the check out staff to verify that the EMR and the doctor's codes are consistent with each other.

So, what is the problem? The problem is that the new system has so many more codes and the new codes have 5, 6 or 7 digits compared to the old code of 3, 4 or 5 digits. The extra codes allow for greater specificity in describing the patient's diagnoses. I am an Ophthalmologist and my examples described here are specific to Ophthalmology. However, the principles are universal and can be customized for any specialty. For example, it allows one to enter which eye or eyelid is involved with a specific diagnosis. That was not easy with the old ICD-9 system. This SuperBill system includes 95% (about 135) of the doctor's most commonly used diagnoses and can still fit on a one-page SuperBill. The following details explain how this new system is able to identify the descriptive characteristics of these diagnoses.

The new coding system has several rules and several flaws.

It now has a schedule for naming which eye is used. The OD is 1, the OS is 2 and bilateral is 3. That is pretty simple.

For the eyelids, it is a little more complex. The Right Upper Eyelid is 1. the Right Lower Eyelid is 2, the Left Upper Eyelid is 4 and the Left Lower Eyelid is 5. They also have three useless codes: 3 is a right eyelid that is unspecified, 6 is a left eyelid that is unspecified and 9 is the eye and is unsprecified. I cannot imagine why anyone would want to use 3, 6 or 9.

In addition to these codes, there are codes for injury encounters with the patient: Initial is A, Subsequent is D and Sequelae (seeing the patient for the late results from an injury) is S.

They also have codes for severity: mild is 1, moderate is 2 and severe is 3.

They included a space saver using the letter "X." This is useful when a specific code descriptor can only be used as the seventh digit and there is no sixth digit. The X fills the sixth digit space. The X is also used for the replacement for the -59 modifier. XA is for a separate encounter. XS is for a separate structure. XP is for a separate practitioner. And XU is for an unusual nonoverlapping service.

The idea behind this SuperBill system is to assign a letter to be added at the end of a code on the SuperBill to notify the physician or the coder that additional identifiers are required. These additional letters provide a way for the physician or coder to complete the code for laterality, severity and sequence.

E is for which eye, L is which eyelid, Y is for severity and Z is for the Injury sequence.

So, a few examples: **H25.1E** is a nuclear sclerotic cataract for an eye and the reported code is **H25.11** if it was the right eye. It could also be **H25.13** for bilateral nuclear sclerotic cataracts.

**H40.12EY** is for Low Tension Glaucoma and requires an eye and severity. **H40.1213** would be Low Tension Glaucoma for the right eye and it is severe.

**T15.0EXZ** is for a corneal foreign body with a specific eye and whether it is an initial injury encounter. The sequence code **Z** has to be the seventh digit. For an initial injury to a left eye, the code is **T15.02XA**. So, the code has a **2** for the left eye, an **X** for the sixth digit that is not present and an **A** for an initial injury encounter.

For other specialties, laterality would be for which arm, hand, kidney, lobe of the brain, lung, part of the heart, etc. Severity will also apply to any subspecialty condition. And, of course, the encounter sequence letter would apply to any part of the body that involved an injury initial or subsequent encounter or had an encounter for sequelae that followed an injury.

The **Y** and **Z** can be used for any specialty. As for laterality and specificity of which part for example, there could be **H** for hand, **F** for foot and **C** for Carotid artery. Each subspecialty would use the exact same form as for Ophthalmology, but they would just replace the **E** and **L** with representative letters for their specific needs. And, of course, they would determine which common diagnoses they want to list.

The letters can be changed. It is this system that allows the SuperBill to be used even with the 68,000 codes and the additional two digits required for the codes. There are at least five (5) other reasons why a SuperBill is more efficient than the EMR, by itself.

First, is education. It is much easier to train new and old staff with this system because everything they need is laid out in a logical and understandable order. There are not multiple screens or books that have to be used to identify the proper codes.

Second is communication. If you need to leave a note for the front staff such as requesting old records or calling a lab for results, there is space on the SuperBill to do just that. You place a couple of words or check the Obtain Old Records box and circle it. No one will miss that.

Third is entering the codes in the proper order. This SuperBill system more easily allows the staff to identify when a specific diagnosis is for a specific CPT (Current Procedural Technology) code. This can happen when an OCT laser scan was performed and the patient has two diagnoses of which only one is the diagnosis being used for that OCT CPT. For example, if an OCT scan was performed and the patient has both Diabetic Retinopathy and Age-Related Macular Degeneration diagnoses, we have to specify which diagnosis was used to justify the procedure. It is true that the OCT code 92132 (33 or 34) specifies whether it is of the anterior segment, optic nerve or macula. But, in this case, that code 92133 could be for either diagnosis. It is simple to either draw a line from the CPT code to the diagnosis code or label the CPT code with a number (like a 1 or a 2) that matches a similar number entered next to the diagnosis code. This is also used when a visual field test is performed for a patient taking Plaquenil in the treatment of Rheumatoid Arthritis. In that case, the reason for the testing is because Plaquenil is labelled as a Long-Term, High-Risk medication. For billing purposes, the diagnosis of Long-Term, High-Risk is placed first and the disease code is always placed second. That is easier to show on the SuperBill than in the EMR where multiple diagnoses can seem to run together.

Fourth is quick information. This SuperBill system allows for a quick glance and all of the visit's information is available on that sheet. You do not need to have multiple EMR screens open to determine what is happening.

Fifth is patient education. This SuperBill also allows for easy identification of the proper educational handout to offer to the patient as they are leaving. The lower right-hand corner of the SuperBill lists abbreviations for the most common educational pamphlets we offer to patients. The staff person identifies the circled abbreviation and pulls out the appropriate pamphlet from the drawer next to her and quickly gives it to the patient. She does not have to look at the patient's summary, determine which pamplet should be selected and then print it out for the patient. The SuperBill method is efficient and takes less time.

The following four pages show how I set up the actual SuperBill and how there is more than one way for the physician to identify the codes he wants his staff to use in the patient's billing process. The page set up is also a part of the system to allow for easily separating the 135 codes by anatomical or functional sectors that don't waste space but still distinctly identify different sectors, like Cornea, Retina, Eyelid and the others. Each section is separated from the next section by underlining the last line of the section. This allows the physician to quickly find the code he needs.

The SuperBill organization follows the Quick Reference Guide pattern in the Ophthalmology 2015 ICD-10 Coding book from the American Academy of Ophthalmology and you can quickly see the underlined codes that separate one section from the next. The first section includes codes describing what the patient complained about or why the patient came to the office. These are like blurred vision, dry eyes, vitreous floaters and headache. Every subspecialty has its own common patient complaints that bring their patients to the office. The SuperBill is easily customizable for any subspeciality. These complaint diagnoses could be duplicated in the appropriate specific section, but that is a waste of space. You quickly become comfortable looking for the common complaint section for these diagnoses and learn not to look in the specific sections to hunt for that code. For Ophthalmology, the more specific sections follow the patient complaint initial section and are Cataract, Conjunctiva, Cornea, Sclera, Eyelid, Glaucoma, Iritis, Optic Nerve, Retina, Muscles, Vision changes and a Miscellaneous section.

The top center section of the SuperBill includes reasons for return appointments, Meaningful Use codes, descriptions for each of the **E**, **X**, **Y** and **Z** descriptors and 4 boxes to enter diagnostic codes or their modifiers. Physicians use Meaningful Use codes for their specialty and three MU codes are listed here. As of late 2014, several more MU objectives are required. With abbreviations, additional MU codes can be entered in place of the three codes listed below.

The following four pages show samples of the SuperBill and of how the ICD-10 SuperBill is used with three different methods to enter the diagnostic codes and their modifiers.

Date Appt_Date Physician Appt_Resourc	e	Patient Fee Sheet			Ticket # SuperbillNum		
Location Appt_Location	1						
Patient Last Name         Patient First Name           Acct_LastName         Acct_FirstName           Appointment Time         App_Start           Last visit DX code         Last visit DX descr           DI Code         DI Description	Account # Acct_Account Appointment Category iption M/F Acct Sex	Appt_C	Insurance Primary Name PI_Name Category Appt Reason	Age Acct_A App			
Patient Acct_PatientBal BalanceAcct_Total Bal			Sampl	e Sı	ıperBill		
Procedure CPT	Return: C1 🗆 C2	2 🗆 V	F U VFCE U		Drusen Optic Nerve Optic Neuritis	H47.32 H46.0	
□ Refraction 92015	PVF 🗆 PV	FCE 🗆		I	Retrobulbar Neuritis	H46.0 H46.1	
New Patient	CL12 D R	C 3-6 🗆	GL 3-6 🗆 NCPO		<ul> <li><u>Pituitary neoplasm benign</u></li> <li>Asteroid Hyalitis</li> </ul>	D35.2 H43.2E	
CWN Complete 92004					Central Serous C Retinop	H35.71	
□ NSI Intermediate 92002	Schedule: Da	ays	Weeks Mont	hs	<ul> <li>Chorioretinal scar unspec</li> <li>Chorioretinal scar post. pole</li> </ul>	H31.00 H31.01	
□ CSNM Complete 92004	Plan: Order cont	acts 🏼	Get old records		Cotton wool spots	H35.8	
□ NSIM Intermediate 92002					Cystoid Mac Edema     Detachment-partial	H59.03 H33.01	
	□ G8427 Meds/Vits/S □ 4177F Antioxidant \		mentation and Verification	n	DM TII s complication	E11.9	
	□ 2022F Diabetes Mel				<ul> <li>DM TI s complication</li> <li>DM I nonprolif mild w ME</li> </ul>	E10.9 E10.3	
Established Patient			d(L) 1 RUL, 2 RLL, 4 LUL	., 5 LLL	<ul> <li>DM I nonpro mild s ME</li> <li>DM II nonpro mild w ME</li> </ul>	E10.32 E11.3	
CWO Complete 92014			d, 2 moderate, 3 severe		DM II nonpro mild s ME	E11.3	
RWI Intermediate 92012	Z encounter: A initial,	D subsequ	ent, S for sequelae		DM II nonpro mod w ME DM II nonpro mod s ME	E11.33 E11.3	
CSOM Complete 92014					Insulin current-after code	Z79.4	
RSIM Intermediate 92012	Diagnosis	ICD-10	Keratoconjunct – vernal Keratitis H. Zoster	H16.26E B02.33	<ul> <li>Epiretinal Membrane</li> <li>Retinal Hemorrhage</li> </ul>	H35.37 H35.6	
Special Services	Blurred vision	H53.8	Keratoconus	H18.61E	Retinal Exudates	H35.8	
VF Extended Full Thresh 92083	Conjunctival hemorrhage	H11.3E	Pannus Pterygium stationary	H16.42E H11.04E	Lattice Degen     ARMD Dry	H35.4 H35.3	
Topography/Corneal 92025	Contusion eyeball	\$05.1EXZ	Recurrent Erosion	H18.83E	ARMD Wet	H35.3	
OCT Opt N-Retina 92133-134	<ul> <li>Dipolpia</li> <li>Diplopia – Medicare</li> </ul>	H53.2 H53.9	<ul> <li>Ulcer corneal central</li> <li>Ulcer corneal marginal</li> </ul>	H16.01E H16.04E	<ul> <li>Macular Drusen</li> <li>Macular hole/cyst</li> </ul>	H35.3 H35.3	
Office Surgery	<ul> <li>Dry Eye Syndrome</li> <li>Dizziness</li> </ul>	H04.12E R42	Episleritis nodular	H15.12E	Choroidal Nevus	D31.3	
□ Chalazion excision x1 67800	<ul> <li>Dizziness</li> <li>Exam of Eyes and Vision</li> </ul>	R42 Z01.00	<ul> <li><u>Episcleritis periodica</u></li> <li>Blepharitis-seborrheic</li> </ul>	H15.11E H01.02L	□ BRAO □ BRVO	H34.23 H34.83	
□ Chalazion exc multiple 67801	<ul> <li>Vitreous floaters</li> <li>FB sensation</li> </ul>	H43.39E T15.9EXZ	Blepharitis-ulcerative	H01.01L	Retinal detachment single break	H33.20	
	<ul> <li>Pain in or around eye</li> </ul>	H57.1E	<ul> <li>Blepharitis angular</li> <li>Blepharochalasis</li> </ul>	H10.52E H02.3L	<ul> <li>Retinal detachment serous</li> <li>Retinal horseshoe tear s detach</li> </ul>	H33.2 H33.3	
Corneal Debridement 65435	<ul> <li>Headache tension episodic</li> <li>Headache tension chronic</li> </ul>	G44.219 G44.229	Chalazion	H00.1L	Retinal round hole s detach	H33.3	
Excision lid lesion 67840	Migraine s aura	G43.009	<ul> <li>Cyst sebaceous eyelid</li> <li>Dermatochalasis</li> </ul>	H02.82L H02.83L	<ul> <li>Vitreous detach / degen</li> <li>Vitreous hemorrhage</li> </ul>	H43.8 H43.1	
Exc benign lid tumor .5cm 11440	<ul> <li>Migraine w aura</li> <li>Photopsia</li> </ul>	G43.109 H53.19	<ul> <li>Dermatitis Acne Rosacea</li> <li>Dermatitis allergic</li> </ul>	L71.9 H01.11L	RPE detachment	H35.72	
Exc malig lid tumor .5cm 11640	Redn, Disch, Swelling of eye	H57.8	Dermatitis H. Zoster lid	B02.39	<u>Retinitis Pigmentosa</u> 6th CN palsy	H35.5 H49.2	
Probe/irrigate tear sac 68840	<ul> <li>Visual field constriction</li> <li>Photophobia Asthenopia</li> </ul>	H53.48E H53.14E	Edema Eyelid Ectropion-senile	H02.84L H02.13E	□ Esophoria	H50.5	
Punctum Plug Insertion 68761	Visual disturbance subjective	H53.10	Entropion-senile	H02.03E	<ul> <li>Esotropia monocular</li> <li>Esotropia alternating</li> </ul>	H50.0 <sup>-</sup> H50.0	
Punctum plugs Y4190	Visual loss sudden Visual loss transient	H53.13E H53.12E	Epiphora Lacrimal duct stenosis	H04.22E H04.55E	<ul> <li>Exophoria</li> <li>Exotropia monocular</li> </ul>	H50.5 H50.1	
Rem conj FB embedded 65210	Secondary cat obscure vision	H26.49E	Lacrimal punctum stenosis	H04.56E	Exotropia alternating	H50.1	
□ Rem conj FB superf 65205	<ul> <li>Aphakia, acquired</li> <li>Cat-nuclear-congenital</li> </ul>	H27.0E Q12.0E	Lacrimal punctum eversion Hordeolum externum	H04.52E H00.01L	<ul> <li>Hypertropia</li> <li>Thyroid Ophthalmopathy</li> </ul>	H50.2 E05.0	
□ Rem corneal FB embedded 65222	Cataract incipient	H25.09E	Hordeolum internum	H00.02L	Nystagmus congenital	H55.0	
□ Trichiasis, epilation 67820	<ul> <li>Cat-senile cort</li> <li>Cat-senile nuclear sclerosis</li> </ul>	H25.01E H25.1E	Lid retraction Lagophthalmos	H02.53L H02.22L	<ul> <li>Amblyopia ref</li> <li>Amblyopia strab</li> </ul>	H53.02 H53.03	
Trichiasis, electrocautery 67825	Cat-senile-PSC	H25.04E	Neoplasm Malig eyelid	C44.1E	VF defect arcuate/sector	H53.43	
Contact Lenses	<ul> <li>Conjunctivitis acute atopic</li> <li>Conjunctivitis chronic atopic</li> </ul>	H10.1E H10.41E	Neoplasm Benign lid Ptosis-mechanical	D23.1E H02.41E	<ul> <li>VF defect central/para</li> <li>VF defect homonymous</li> </ul>	H53.4 H53.4	
	<ul> <li>Conjunctivitis chronic simple</li> <li>Conjunctivitis acute serous</li> </ul>	H10.42E	Trichiasis senile	H02.03L	Visual field defect genl constrict	H53.4	
□ Contact lens evaluation 92314	Conjunctivitis vernal	H10.23E H10.44E	<ul> <li>Trichiasis s entropion</li> <li>Wart viral, other specified</li> </ul>	H02.05L B07.8	□ <u>Achromatopsia</u> □ Mydriasis	H53.5 H57.04	
Contact lens fit 92310	<ul> <li>Conjunctival concretions</li> <li>Conjunctival cyst</li> </ul>	H11.12E H11.44E	Low tension Glaucoma	H40.12EY	Phthisis bulbi	H52.52	
□ CL fit for disease 92070	Conjunctival edema	H11.42E	Ocular Hypertension Primary OA Glaucoma	H40.05E H40.11EY	<ul> <li>Long-term, high-risk med</li> <li>Rheumatoid Arthritis</li> </ul>	Z79.89 M06.9	
Supply of Contact lenses 92391	<ul> <li>Lymphangiectasis</li> <li>Foreign Body conjunctiva</li> </ul>	H11.89 T15.1EXZ	<ul> <li>Steroid-induced GL</li> <li>GL Suspect-N Angle</li> </ul>	H40.6EXY	Systemic Lupus	L93.0	
Replacement of Contacts 92326	Pingueculum	H11.15E	GL Suspect-N Angle     GL Suspect open-angle	H40.03E H40.00E	Scleroderma     Th CN Bell's Palsy	M34.9 G51.0	
Contact lens modif 92325	<ul> <li><u>Pinguecululitis</u></li> <li>Corneal abrasion</li> </ul>	H10.81E S05.0EXZ	OAG-BDL-low risk	H40.01E	Human Imunodeficiency Virus	B20	
Other Procedure	Sjogren's syndrome	M35.00	OAG-BDL-hg risk Steroid responder	H40.02E H40.04E			
	<ul> <li>Sjogren's syndrome w Ker Con</li> <li>Edema CL induced</li> </ul>	M35.01 H18.21E	<ul> <li>Hyphema-traumatic</li> <li>Iritis-primary</li> </ul>	S05.1EXZ H20.01E	C. Summers		
Total Charges \$	Edema idiopathic Corneal	H18.22E	iritis-recurrent	H20.02E	□ Summary □ Vitr FL □ Cat		
	<ul> <li>Fuch's-guttata</li> <li>Foreign body-cornea</li> </ul>	H18.51 T15.0EXZ	<ul> <li>Iritis-chronic</li> <li>Synechiae posterior</li> </ul>	H20.1E H21.54E	🗅 Mac Deg 🗅 Diab 🗅 Ams	ler G	
	Keratitis dendritic Simplex	B00.52	Opt Neuritis Ischemic AION	H47.01E	HA Migraine		
	Keratitis filamentary	H16.12E	Optic Atrophy-partial	H47.29E	GL Dry Eye Det Re	ei.	

The first method seen on this page shows three diagnosis code boxes having been checked and an arrow is run from each of the checked diagnoses to the appropriate diagnosis box above (the first, the second, the third or the fourth). In that box(es) above is entered the number or letter that describe either an E, L, X, Y and/or Z. The front staff would use the code checked and just replace the descriptor code with the number(s) entered in the box(es). This completed code would be entered into the computer.

Physician Appt_Resource						
Location Appt_Location	1					
Patient Last Name Patient First Name	Account #		Insurance Primary Name	Age		
Acct_LastName Acct_FirstName Appointment Time Appt Start	Acct_Account Appointment Category	Appt (	PI_Name Category Appt Reason	Acct_A	Memo	
Last visit DX code Last visit DX descr		· · · · · · · · · · · · · · · · · · ·				
DI_Code DI_Description Patient Acct PatientBal	Acct_Sex					
BalanceAcct Total						
al	Checked b	oxe	s, arrows a	nd co	ode descrip	tor
Procedure CPT			F UVFCE U		<ul> <li>Drusen Optic Nerve</li> <li>Optic Neuritis</li> </ul>	H47.32 H46.0
□ Refraction 92015		ECE 🗆			Retrobulbar Neuritis	H46.1
New Patient	CL12 🗆 R0	C 3-6 🗆	GL 3-6 🗆 NCPC		<ul> <li><u>Pituitary neoplasm benign</u></li> <li>Asteroid Hyalitis</li> </ul>	D35.2 H43.2I
CWN Complete 92004					Central Serous C Retinop	H35.71
□ NSI Intermediate 92002	Schedule:Da	iys	WeeksMontl	ns	<ul> <li>Chorioretinal scar unspec</li> <li>Chorioretinal scar post. pole</li> </ul>	H31.00 H31.01
□ CSNM Complete 92004	Plan: Order conta	acts 🛛	Get old records		Cotton wool spots	H35.8
□ NSIM Intermediate 92002					<ul> <li>Cystoid Mac Edema</li> <li>Detachment-partial</li> </ul>	H59.03 H33.01
□ C/Ref/Medicaid Z9503	□ G8427 Meds/Vits/Su □ 4177F Antioxidant V		mentation and Verificatio	n	DM TI s complication	E11.9
	□ 2022F Diabetes Mell				<ul> <li>DM TI s complication</li> <li>DM I nonprolif mild w ME</li> </ul>	E10.9 E10.3
Established Patient			d(L) 1 RUL, 2 RLL, 4 LUL	, 5 LLL	DM I nonpro mild s ME	E10.32
CWO Complete 92014			d, 2 moderate, 3 severe		<ul> <li>DM II nonpro mild w ME</li> <li>DM II nonpro mild s ME</li> </ul>	E11.3 E11.3
RWI Intermediate 92012	Z encounter: A initial,	D subsequ			DM II nonpro mod w ME	E11.3
CSOM Complete 92014		<u>, 1</u>	2 and 4		<ul> <li>DM II nonpro mod s ME</li> <li>Insulin current-after code</li> </ul>	E11.3 Z79.4
RSIM Intermediate 92012	Diagnosis	ICD-10	<ul> <li>Kerat conjunct – vernal</li> <li>Kerat tis H. Zoster</li> </ul>	H16.26E B02.33	Epiretinal Membrane	H35.3
Special Services	U		<ul> <li>Keratos H. Zoster</li> <li>Keratoconus</li> </ul>	B02.33 H18.61E	<ul> <li>Retinal Hemorrhage</li> <li>Retinal Exudates</li> </ul>	H35.6 H35.8
□ VF Extended Full Thresh 92083	<ul> <li>Blurred vision</li> <li>Conjugatival hemorrhage</li> </ul>	H53.8 H11.3E	D Parhus	H16.42E	Lattice Degen	H35.4
□ Topography/Corneal 92025	Contusion eyeball	S0: 1EXZ	<ul> <li>Pterygium stationary</li> <li>Recurrent Erosion</li> </ul>	H11.04E H18.83E	ARMD Dry     ARMD Wet	H35.3 H35.3
	□ Dipolpa □ Diplopia – Medicare	H5:.2 H53 9	Ucer corneal central	H16.01E	Macular Drusen	H35.3
□ OCT Opt N-Retina 92133-134	Dry E/e Syndrome	H04.12E	<ul> <li>Ucer corneal marginal</li> <li>Lpisleritis nodular</li> </ul>	H16.04E H15.12E	<ul> <li>Macular hole/cyst</li> <li>Choroidal Nevus</li> </ul>	H35.34 D31.3
Office Surgery	Dizziness	R42	Episcleritis periodica	H15.11E	🗆 BRAO	H34.2
Chalazion excision x1 67800	<ul> <li>Exam of Eyes and Vision</li> <li>Vitrebus floaters</li> </ul>	Z01.00 H43.39E	Blepharitis-seborrheic Blepharitis-ulcerative	H01.02L H01.01L	<ul> <li>BRVO</li> <li>Retinal detachment single break</li> </ul>	H34.8 H33.20
Chalazion exc multiple 67801	<ul> <li>FB sensation</li> <li>Pair in or around eye</li> </ul>	T15.9EXZ	Blepharitis angular	H10.52E	Retinal detachment serous	H33.2
Corneal Debridement 65435	<ul> <li>Headache tension episodic</li> </ul>	H57.1E G44.219	<ul> <li>Blepharochalasis</li> <li>Chalazion</li> </ul>	H02.3L H00.1L	<ul> <li>Retinal horseshoe tear s detach</li> <li>Retinal round hole s detach</li> </ul>	H33.3 H33.3
□ Excision lid lesion 67840	<ul> <li>Heidache tension chronic</li> <li>Migraine s aura</li> </ul>	G44.229	Cyst sebaceous eyelid	H02.82L	Vitreous detach / degen	H43.8
Exc benign lid tumor .5cm 11440	<ul> <li>Migraine s'aura</li> <li>Migraine w aura</li> </ul>	G43.009 G43.109	<ul> <li>Dermatochalasis</li> <li>Dermatitis Acne Rosacea</li> </ul>	H02.83L L71.9	<ul> <li>Vitreous hemorrhage</li> <li>RPE detachment</li> </ul>	H43. H35.7
□ Exc malig lid tumor .5cm 11640	D Photopsia	H53.19	Dermatitis allergic	H01.11L	Retinitis Pigmentosa	H35.5
□ Probe/irrigate tear sac 68840	<ul> <li>Redn, Disch, Swelling of eye</li> <li>Vsual field constriction</li> </ul>	H57.8 H53.48E	<ul> <li>Dermatitis H. Zoster lid</li> <li>Edema Eyelid</li> </ul>	B02.39 H02.84L	□ 6th CN palsy □ Esophoria	H49.2 H50.5
□ Punctum Plug Insertion 68761	Photophobia Asthenopia	H53.14E	Ectropion-senile	H02.13E	Esotropia monocular	H50.0
•	<ul> <li>Visual disturbance subjective</li> <li>Visual loss sudden</li> </ul>	H53.10 H53.13E	<ul> <li>Entropion-senile</li> <li>Epiphora</li> </ul>	H02.03E H04.22E	<ul> <li>Esotropia alternating</li> <li>Exophoria</li> </ul>	H50.0 H50.5
Punctum plugs Y4190 Y4190	□ /isual loss transient	H53.12E	Lacrimal duct stenosis	H04.55E	Exotropia monocular	H50.1
Rem conj FB embedded 65210	<ul> <li>Secondary cat obscure vision</li> <li>Aphakia, acquired</li> </ul>	H26.49E H27.0E	<ul> <li>Lacrimal punctum stenosis</li> <li>Lacrimal punctum eversion</li> </ul>	H04.56E H04.52E	<ul> <li>Exotropia alternating</li> <li>Hypertropia</li> </ul>	H50.1 H50.2
Rem conj FB superf 65205	Cat-nuclear-congenital	Q12.0E	Hordeolum externum	H00.01L	Thyroid Ophthalmopathy	E05.0
Rem corneal FB embedded 65222	<ul> <li>Cataract incipient</li> <li>Cat-senile cort</li> </ul>	H25.09E H25.01E	<ul> <li>Hordeolum internum</li> <li>Lid retraction</li> </ul>	H00.02L H02.53L	<ul> <li><u>Nystagmus congenital</u></li> <li>Amblyopia ref</li> </ul>	H55.0 H53.0
Trichiasis, epilation 67820	X Cat-senile nuclear sclerosis	H25.1E	Lagophthalmos	H02.22L	<ul> <li>Amblyopia strab</li> </ul>	H53.0
□ Trichiasis, electrocautery 67825	<ul> <li><u>Cat-senile-PSC</u></li> <li>Conjunctivitis acute atopic</li> </ul>	H25.04E H10.1E	<ul> <li>Neoplasm Malig eyelid</li> <li>Neoplasm Benign lid</li> </ul>	C44.1E D23.1E	<ul> <li>VF defect arcuate/sector</li> <li>VF defect central/para</li> </ul>	H53.43 H53.4
Contact Lenses	Conjunctivitis chronic atopic	H10.41E	Ptosis-mechanical	H02.41E	UVF defect homonymous	H53.4
□ Contact lens evaluation 92314	<ul> <li>Conjunctivitis chronic simple</li> <li>Conjunctivitis acute serous</li> </ul>	H10.42E H10.23E	<ul> <li>Trichiasis senile</li> <li>Trichiasis s entropion</li> </ul>	H02.03L H02.05L	<ul> <li>Visual field defect genl constrict</li> <li>Achromatopsia</li> </ul>	H53.4 H53.5
$\Box$ Contact lens fit 92310	Conjunctivitis vernal	H10.44E	Wart viral, other specified	B07.8	Mydriasis	H57.04
	<ul> <li>Conjunctival concretions</li> <li>Conjunctival cyst</li> </ul>	H11.12E H11.44E	<ul> <li>Low tension Glaucoma</li> <li>Ocular Hypertension</li> </ul>	H40.12EY H40.05E	Phthisis bulbi Hong term, bigh risk med	H52.5
□ CL fit for disease 92070	Conjunctival edema	H11.42E	Primary OA Glaucoma	H40.11EY	<ul> <li>Long-term, high-risk med</li> <li>Rheumatoid Arthritis</li> </ul>	Z79.89 M06.9
□ Supply of Contact lenses 92391	<ul> <li>Lymphangiectasis</li> <li>Foreign Body conjunctiva</li> </ul>	H11.89 T15.1EXZ	<ul> <li>Steroid-induced GL</li> <li>GL Suspect-N Angle</li> </ul>	H40.6EXY H40.03E	Systemic Lupus Sciencedorma	L93.0
Replacement of Contacts 92326	Pingueculum	H11.15E	GL Suspect open-angle	H40.00E	<ul> <li>Scleroderma</li> <li>7th CN Bell's Palsy</li> </ul>	M34.9 G51.0
Contact lens modif 92325	<ul> <li>Pinguecululitis</li> <li>Corneal abrasion</li> </ul>	H10.81E S05.0EXZ	<ul> <li>OAG-BDL-low risk</li> <li>OAG-BDL-hg risk</li> </ul>	H40.01E H40.02E	Human Imunodeficiency Virus	B20
Other Procedure	Sjogren's syndrome	M35.00	<u>Steroid responder</u>	H40.04E		
	<ul> <li>Sjogren's syndrome w Ker Con</li> <li>Edema CL induced</li> </ul>	M35.01 H18.21E	Hyphema-traumatic	S05.1EXZ		
Total Charges \$	Edema idiopathic Corneal	H18.22E	<ul> <li>Iritis-primary</li> <li>iritis-recurrent</li> </ul>	H20.01E H20.02E	Summary Vitr FL  Cat	
	<ul> <li>Fuch's-guttata</li> <li>Foreign body-cornea</li> </ul>	H18.51 T15.0EXZ	Iritis-chronic  Supposition posterior	H20.1E	□ Mac Deg □ Diab □ Ams	ler G
	<ul> <li>Foreign body-cornea</li> <li>Keratitis dendritic Simplex</li> </ul>	B00.52	<ul> <li>Synechiae posterior</li> <li>Opt Neuritis Ischemic AION</li> </ul>	H21.54E H47.01E	🗆 HA 🗅 Migraine	
	Keratitis filamentary	H16.12E	Optic Atrophy-partial	H47.29E	GL Dry Eye Det Re	H.

This page has the same three diagnostic code boxes checked and shows a different method for entering the codes. The actual full code is entered in the appropriate box above with the code and the proper additional descriptive number or letter to satisfy the laterality, sequence or severity. In this case, the order of the diagnoses is known by which box the codes were entered.

Date Appt_Date Physician Appt_Resource				Ticket # SuperbillNum			
Location Appt_Locatio							
Patient Last Name     Patient First Name       Acct_LastName     Acct_FirstName       Appointment Time     Appt_Start       .ast visit DX code     Last visit DX desce       DI_Code     DI_Description       ratient     Acct_PatientBal	Account # Acct_Account Appointment Category iption M/F Acct_Sex	Appt_C	Insurance Primary Name PI_Name Category Appt Reason	Acct_A			
alanceAcct_Total al			Checked b	oxes	and full cod	des	
Procedure CPT	Return: C1 🗆 C2	2 🗆 V	F 🗅 VFCE 🗅		<ul> <li>Drusen Optic Nerve</li> <li>Optic Neuritis</li> </ul>	H47.3 H46.0	
□ Refraction 92015	PVF D PVF	ECE 🗆		]	Retrobulbar Neuritis	H46.	
New Patient	CL12 🗆 R	C 3-6 🗆	GL 3-6 🗆 NCP		<ul> <li>Pituitary neoplasm benign</li> <li>Asteroid Hyalitis</li> </ul>	D35. H43.2	
□ CWN Complete 92004				-	Central Serous C Retinop	H35.7	
□ NSI Intermediate 92002	Schedule: Da	ays	Weeks Mont	ths	<ul> <li>Chorioretinal scar unspec</li> <li>Chorioretinal scar post. pole</li> </ul>	H31.0 H31.0	
	Plan: Order cont	ooto 🗆	Cot old records		Cotton wool spots	H35.	
□ CSNM Complete 92004			Get old records		Cystoid Mac Edema	H59.0	
NSIM Intermediate 92002	G8427 Meds/Vits/Su	uppl Docu	mentation and Verification	on	<ul> <li>Detachment-partial</li> <li>DM TII s complication</li> </ul>	H33.0 E11.	
□ C/Ref/Medicaid Z9503	4177F Antioxidant V	DM TI s complication	E10				
Established Patient	2022F Diabetes Mel	DM I nonprolif mild w ME	E10.3				
□ CWO Complete 92014			d(L) 1 RUL, 2 RLL, 4 LU	L, 5 LLL	<ul> <li>DM I nonpro mild s ME</li> <li>DM II nonpro mild w ME</li> </ul>	E10.3 E11.	
			d, 2 moderate, 3 severe		DM II nonpro mild s ME	E11.	
□ RWI Intermediate 92012	Z encounter: A initial,				<ul> <li>DM II nonpro mod w ME</li> <li>DM II nonpro mod s ME</li> </ul>	E11.3 E11.	
□ CSOM Complete 92014	H25.12 H40	D.1111	H01.024		□ Insulin current-after code	Z79	
□ RSIM Intermediate 92012	Diagnosis	ICD-10	Keratoconjunct – vernal Keratitis H. Zoster	H16.26E	Epiretinal Membrane	H35.	
Special Services	U		Keraticonus	B02.33 H18.61E	<ul> <li>Retinal Hemorrhage</li> <li>Retinal Exudates</li> </ul>	H35 H35	
□ VF Extended Full Thresh 92083		H53.8	D Pannus	H16.42E	Lattice Degen	H35.	
	<ul> <li>Conjunctival hemorrhage</li> <li>Contusion eyeball</li> </ul>	H11.3E S05.1EXZ	<ul> <li>Pterygium stationary</li> <li>Recurrent Erosion</li> </ul>	H11.04E H18.83E	ARMD Dry ARMD Wet	H35	
Topography/Corneal 92025	□ Dipolpia	H53.2	Ulcer corneal central	H16.01E	ARMD Wet     Macular Drusen	H35 H35.	
OCT Opt N-Retina 92133-134	<ul> <li>Diplopia – Medicare</li> <li>Dry Eye Syndrome</li> </ul>	H53.9 H04.12E	Ulcer corneal marginal	H16.04E	Macular hole/cyst	H35.	
Office Surgery	Dizziness	R42	<ul> <li>Episleritis nodular</li> <li>Episcleritis periodica</li> </ul>	H15.12E H15.11E	<ul> <li>Choroidal Nevus</li> <li>BRAO</li> </ul>	D31 H34.	
□ Chalazion excision x1 67800	Exam of Eyes and Vision	Z01.00	XBlepharitis-seborrheic	H01.02L		H34.	
□ Chalazion exc multiple 67801	<ul> <li>Vitreous floaters</li> <li>FB sensation</li> </ul>	H43.39E T15.9EXZ	<ul> <li>Blepharitis-ulcerative</li> <li>Blepharitis angular</li> </ul>	H01.01L H10.52E	Retinal detachment single break		
□ Corneal Debridement 65435	□ Pain in or around eye	H57.1E	<ul> <li>Blepharochalasis</li> </ul>	H02.3L	<ul> <li>Retinal detachment serous</li> <li>Retinal horseshoe tear s detach</li> </ul>	H33.: H33.:	
	<ul> <li>Headache tension episodic</li> <li>Headache tension chronic</li> </ul>	G44.219 G44.229	Chalazion	H00.1L	Retinal round hole s detach	H33.	
□ Excision lid lesion 67840	<ul> <li>Migraine s aura</li> </ul>	G44.229 G43.009	<ul> <li>Cyst sebaceous eyelid</li> <li>Dermatochalasis</li> </ul>	H02.82L H02.83L	<ul> <li>Vitreous detach / degen</li> <li>Vitreous hemorrhage</li> </ul>	H43. H43	
Exc benign lid tumor .5cm 11440	□ Migraine w aura	G43.109	Dermatitis Acne Rosacea	L71.9	RPE detachment	H35.	
Exc malig lid tumor .5cm 11640	<ul> <li>Photopsia</li> <li>Redn, Disch, Swelling of eye</li> </ul>	H53.19 H57.8	<ul> <li>Dermatitis allergic</li> <li>Dermatitis H. Zoster lid</li> </ul>	H01.11L B02.39	<u>Retinitis Pigmentosa</u>	H35	
□ Probe/irrigate tear sac 68840	□ Visual field constriction	H53.48E	Edema Eyelid	H02.84L	<ul> <li>6th CN palsy</li> <li>Esophoria</li> </ul>	H49 H50	
□ Punctum Plug Insertion 68761	<ul> <li>Photophobia Asthenopia</li> <li>Visual disturbance subjective</li> </ul>	H53.14E H53.10	Ectropion-senile	H02.13E	Esotropia monocular	H50.	
5	<ul> <li>Visual disturbance subjective</li> <li>Visual loss sudden</li> </ul>	H53.10	<ul> <li>Entropion-senile</li> <li>Epiphora</li> </ul>	H02.03E H04.22E	<ul> <li>Esotropia alternating</li> <li>Exophoria</li> </ul>	H50 H50	
Punctum plugs Y4190	□ <u>Visual loss transient</u>	H53.12E	Lacrimal duct stenosis	H04.55E	<ul> <li>Exotropia monocular</li> </ul>	H50.	
Rem conj FB embedded 65210	<ul> <li>Secondary cat obscure vision</li> <li>Aphakia, acquired</li> </ul>	H26.49E H27.0E	<ul> <li>Lacrimal punctum stenosis</li> <li>Lacrimal punctum eversion</li> </ul>	H04.56E H04.52E	Exotropia alternating	H50	
□ Rem conj FB superf 65205	□ Cat-nuclear-congenital	Q12.0E	<ul> <li>Hordeolum externum</li> </ul>	H00.01L	<ul> <li>Hypertropia</li> <li>Thyroid Ophthalmopathy</li> </ul>	H50 E05	
□ Rem corneal FB embedded 65222	<ul> <li>Cataract incipient</li> <li>Cat-senile cort</li> </ul>	H25.09E H25.01E	Hordeolum internum	H00.02L	<u>Nystagmus congenital</u>	H55	
□ Trichiasis, epilation 67820	X Cat-senile nuclear sclerosis	H25.1E	<ul> <li>Lid retraction</li> <li>Lagophthalmos</li> </ul>	H02.53L H02.22L	<ul> <li>Amblyopia ref</li> <li>Amblyopia strab</li> </ul>	H53. H53.	
	Cat-senile-PSC	H25.04E	Neoplasm Malig eyelid	C44.1E	□ VF defect arcuate/sector	H53.4	
□ Trichiasis, electrocautery 67825	<ul> <li>Conjunctivitis acute atopic</li> <li>Conjunctivitis chronic atopic</li> </ul>	H10.1E H10.41E	Neoplasm Benign lid Ptosis-mechanical	D23.1E H02.41E	<ul> <li>VF defect central/para</li> <li>VF defect homonymous</li> </ul>	H53.4 H53.	
Contact Lenses	Conjunctivitis chronic simple	H10.42E	Trichiasis senile	H02.03L	□ Visual field defect genl constrict	H53.4	
Contact lens evaluation 92314	<ul> <li>Conjunctivitis acute serous</li> <li>Conjunctivitis vernal</li> </ul>	H10.23E H10.44E	Trichiasis s entropion	H02.05L B07.8	Achromatopsia	H53.	
□ Contact lens fit 92310	Conjunctival concretions	H11.12E	<ul> <li>Wart viral, other specified</li> <li>Low tension Glaucoma</li> </ul>	H40.12EY	<ul> <li>Mydriasis</li> <li>Phthisis bulbi</li> </ul>	H57.0 H52.9	
CL fit for disease 92070	Conjunctival cyst	H11.44E	Ocular Hypertension	H40.05E	Long-term, high-risk med	Z79.8	
□ Supply of Contact lenses 92391	<ul> <li>Conjunctival edema</li> <li>Lymphangiectasis</li> </ul>	H11.42E H11.89	Primary OA Glaucoma  Steroid-induced GL	H40.11EY H40.6EXY	<ul> <li>Rheumatoid Arthritis</li> <li>Systemic Lupus</li> </ul>	M06 L93.	
	Foreign Body conjunctiva	T15.1EXZ	GL Suspect-N Angle	H40.03E	<ul> <li>Systemic Lupus</li> <li>Scleroderma</li> </ul>	L93. M34	
□ Replacement of Contacts 92326	<ul> <li>Pingueculum</li> <li>Pinguecululitis</li> </ul>	H11.15E H10.81E	GL Suspect open-angle     OAG BDL low risk	H40.00E	7th CN Bell's Palsy	G51	
□ Contact lens modif 92325	Corneal abrasion	S05.0EXZ	OAG-BDL-low risk OAG-BDL-hg risk	H40.01E H40.02E	Human Imunodeficiency Virus	B20	
Other Procedure	Sjogren's syndrome	M35.00	Steroid responder	H40.04E			
	<ul> <li>Sjogren's syndrome w Ker Con</li> <li>Edema CL induced</li> </ul>	M35.01 H18.21E	<ul> <li>Hyphema-traumatic</li> <li>Iritis-primary</li> </ul>	S05.1EXZ H20.01E			
Fotal Charges   \$	Edema idiopathic Corneal	H18.22E	iritis-recurrent	H20.01E	□ Summary □ Vitr FL □ Cat		
	Fuch's-guttata     Foreign body compa	H18.51	Iritis-chronic	H20.1E	□ Mac Deg □ Diab □ Ams	ler G	
	<ul> <li>Foreign body-cornea</li> <li>Keratitis dendritic Simplex</li> </ul>	T15.0EXZ B00.52	<ul> <li>Synechiae posterior</li> <li>Opt Neuritis Ischemic AION</li> </ul>	H21.54E H47.01E	🗆 HA 🗅 Migraine		
	Keratitis filamentary	H16.12E	Optic Atrophy-partial	H47.29E	GL Dry Eye Det Re	et	

This page again shows the same three diagnosic code boxes checked. This time, each of those three codes is numbered with a #1, #2 or #3. The only digit(s) entered into the appropriate diagnostic boxes above are the descriptor(s) explaining laterality, sequence or severity.

Date Appt_Date Physician Appt_Resourc	e Patient Fee Sheet			Ticke	Ticket # SuperbillNum		
ocation Appt_Location							
Patient Last NamePatient First NameAcct LastNameAcct FirstName	Account # Acct Account		Insurance Primary Name PI Name	Age Acct A			
Appointment Time Appt_Start	Appointment Category	Appt_C	Category Appt Reason		_Memo		
Last visit DX codeLast visit DX descrDI CodeDI Description	ription M/F Acct Sex						
DI_Code DI_Description Patient Acct PatientBal	Acci_sex						
BalanceAcct_Total	Jumbered c	hock	ad haves a	nd co	ode descript	or	
	1				•		
Procedure CPT					Drusen Optic Nerve     Optic Neuritis	H47.3 H46.	
Refraction 92015					<ul> <li>Retrobulbar Neuritis</li> <li>Pituitary neoplasm benign</li> </ul>	H46. D35	
New Patient	CL12 □ R	C 3-6 🗆	GL 3-6 🗆 NCPC		Asteroid Hyalitis	H43.2	
CWN Complete 92004	Schedule: D	avs	WeeksMont	hs	<ul> <li>Central Serous C Retinop</li> <li>Chorioretinal scar unspec</li> </ul>	H35.7 H31.0	
NSI Intermediate 92002					Chorioretinal scar post. pole	H31.0	
CSNM Complete 92004	Plan: Order con	tacts 🛛	Get old records		<ul> <li>Cotton wool spots</li> <li>Cystoid Mac Edema</li> </ul>	H35. H59.0	
NSIM Intermediate 92002	G8427 Meds/Vits/S	uppl Docu	mentation and Verification	n	<ul> <li>Detachment-partial</li> <li>DM TII s complication</li> </ul>	H33.0 E11.	
□ C/Ref/Medicaid Z9503	□ 4177F Antioxidant	•••			DM TI's complication	E10	
Established Patient	2022F Diabetes Me				DM I nonprolif mild w ME	E10.3	
CWO Complete 92014			d(L) 1 RUL, 2 RLL, 4 LUL	., 5 LLL	<ul> <li>DM I nonpro mild s ME</li> <li>DM II nonpro mild w ME</li> </ul>	E10.3 E11.3	
RWI Intermediate 92012	Z encounter: A initial,		d, 2 moderate, 3 severe		DM II nonpro mild s ME	E11.	
		. 1	2 and 4		<ul> <li>DM II nonpro mod w ME</li> <li>DM II nonpro mod s ME</li> </ul>	E11.3 E11.	
CSOM Complete 92014		, 1	Keratoconjunct – vernal	H16.26E	Insulin current-after code	Z79	
RSIM Intermediate 92012	Diagnosis	ICD-10	Keratitis H. Zoster	B02.33	<ul> <li>Epiretinal Membrane</li> <li>Retinal Hemorrhage</li> </ul>	H35.3 H35.3	
Special Services	Blurred vision	H53.8	Keratoconus	H18.61E	Retinal Exudates	H35	
VF Extended Full Thresh 92083	Conjunctival hemorrhage	H11.3E	<ul> <li>Pannus</li> <li>Pterygium stationary</li> </ul>	H16.42E H11.04E	Lattice Degen     ARMD Dry	H35.4 H35.	
Topography/Corneal 92025	Contusion eyeball	S05.1EXZ	Recurrent Erosion	H18.83E	ARMD Wet	H35.	
OCT Opt N-Retina 92133-134	<ul> <li>Dipolpia</li> <li>Diplopia – Medicare</li> </ul>	H53.2 H53.9	<ul> <li>Ulcer corneal central</li> <li>Ulcer corneal marginal</li> </ul>	H16.01E <u>H16.04E</u>	<ul> <li>Macular Drusen</li> <li>Macular hole/cyst</li> </ul>	H35.3 H35.3	
Office Surgery	Dry Eye Syndrome	H04.12E	Episleritis nodular	H15.12E	Choroidal Nevus	D31.	
□ Chalazion excision x1 67800	<ul> <li>Dizziness</li> <li>Exam of Eyes and Vision</li> </ul>	R42 Z01.00	□ <u>Episcleritis periodica</u> ■ Blepharitis-seborrheic #3	H15.11E H01.02L	□ BRAO □ BRVO	H34.2 H34.8	
	Vitreous floaters	H43.39E	Blepharitis-ulcerative	H01.01L	Retinal detachment single break		
Chalazion exc multiple 67801	<ul> <li>FB sensation</li> <li>Pain in or around eye</li> </ul>	T15.9EXZ H57.1E	<ul> <li>Blepharitis angular</li> <li>Blepharochalasis</li> </ul>	H10.52E H02.3L	<ul> <li>Retinal detachment serous</li> <li>Retinal horseshoe tear s detach</li> </ul>	H33.2 H33.3	
Corneal Debridement 65435	Headache tension episodic	G44.219	□ Chalazion	H00.1L	Retinal round hole s detach	H33.3	
Excision lid lesion 67840	<ul> <li>Headache tension chronic</li> <li>Migraine s aura</li> </ul>	G44.229 G43.009	<ul> <li>Cyst sebaceous eyelid</li> <li>Dermatochalasis</li> </ul>	H02.82L H02.83L	<ul> <li>Vitreous detach / degen</li> <li>Vitreous hemorrhage</li> </ul>	H43.8 H43	
Exc benign lid tumor .5cm 11440	□ Migraine w aura	G43.109	Dermatitis Acne Rosacea	L71.9	RPE detachment	H35.7	
Exc malig lid tumor .5cm 11640	<ul> <li>Photopsia</li> <li>Redn, Disch, Swelling of eye</li> </ul>	H53.19 H57.8	<ul> <li>Dermatitis allergic</li> <li>Dermatitis H. Zoster lid</li> </ul>	H01.11L B02.39	<u>Retinitis Pigmentosa</u> <u>Retinitis Pigmentosa</u>	H35	
□ Probe/irrigate tear sac 68840	Visual field constriction	H53.48E	Edema Eyelid	H02.84L	<ul> <li>Gth CN palsy</li> <li>Esophoria</li> </ul>	H49. H50.	
Punctum Plug Insertion 68761	<ul> <li>Photophobia Asthenopia</li> <li>Visual disturbance subjective</li> </ul>	H53.14E H53.10	<ul> <li>Ectropion-senile</li> <li>Entropion-senile</li> </ul>	H02.13E H02.03E	<ul> <li>Esotropia monocular</li> <li>Esotropia alternating</li> </ul>	H50.0 H50.	
□ Punctum plugs Y4190	Visual loss sudden	H53.13E	□ Epiphora	H04.22E		H50.	
□ Rem conj FB embedded 65210	<ul> <li><u>Visual loss transient</u></li> <li>Secondary cat obscure vision</li> </ul>	H53.12E H26.49E	<ul> <li>Lacrimal duct stenosis</li> <li>Lacrimal punctum stenosis</li> </ul>	H04.55E H04.56E	Exotropia monocular     Exotropia alternating	H50.1	
	Aphakia, acquired	H27.0E	Lacrimal punctum eversion	H04.52E	<ul> <li>Exotropia alternating</li> <li>Hypertropia</li> </ul>	H50 H50	
□ Rem conj FB superf 65205	<ul> <li>Cat-nuclear-congenital</li> <li>Cataract incipient</li> </ul>	Q12.0E H25.09E	<ul> <li>Hordeolum externum</li> <li>Hordeolum internum</li> </ul>	H00.01L H00.02L	Thyroid Ophthalmopathy	E05.	
Rem corneal FB embedded 65222	Cat-senile cort	H25.01E	Lid retraction	H02.53L	<ul> <li><u>Nystagmus congenital</u></li> <li>Amblyopia ref</li> </ul>	H55 H53.0	
□ Trichiasis, epilation 67820	Cat-senile nuclear sclerosis #	H25.1E H25.04E	<ul> <li>Lagophthalmos</li> <li>Neoplasm Malig eyelid</li> </ul>	H02.22L C44.1E	□ Amblyopia strab	H53.0	
□ Trichiasis, electrocautery 67825	Conjunctivitis acute atopic	H10.1E	Neoplasm Benign lid	D23.1E	<ul> <li>VF defect arcuate/sector</li> <li>VF defect central/para</li> </ul>	H53.4 H53.4	
Contact Lenses	<ul> <li>Conjunctivitis chronic atopic</li> <li>Conjunctivitis chronic simple</li> </ul>	H10.41E H10.42E	Ptosis-mechanical     Trickiesis essells	H02.41E	UVF defect homonymous	H53.4	
□ Contact lens evaluation 92314	Conjunctivitis acute serous	H10.42E	<ul> <li>Trichiasis senile</li> <li>Trichiasis s entropion</li> </ul>	H02.03L H02.05L	<ul> <li>Visual field defect genl constrict</li> <li>Achromatopsia</li> </ul>	H53.4 H53.9	
□ Contact lens fit 92310	<ul> <li>Conjunctivitis vernal</li> <li>Conjunctival concretions</li> </ul>	H10.44E H11.12E	□ Wart viral, other specified	B07.8	Mydriasis	H57.0	
□ CL fit for disease 92070	Conjunctival cyst	H11.44E	□ Low tension Glaucoma □ Ocular Hypertension	H40.12EY H40.05E	<ul> <li>Phthisis bulbi</li> <li>Long-term, high-risk med</li> </ul>	H52.5 Z79.8	
	Conjunctival edema	H11.42E	XPrimary OA Glaucoma #2	H40.11EY	Rheumatoid Arthritis	M06	
□ Supply of Contact lenses 92391	<ul> <li>Lymphangiectasis</li> <li>Foreign Body conjunctiva</li> </ul>	H11.89 T15.1EXZ	<ul> <li>Steroid-induced GL</li> <li>GL Suspect-N Angle</li> </ul>	H40.6EXY H40.03E	<ul> <li>Systemic Lupus</li> <li>Scleroderma</li> </ul>	L93.0 M34	
□ Replacement of Contacts 92326	D Pingueculum	H11.15E	GL Suspect open-angle	H40.00E	7th CN Bell's Palsy	G51.	
□ Contact lens modif 92325	<ul> <li>Pinguecululitis</li> <li>Corneal abrasion</li> </ul>	H10.81E S05.0EXZ	<ul> <li>OAG-BDL-low risk</li> <li>OAG-BDL-hg risk</li> </ul>	H40.01E H40.02E	<ul> <li>Human Imunodeficiency Virus</li> </ul>	B20	
Other Procedure	Sjogren's syndrome	M35.00	Steroid responder	H40.04E			
	<ul> <li>Sjogren's syndrome w Ker Con</li> <li>Edema CL induced</li> </ul>	M35.01 H18.21E	Hyphema-traumatic	S05.1EXZ	D Summers		
Total Charges \$	<ul> <li>Edema de Induced</li> <li>Edema idiopathic Corneal</li> </ul>	H18.22E	<ul> <li>Iritis-primary</li> <li>iritis-recurrent</li> </ul>	H20.01E H20.02E	Summary Vitr FL  Cat		
	Fuch's-guttata     Foreign body comea	H18.51	Iritis-chronic	H20.1E	Mac Deg      Diab      Ams	ler G	
	<ul> <li>Foreign body-cornea</li> <li>Keratitis dendritic Simplex</li> </ul>	T15.0EXZ B00.52	<ul> <li>Synechiae posterior</li> <li>Opt Neuritis Ischemic AION</li> </ul>	H21.54E H47.01E	🗆 HA 🗆 Migraine		
	Keratitis filamentary	H16.12E	Optic Atrophy-partial	H47.29E	🗆 GL 🗆 Dry Eye 🗆 Det Re	et	