EyeCodingForum

Diagnoses Category

ICD-9 diagnoses, diseases and conditions

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Diagnoses

ICD-9 diagnoses, diseases and conditions

2008 ICD-9 Updates / Changes

In 2008, there are six significant changes in CPT that affect ophthalmology. Specifically, in the Eye and Ocular Adnexa Section of CPT, there are five new retina codes. There is also one new code in the Lacrimal System section.

2008 ICD-9 Updates

http://www.aao.org/yo/newsletter/200801/article02.cfm

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Amblyopia - non-refractice Dx for refraction

Some plans will pay on ambplyopia as a Dx when a refraction is reported. This is considered a "non-refractive" Dx.

chalazion MDM assessment

A recurrent chalazion could be a carcinoma [MDM - document the rule-out as part of your assessment to justify a higher level of service]

diagnosis Endophthalmitis MDM

Endophthalmitis is an inflammatory condition of the intraocular cavities (ie, the aqueous or vitreous humor). This potentially serious condition should warrant a Level IV (99214) encounter with proper documentation.

Dx Code for Lens exchange due to incorrect IOL power

Dx Code for Lens exchange due to incorrect IOL power

996.53 Mechanical complication Due to ocular lens prosthesis

Dx for birdshot retinochoroidopathy

Dx for birdshot retinochoroidopathy AKA: birdshot retinochoroidopathy, birdshot choroidopathy, birdshot retinochoroiditis, birdshot choroidretinitis.

Is a rare form of bilateral posterior uveitis.

363.20 Chorioretinitis, unspecified
Choroiditis NOS
Retinitis NOS
Uveitis, posterior NOS

More information: http://en.wikipedia.org/wiki/Birdshot_retinochoroidopathy\

Dx for choroidal nevus of the choroid

Dx for choroidal nevus. These are commonly referred to as birthmarks and moles. By definition, nevi are benign.

Use the benign neoplasm code:

224.6 Benign neoplasm of Choroid

Dx Parinaud's Syndrome

Parinaud's Syndrome, (aka dorsal midbrain syndrome) is a cluster of abnormalities of eye movements and pupil dysfunction.

Parinaud's Syndrome is named for Henri Parinaud (1844-1905), considered to be the father of French ophthalmology.

Code with 378.81 Palsy of conjugate gaze

If oculoglandular then use 372.02.

More information can be found at:

http://en.wikipedia.org/wiki/Parinaud's_syndrome

Eye Conditions - Diseases

Eye Conditions

- Albinism and Hypopigmentation
  - NOAH

Cataracts

Lighthouse International
National Eye Institute

Diabetic Retinopathy

Lighthouse International
National Eye Institute

Floaters

Mayo Clinic

Glaucoma

Glaucoma Research Foundation
Lighthouse International

Keratoconus

National Keratoconus Foundation

Macular Degeneration

Macular Degeneration Foundation
Lighthouse International

Nystamus

The Low Vision Gateway

Refractive Errors - Hyperopia, Myopia, Presbyopia & Astigmatism

American Optometric Association

Retinal Detachment

National Eye Institute

Retinitis Pigmentosa

The Foundation Fighting Blindness

Usher Syndrome

The Foundation Fighting Blindness

Flomax - floppy iris syndrome

Flomax causes floppy iris syndrome or myosis which means a tiny pupil.

Floppy Iris Syndrome - Flomax

Floppy Iris syndrome - an adverse effect from the use of prostate drug, Flomax. Eye care professional should always their patients about use prior to cataract surgery.

Flomax, and drugs like it such as Uroxatrol, Hytrin, Cardura, Proscar and even Saw Palmetto which is over the counter all will cause the Floppy Iris Syndrome.

These drugs minimize contraction of the muscle fibers in the prostate. These drugs also block these same receptors in the dilating muscles in the iris. This pharmacological reaction prevents the eye from dilating, and results in very poor muscle tone in the iris. Since the constrictor muscles are still functioning well the pupil remains small with a billowing iris body.

Discontinuing Flomax use prior to surgery does not eliminate potential complications. Once the Flomax has been used, the affect on the dilating muscles is permanent. When the drug has been used, special care and preparations must be made prior to any eye surgery. It may also bring with it an increased rate of surgical complications such as vitreous loss, and parts of the natural lens remaining in the eye post surgically.

ganciclovir and CMV retinitis

Two drugs -- ganciclovir and foscarnet -- have been approved by the FDA for treating CMV retinitis by intravenous administration

complicated subject; reported that MCD-NV paid but MCD-AZ did not on the supply. need more info.

http://www.aids.org/atn/a-167-02.html

How do you code for a nevus of the iris?

224.0 Benign neoplasm of the eye.

A nevus is a benign growth on the skin, such as a mole. A mole is a cluster of melanocytes and surrounding supportive tissue that usually appears as a tan, brown, or flesh-colored spot on the skin. The plural of nevus is nevi (NEE-vye).

How do you report a Diagnosis of: myelinated nerve fiber layer?

For Medulated nerve fibers: optic nerve: 743.57; for retinal nerve fiber layer: 743.56

malingering faking illness

Interesting topic; will a carrier pay for a patient, a child, complaining about vision problems but it turns out there is nothing wrong with the child. So the diagnosis is V65.2 "Person feigning illness" or malingering. I beleive MCD-LA did pay on this; I assume it was an office visit but don't have the complete data.

MCD-NM Low Vision Aids

Low Vision Aids MCD-NM

Description

New Procedure Code

Description

Supply of low vision aids

V2797

Vision supply, accessory and/or service component of another HCPCS vision code.

MCD-NM Use V2797, with procedure codes V2600, V2610, or V2615 on the same date of service, with the same billing provider, and for the same recipient. Claims that are submitted without the secondary code will deny. Denied claims may be corrected and resubmitted as a new claim.

Medical Necessity OCT Fundus Photography

First-Coast MCR-FL

Fundus Photos 92250; link to glaucoma Dx
OCT GDX SCODI 92135; link to Diabetes Dx Code

MOD-GY Refraction ICD-9 codes

MOD-GY is used for refraction ICD-9 codes. Bill to MCR as primary; it will be denied and crossed over (sent) to the secondary carrier and paid (if it is a covered service).

MOD-GY means the diagnosis is not a covered by Medicare.

Hills Physician Insurance is an example of a secondary carrier that will pay on this (NV)

Plaquenil - High Risk Medications

V93.97 Plaquenil Arthritis Medication E931.4 high risk medication Eye Adverse Effects

Plaquenil is used to treat the symptoms of rheumatoid arthritis such as swelling, inflammation, stiffness, and joint pain. It is also prescribed for lupus erythematosus, a chronic inflammation of the connective tissue.

Use V code for High Risk Medication for a screening for a Plaquenil user. Code the E code once an adverse effect is found.

Prep For Surgery; Eye Baseline code, non-eye surgery

What ICD-9 code do you reporte when conducting an eye baseline for a non-eye operation such as a pituitary gland surgery?

Comments?

Red Eye Evaluation

Red eye could be any of the four conditions:

Acute Infective Conjunctivitis:

Acute infective conjunctivitis represents an infection (usually bacterial or viral) of the conjunctiva (outermost layer of the eye) which is accompanied by local inflammation and an exudate (pus or watery fluid) from the conjunctival blood vessels.

Signs are limited to the conjunctiva during a bacterial conjunctivitis. A viral conjunctivitis coexists with lymph nodes that can be felt in front of the ears and in some cases the presence of a flu like syndrome. The treatment of a bacterial conjunctivitis is an eye drop or an ointment containing an appropriate antibiotic.

Treatment of a viral conjunctivitis is more controversial. Corticosteroids should not be used as the only initial treatment in an acute infectious conjunctivitis without a specific diagnosis. Sometimes an allergic conjunctivitis can resemble an infective conjunctivitis. However it can be distinguished from an infective conjunctivitis by a well trained physician and all ophthalmologists.

Acute Iritis:
Acute iritis is an inflammation of an inner layer of the eye. The diagnosis is made by looking at the size of the pupil and examining the eye with light and magnification. Chronic inflammation inside the eye can result in serious complications such as glaucoma, cataracts and loss of vision. Therefore this problem must be treated with anti-inflammatory drugs such as corticosteroids. Despite good treatment, recurrent iritis can result in poor vision.

Corneal Injury:
Corneal injury often results in a painful, red eye. The cornea is the clear window like structure on the front of the eye. There are many potential explanations for an injured cornea. A careful history usually identifies the most likely origin for the corneal abrasion. Sometimes the diagnosis is obvious: overwearing contact lens, metallic or sandy foreign body, finger nail scratch or paper cut. Treatment usually requires removal of any foreign material and the application of eyedrops and the patching of the eye. However, corneal scars or ulcer can develop without appropriate treatment.

Acute Angle Closure Glaucoma:

Acute angle closure glaucoma is the most serious diagnostic possibility within this differential diagnosis of the red eye. It represents inflammation of the entire eye (both outer and inner layers) related to elevated intraocular pressure. Prolonged elevated pressure within the eye can result in the irreversible loss of vision within a day or less. Signs and symptoms can be dramatic such as marked vision loss, severe pain and vomiting. However, these cases can be mistaken for sinus problems or simply tension headaches. The elevated pressure must be identified with properly employed tonometry. This problem requires immediate attention so that appropriate eye drop treatment can be administered. Often this is followed by a surgical procedure.

Check List - Important Clues to the Diagnosis of the Red Eye
Always do:

A+OX3
Mood and affect
External Ocular Adnexa
VA
Pupils
Conjunctivae
IOP
Cornea
A/C
Lens

VA
1. Measure Vision: Acute Conjunctivitis = Normal Vision
Acute Glaucoma = Decreased Vision

Pupils
2. Pupil Size: Acute Conjunctivitis = Normal Size and Reactivity
Acute Iritis = Small Size and Poor Reactivity
Acute Glaucoma = Large Size and Poor Reactivity

Conjunctivae
3. Exudate: Acute Conjunctivitis = Pus or Watery Exudate
All Others = Watery Exudates

IOP
4. Tonometry: Acute Glaucoma = Elevated Pressure

Pain (is not an E & M element but part of the HPI

5. Pain: Acute Glaucoma = Marked Pain
Acute Iritis = Pain with Bright Light
Corneal Trauma = Pain

Managment Options: Prescription drugs; Yag Laser; Cataract surgery w/ no risk factors; Trabeculoplasty; Non-penetrating deep sclerectomy (NPDS)

Refractive Diagnosis Codes

The following are considered refractice diagnosis codes are would not be considered medically necessary for Eye Exam or E & M visits.

ametropia
anisometropia
astigmatism
emmetropia
hypertropia
myopia
refractive error

Rule Out Blowout fracture

Blowout Fracture signs and symptoms: Echimosis - big bruise, and Diplopia.

Rule Out Blowout Fracture

How do you code a Rule Out of a Flowout fracture of the eye? Well, in outpatient coding, you cannot. You cannot code it until it is confirmed. Possible signs and symptoms: double vision (diplopia) swollen lids, bruising, restricted eye movement.

Top 20 Clinical EyeCare Websites / Associations

This will be updated often. Below is a list of the top eyecare websites for additional information on:

Glaucoma
Dry Eye Syndrome
Corneal Diseases
Cataracts
Retinal Conditions

Clinical Eye Care Websites

1
Wikepedia Links | Glaucoma | DES | Corneal | Cataracts | Retinal

2
St Lukes Eye Disease Links

3
Docshop Vision Eye Diseases

4
All About Vision

5
American Optometric Associan - Eye Diseases

6
WebMD Eye diseases

7
Revolution Health - Eye Diagnoses

8
Healthline - Common Eye Disorders

9

10
National Eye Institute Website

11
Eye Disease Images (Lots)

12

13

14

15
Amer Assoc for Pediatric Ophthalmology and Strabismus

16

17

18
Visitech Web site - based in New Delhi - India

19

20

Longer List of Common Eye Diseases:

Acanthamoeba
Retinoblastoma
Glaucoma
Diabetic Retinopathy
Macular Degeneration
Cataract
Dry Eye
Blepharitis
Anterior Uveitis
Conjunctivitis
Keratoconus
Retinitis Pigmentosa

Ocular Hypertension

Top Twenty

Vascular Proliferative Lesions

Vascular Proliferative Lesions include port wine stains, large strawberry hemangiomas and other large vascular formations. These types of lesions commonly take up a large surface area of the patient’s skin and therefore, are measured in square centimeters versus lesions that are measured in straight linear fashion.

What are Corneal conditions, Corneal Diseases

Corneal Conditions include:

Eye Allergies: The most common allergies are those related to pollen, particularly when the weather is warm and dry.

Conjunctivitis (Pink Eye). This term describes a group of diseases that cause swelling, itching, burning, and redness of the conjunctiva, the protective membrane that lines the eyelids and covers exposed areas of the sclera, or white of the eye.

Corneal Infections. Sometimes the cornea is damaged after a foreign object has penetrated the tissue, such as from a poke in the eye.

Dry Eye (Syndrome)

Fuchs' Dystrophy. is a slowly progressing disease that usually affects both eyes and is slightly more common in women than in men.

A corneal dystrophy is a condition in which one or more parts of the cornea lose their normal clarity due to a buildup of cloudy material. There are over 20 corneal dystrophies that affect all parts of the cornea.

Herpes Zoster (Shingles). This infection is produced by the varicella-zoster virus, the same virus that causes chickenpox.

Keratoconus. This disorder--a progressive thinning of the cornea--is the most common corneal dystrophy in the U.S., affecting one in every 2000 Americans. It is more prevalent in teenagers and adults in their 20s. Keratoconus arises when the middle of the cornea thins and gradually bulges outward, forming a rounded cone shape. This abnormal curvature changes the cornea's refractive power, producing moderate to severe distortion (astigmatism) and blurriness (nearsightedness) of vision. Keratoconus may also cause swelling and a sight-impairing scarring of the tissue.

Iridocorneal Endothelial Syndrome. More common in women and usually diagnosed between ages 30-50, iridocorneal endothelial (ICE) syndrome has three main features: (1) Visible changes in the iris, the colored part of the eye that regulates the amount of light entering the eye; (2) Swelling of the cornea; and (3) The development of glaucoma, a disease that can cause severe vision loss when normal fluid inside the eye cannot drain properly. ICE is usually present in only one eye.

Lattice Dystrophy. Lattice dystrophy gets its name from an accumulation of amyloid deposits, or abnormal protein fibers, throughout the middle and anterior stroma.

Map-Dot-Fingerprint Dystrophy. occurs when the epithelium's basement membrane develops abnormally (the basement membrane serves as the foundation on which the epithelial cells, which absorb nutrients from tears, anchor and organize themselves).

Ocular Herpes. Herpes of the eye is a recurrent viral infection that is caused by the herpes simplex virus and is the most common infectious cause of corneal blindness in the U.S.

Studies indicate that keratoconus stems from one of several possible causes:

Pterygium. A pterygium is a pinkish, triangular-shaped tissue growth on the cornea.

Stevens-Johnson Syndrome. Stevens-Johnson Syndrome (SJS), also called erythema multiforme major, is a disorder of the skin that can also affect the eyes.

A corneal transplant involves replacing a diseased or scarred cornea with a new one. When the cornea becomes cloudy, light cannot penetrate the eye to reach the light-sensitive retina. Poor vision or blindness may result.

In corneal transplant surgery, the surgeon removes the central portion of the cloudy cornea and replaces it with a clear cornea, usually donated through an eye bank. A trephine, an instrument like a cookie cutter, is used to remove the cloudy cornea. The surgeon places the new cornea in the opening and sews it with a very fine thread. The thread stays in for months or even years until the eye heals properly. Following surgery, eye drops to help promote healing will be needed for several months.

Diagnostic Tests include:

Procedures for Glaucoma Include:

Coding Issues:

Additional Information:

Detailed Cornea anatomy (Illustration)

http://www.nei.nih.gov/resources/strategicplans/neiplan/frm_corneal.asp

What is a vascular proliferative lesion?

17106 — Destruction cutaneous vascular proliferative lesions (e.g., laser technique): less than 10 square centimeters.
17107 — Destruction cutaneous vascular proliferative lesions (e.g., laser technique): 10.0 to 50.0 square centimeters.
17108 — Destruction cutaneous vascular proliferative lesions (e.g., laser technique): over 50.0 square centimeters.

The terms “vascular” and “proliferative.” refer to port wine stains, large strawberry hemangiomas and other large vascular formations.

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Age Related Macular Degeneration

ICD-9 codes related to ARMD

What is Age-Related Macular Degeneration (ARMD)

ARMD is: ggg

Diagnostic Tests include: gggg

Procedures for Glaucoma Include: gggg

Coding Issues: gggg

Additional Information: ggggg

Cataracts

ICD_9 codes related to Cataracts

BCBS-OH Anthem paid on 92015 with cataracts

Reported BCBS-OH Anthem billed cataracts and 92015 paid in Cleveland OH;

Hypermature cataracts

Hypermature cataracts - use dye to sustain the capsule.

The patient with phacolytic glaucoma is typically elderly with a history of progressively worsening vision from pre-existing cataracts. Vision typically is reduced to light perception range, but the patient may have no light perception due to a hypermature cataract and the glaucomatous process. There may be movement of the lens as the patient's eye moves (phacodonesis), indicating a loss of zonular support.

The patient will experience ocular pain, sometimes quite severe. There will be anterior segment inflammation with an anterior chamber reaction. A hypermature lens is invariably present. The intumescence of the lens prevents observation of the fundus ophthalmoscopically. Intraocular pressure is elevated and asymmetric. Due to the types of inflammatory cells present, development

of synechiae is uncommon.

What are Cataracts

Cataracts are: a clouding of the crystalline lens of the eye or in its envelope, varying in degree from slight to complete opacity and obstructing the passage of light. Early in the development of age-related cataract the power of the lens may be increased, causing near-sightedness (myopia), and the gradual yellowing and opacification of the lens may reduce the perception of blue colours. Cataracts typically progress slowly to cause vision loss and potentially blindness.

Diagnostic Tests include:

- Vision Tests (Snellen Eye Chart)
- Visual acuity test
- Glare sensitivity
- Tests of macular function
- Ophthalmoscopy
- Tonometry

Procedures for Glaucoma Include: Surgery is the only way to correct vision loss caused by cataracts. Surgery involves removing the clouded lens of the eye (the cataract). The lens can be replaced with an artificial lens called an intraocular lens implant (IOL). Or, if an IOL cannot be used for any reason, it will be left out and contact lenses or, rarely, eyeglasses can compensate for its absence.

Coding Issues: Always make sure ICD-9 linking supports medical necessity. Be sure to use correct modifiers on all procedures.

Additional Information:

http://en.wikipedia.org/wiki/Cataracts

Diabetic eye diseases

Diabetic eye diseases: Glaucoma, Cataracts, Retinopathies

MCD-NM Coding for dilated exam for diabetic patients

Attached is a three page document for MCO for coding and reporting of dilated exams (and HEDIS information as well)

Dry Eye Syndrome
Dry Eye Syndrome Diagnoses

Dry Eye Syndrome

Feb 2008 article on dry eye syndrome

http://www.revoptom.com/index.asp?page=2_13706.htm

It will open a new window

Dry Eye Syndrome DES articles definition

Dry Eye syndrome articles

http://findarticles.com/p/articles/mi_qa3921/is_200403/ai_n9369147

Odyssey Med

http://www.odysseymed.com/des/whatisdes.php

Dry Eye Syndrome (DES) is a common condition that affects up to 10% of the population between the ages of 30 and 45 years, increasing up to 20% of the population 45 years and older. DES produces ocular irritation, blurred and fluctuating vision and increases the risk of sight-threatening corneal infection and ulceration. The histological effects of DES can include abnormal proliferation and differentiation of the ocular surface epithelium with decreased density of conjunctival goblet cells and decreased and abnormal production of mucus by the ocular surface epithelium.

Dry eye disease is a chronic disease, the symptoms and signs of which are greatly influenced by environmental factors, such as humidity and air movement, as well as the demands of certain visual tasks, such as reading or use of a computer.

Typical symptoms of DES are burning, itching, foreign body sensation, stinging, dryness, photophobia, ocular fatigue, and redness. Dry eye disease is a chronic disease, the symptoms and signs of which are greatly influenced by environmental factors, such as humidity and air movement, as well as the demands of certain visual tasks, such as reading or use of a computer.

What is Dry Eye Syndrome

Dry Eye Syndrome includes itching, burning, and irritation of the eyes. It is usually caused by the quality of the tears that lubricate our eyes. As we age, our bodies produce less oil to seal the eyes' watery layer. Hot, arid climates, air conditioning, certain medicines, and irritants such as cigarette smoke can all increase dryness. Over ten million Americans suffer from dry eyes.

Other definitions include: Keratoconjunctivitis sicca (KCS), keratitis sicca, sicca syndrome, xerophthalmia, dry eye syndrome (DES), or simply dry eyes, ICD-9 Codes: 370.33, 710.2

Diagnostic Tests include:

Slit lamp exam of the thickness and the stability of the tear film and a corneal exam for dryness or

damage.
FA
Schirmers Test (included with the intermediate and comprehensive eye Exam)
Blood Tests
Biopsy of the salivary glands

Procedures for Dry Eye Syndrome include: Using artificial tears and the insertion of punctal plugs (CPT 68761.)

Coding Issues: Most Medicare carriers will have an LCD for Punctal Plugs. Be sure to follow and document the diagnostic tests performed and the outcome of both artificial tears and temporary punctal plugs. Be sure the ICD-9 linking supports medical necessity.

Additional Information:

http://en.wikipedia.org/wiki/Keratoconjunctivitis_sicca

http://www.stlukeseye.com/Conditions/DryEyeSyndrome.asp

The WebMD article below is very good and very comprehensive.

http://www.webmd.com/eye-health/dry-eye-syndrome

Dry Eye Syndrome Video

E Codes

E ICD-9 Codes: Poisonings, Adverse Effects, Accidents Workers Comp

ICD-9 E codes New York

Reported that E codes for accidents are mandatory in NYC (Dec 09)

Glaucoma

Glaucoma ICD-9 Codes

Dx: How do I report high intraocular pressure?

Code 365.01 Borderline glaucoma / glaucoma suspect, particularly if the findings are negative or inconclusive.

Glaucoma: four types

There are four main types of glaucoma:

1. Primary open angle glaucoma (POAG): also known as chronic glaucoma is the most common type of glaucoma. POAG is associated with a build up of aqueous fluid pressure with in the eye, which can lead to visual field loss and optic nerve damage usually without any associated pain or discomfort. There is no abnormality in the anterior chamber angle; however, the aqueous fluid is unable to flow

correctly.

2. Closed angle glaucoma: is a condition in which the fluid at the front of the eye cannot reach the angle and leave the eye. The angle is blocked by part of the iris. People with this type of glaucoma have a sudden increase in eye pressure. Symptoms include severe pain and nausea, as well as redness of the eye and blurred vision.

3. Congenital glaucoma: present at birth is often hereditary and results in defective development of the fluid drainage channels of the eye.

4. Secondary glaucoma: is caused by other diseases, including eye diseases such as uveitis, systemic diseases, and by some drugs.

Optomizing Glaucoma Reimbursement

article on coding, documentation and reporting for glaucoma patients.

http://www.ophmanagement.com/article.aspx?article=86455

Pachymetry - 76514

While individual LCDs vary, the linked ICD-9 diagnosis will determine whether you're paid on pachymetry.

Pachymetry can be allowed: 1. Annually in patients:
With corneal grafts;
With keratoconus; or
Aphakic patients with contact lenses.

More frequent examination can be allowed with proper documentation in the case of transplant rejection. 2. Once (per lifetime):
Pre-operative corneal surgery; and
Glaucoma patients.

What is Glaucoma

Glaucoma is: one of the leading causes of blindness. It causes elevated intraocular pressure (IOP) which can damage to the optic nerve. Elevated IOP occurs when the clear fluid that nourishes the tissues of the eye does not drain properly, causing fluid buildup and subsequent pressure. Over time, elevated IOP will damage the optic nerve and cause vision loss. Glaucoma cannot be cured, but it can be treated in one of two ways: medication or surgery. Both of these glaucoma treatments are aimed at lowering intraocular pressure. Medication is the first line of treatment.

Diagnostic Tests include:

Tonometry

Ophthalmoscopy

Perimetry

Gonioscopy

Scanning laser polarimetry, GDX, OCT, HRT, Fiber Analyser (CPT: 92135)

Pachymetry test (for measuring corneal thickness)

Procedures for Glaucoma Include:
Filtering microsurgery involves creating a drainage hole with the use of a small surgical tool.

- Laser trabeculoplasty
- Iridotomy
- Iridectomy
- Filtering procedures: penetrating vs. non-penetrating
- Goniotomy and trabeculotomy
- Tube-shunt surgery or drainage implant surgery
- Canaloplasty
- Cyclocryotherapy, or cyclocryopexy
- Cyclodiathermy

During laser surgery, a tiny but powerful beam of light is used to make several small scars in the eye’s trabecular meshwork (the eye’s drainage system). The scars help increase the flow of fluid out of the eye.

Filtering microsurgery involves creating a drainage hole with the use of a small surgical tool.

Coding Issues:
Additional Information:

http://en.wikipedia.org/wiki/Glaucoma

http://en.wikipedia.org/wiki/Glaucoma_surgery

http://www.glaucoma.org/learn/index.php

High Risk Medications

List and billing issues associated with screenings and adverse effects from medications.

There are no articles in this category.

Non-Refractive Diagnoses

Non-Refractive Diagnoses that may support 92015 - Refraction Services.

There are no articles in this category.

V Codes

V ICD-9 Codes: screenings, History of

adverse effects

V67.51 Completion of the use of a drug with adverse effects (such as Plaquenil)

Coding for adverse effects

When coding V58.69 long term use of medication also code the condition, i.e., Plaquenil code for Lupus or Rheumatoid arthritis.

Common V Codes for Eye care

V 53.1 Fitting and adjustment of Contact Lens or Spectacles

Use this code only when it is the sole reason for the visit – note that it cannot be used as a primary Dx code – you must use the associated refractive code as the primary code and v53.1 as a secondary code.

V 58.69 Long-term (current) use of other high-risk medications

For example – Patients on Plaquenil (unless they have stopped the medication in which case use V67.51 Following completed treatment with high-risk medications, not elsewhere classified

V 65.5 Feared Complaint – Condition Not Demonstrated

Example – patient’s mom has cataracts, she is worried she might also and wants her eyes checked. Note that if it is determined that the patient actually does have the condition that

will be the primary code (V65.5 not used in that case)

V58.71 Aftercare following surgery of sensory organ

Use this code for routine follow-ups on Refractive surgery patients to include the 12 month visit (for tracking purposes). Do not use past the 12 month visit.

V 67.9 Unspecified Follow-up Exam

Use this code on final follow-up visits where the initial condition has resolved. For example – a corneal ulcer patient returns and the ulcer is completely healed, patient will be released from care.

V 68.0 Issue of Medical Certificate

The code V68.0 will be used when there is no medical indication for the encounter, the patient’s reason for the encounter was solely to obtain a medical certificate (ex – fill out a driver’s license renewal form), and no symptoms/conditions/diseases were evaluated or treated.

V 68.1 Issue of Repeat Prescriptions

Use this code for medication refills and duplicate glasses / contact lens Rx’s

V 68.81 Referral of Patient Without Exam or Treatment

Use this code on those occasions where you put in a referral for a patient you did not examine, you only spoke with the patient about the reasons why they need the referral

V 72.83 Other Specified Pre-Op Exam

Use this code as the primary code for your refractive surgery referral examinations

Long-term use of drug - High Risk Medication - V58.69

Use ICD-9 Code V58.69 for Long-term (current) use of medications (for example, Plaquenil) Other high-risk medications

Less known is code V67.51 Following completed treatment with high-risk medication, not elsewhere classified Excludes: long-term (current) drug use (V58.61-V58.69)

This code is used after a course of treatment is completed. Reported that a carrier did pay on this code.

Routine Eye Exam - what is it?

The phrase Routine Eye Exam or Routine Vision Exam is often misinterpreted. There is no specific Code. Yes, there are two HCPCS codes S0620 S0621 for Routine Eye exam plus refraction, but, contrary to many postings, these are rarely used nationwide and most insurance companies do not accept them. I am posting all carriers that require or accept them to this forum. A routine eye exam is an ICD-9 code, not a CPT code, In other words, if the patient is perfectly healthy and there is no sign, symptom, disease or V code (family history or screening) to link to the encounter, then code V72.0 Routine Eye Exam and I would report either a 920x2 or an 920x4 Eye Exam code. While an E & M Code like 99213 could be used, note that there is no specific Chief complaint (CC) or HPI (History of Present Illness) so even a Level III code may be difficult to justify. Note that in primary care, an office visit code 992xx would NOT be used for a "well visit" or "annual checkup" A Preventive Medicine E & M Code would be reported. A "well visit" in eyecare is called a "routine eye exam." Also I have rarely, and cannot report one instance of the use of the Screening G codes G0117 and G0118. Please comment if your experience varies.

Corneal Diseases

Diseases of the cornea, Keratoconus

Diseases of the Cornea Ketatoconus Corneal Transplants

Keratoconus. This disorder--a progressive thinning of the cornea--is the most common corneal dystrophy in the U.S., affecting one in every 2000 Americans. It is more prevalent in teenagers and adults in their 20s. Keratoconus arises when the middle of the cornea thins and gradually bulges outward, forming a rounded cone shape. This abnormal curvature changes the cornea's refractive power, producing moderate to severe distortion (astigmatism) and blurriness (nearsightedness) of vision. Keratoconus may also cause swelling and a sight-impairing scarring of the tissue.

Keratoconus and 92070

Many carriers will pay for Bandage Contact lenses 92070 for keratoconus (ICD-9 371.60 - 371.62) which is a: non-inflammatory eye condition in which the normally round dome-shaped cornea progressively thins causeing a cone-like bulge to develop. Severe cases of keratoconus may require hard or gas-permeable contact lenses. Check your local LCD for more information.