

CHAPTER 7

DISEASES OF THE EYE AND ADNEXA (H00-H59)

CHAPTER SPECIFIC CATEGORY CODE BLOCKS

- H00-H05 Disorders of eyelid, lacrimal system and orbit
- H10-H11 Disorders of conjunctiva
- H15-H22 Disorders of sclera, cornea, iris and ciliary body
- H25-H28 Disorders of lens
- H30-H36 Disorders of choroid and retina
- H40-H42 Glaucoma
- H43-H44 Disorders of vitreous body and globe
- H46-H47 Disorders of optic nerve and visual pathways
- H49-H52 Disorders of ocular muscles, binocular movement, accommodation and refraction
- H53-H54 Visual disturbances and blindness
- H55-H57 Other disorders of eye and adnexa
- H59 Intraoperative and postprocedural complications and disorders of eye and adnexa, not elsewhere classified

CHAPTER NOTES

- Chapter seven is an entirely new chapter in ICD-10-CM.
- In ICD-9-CM, the conditions classified in this chapter are located in Chapter 6: Diseases of the Nervous System and Sense Organs.
- Some categories in Chapter 7 have undergone title changes to reflect the terminology used today.
- For example, ICD-9-CM uses **senile cataract** while ICD-10-CM utilizes the descriptor **age- related cataract**.
- Use an external cause code following the code for the eye condition, if applicable, to identify the cause of the eye condition.
- If the option of bilateral is not available (e.g., eczematous dermatitis of eyelid), and the condition is present in both eyes, it is correct to assign the code for right and left.

CHAPTER NOTES (cont.)

- Multiple codes in the H40 category require these seventh characters to designate the stage of the glaucoma:
 - 0-stage unspecified (only to be used when there is no documentation regarding the stage of glaucoma)
 - 1-mild stage
 - 2-moderate stage
 - 3-severe stage
 - 4-indeterminate stage (only used for glaucomas whose stage cannot be clinically determined, should not be confused with seventh character “0”)

VISUAL IMPAIRMENT

- This table gives a classification of severity of visual impairment recommended by a WHO Study Group on the Prevention of Blindness, Geneva, 6-10 November 1972. The term 'low vision' in category H54 comprises categories 1 and 2 of the table, the term 'blindness' categories 3, 4 and 5, and the term 'unqualified visual loss', category 9. If the extent of the visual field is taken into account patients with a field no greater than 10 but greater than 5 around central fixation should be placed in category 3 and patients with a field no greater than 5 around central fixation should be placed in category 4, even if the central acuity is not impaired.

Category of visual Impairment	Visual acuity with best possible correction	
	Maximum less than:	Minimum equal to or better than:
	6/18	6/60
3/10(0.3)	1/10(0.1)	
20/70	20/200	
	6/60	3/60
1/10(0.1)	1/20(0.05)	
20/200	20/400	
	3/60	1/60(finger counting at one meter)
1/20(0.05)	1/50(0.02)	
20/400	5/300(20/1200)	
	1/60(finger counting at one meter)	Light perception
1/50(0.02)		
5/300		
	No light perception	
	Undetermined or unspecified	

GLAUCOMA

Assigning Glaucoma Codes

- Assign as many codes from category H40, Glaucoma, as needed to identify the type of glaucoma, the affected eye, and the glaucoma stage.

Bilateral glaucoma with same type and stage

- When a patient has bilateral glaucoma and both eyes are documented as being the same type and stage, and there is a code for bilateral glaucoma, report only the type for the type of glaucoma, bilateral, with the seventh character for the stage.
- When a patient has bilateral glaucoma and both eyes are documented as being the same type and stage, and the classification does not provide a code for bilateral glaucoma (i.e. subcategories H40.10, H40.11 and H40.20) report only one code for the type of glaucoma with the appropriate seventh character for the stage.

GLAUCOMA (cont.)

Bilateral glaucoma stage with different types or stages

- When a patient has bilateral glaucoma and each eye is documented as having a different type or stage, and the classification distinguishes laterality, assign the appropriate code for each eye rather than the code for bilateral glaucoma.
- When a patient has bilateral glaucoma and each eye is documented as having a different type, and the classification does not distinguish laterality (i.e. subcategories H40.10, H40.11 and H40.20), assign one code for each type of glaucoma with the appropriate seventh character for the stage.
- When a patient has bilateral glaucoma and each eye is documented as having the same type but different stage, and the classification does not distinguish laterality i.e. subcategories H401.10, H40.11 and H40.20), assign a code for the type of glaucoma for each eye with the seventh character for the specific glaucoma stage documented for each eye.

GLAUCOMA (cont.)

Patient admitted with glaucoma and stage evolves during the admission

- If a patient is admitted with glaucoma and the stage progresses during the admission, assign the code for the highest stage documented.

Indeterminate stage glaucoma

- Assignment of the seventh character “4” for “indeterminate stage” should be based on the clinical documentation.
- The seventh character “4” is used for glaucoma whose stage cannot be clinically determined.
- This seventh character should not be confused with the seventh character “0”, unspecified, which should be assigned when there is no documentation regarding the stage of the glaucoma.

GLAUCOMA (cont.)

Bilateral glaucoma stage with different types or stages

- When a patient has bilateral glaucoma and each eye is documented as having a different type or stage, and the classification distinguishes laterality, assign the appropriate code for each eye rather than the code for bilateral glaucoma.
- When a patient has bilateral glaucoma and each eye is documented as having a different type, and the classification does not distinguish laterality (i.e. subcategories H40.10, H40.11 and H40.20), assign one code for each type of glaucoma with the appropriate seventh character for the stage.
- When a patient has bilateral glaucoma and each eye is documented as having the same type but different stage, and the classification does not distinguish laterality i.e. subcategories H401.10, H40.11 and H40.20), assign a code for the type of glaucoma for each eye with the seventh character for the specific glaucoma stage documented for each eye.

CODING EXAMPLES

1. This 40-year-old woman presents to her physician with bilateral eye pain. Her condition is diagnosed as nonulcerative bilateral blepharitis of the upper eyelids. What is the correct diagnosis coding for this case?

Answer: H01.001 Blepharitis (angularis) (ciliaris) (eyelid) (marginal) (nonulcerative), right, upper
H01.004 Blepharitis (angularis) (ciliaris) (eyelid) (marginal) (nonulcerative), left, upper

Rationale: Blepharitis is an inflammation of the eyelash follicles along the edge of the eyelid. In ICD-10-CM, blepharitis is subdivided between right and left eyes and also upper and lower eyelids.

CODING EXAMPLES (cont.)

2. Code the following diagnosis: Recurrent pterygium, bilateral

Answer: H11.063 Pterygium (eye), recurrent. See Tabular for correct code assignment.

Rationale: Pterygium is a non-cancerous growth of the clear, thin tissue that lies over the conjunctiva. No treatment is required unless the pterygium begins to block vision. ICD-10-CM provides codes to identify pterygium of the left, right, or bilateral eyes.

CODING EXAMPLES (cont.)

3. This elderly woman is seen in the clinic for follow-up of her age-related nuclear cataract. At this time, it is only in her left eye. Code the correct diagnosis for this case.

Answer: H25.12 Cataract (cortical) (immature) (incipient), age-related – see Cataract, senile, nuclear (sclerosis)

Rationale: With a diagnosis of age-related cataract, ICD-10-CM directs the coder to “senile cataract,” which is further specified by right, left, or bilateral.

CODING EXAMPLES (cont.)

4. This is a visit for this patient with moderate primary open-angle glaucoma of the left eye. What is the correct diagnosis code for this case?

Answer: H40.11X2 Glaucoma, open angle, primary. See Tabular for complete code assignment.

Rationale: Review of the tabular at code H40.11 indicates the need for a seventh character to designate the stage of the glaucoma. Primary open-angle glaucoma is characterized by visual field abnormalities and intraocular pressure that is too high for the continued health of the eye. In this case, ICD-10-CM does not have separate codes to identify specific eyes.

CODING EXAMPLES (cont.)

5. This patient presents to his physician with continued eye problems following cataract surgery. Ultimately, this is diagnosed as bullous keratopathy, left eye, due to cataract surgery. What is the correct diagnosis code(s)?

Answer: H59.012 Keratopathy, bullous (aphakic), following cataract surgery

Rationale: Bullous keratopathy, or corneal edema, is often sequelae of cataract extraction. In ICD-10-CM, codes for both keratopathy and keratopathy due to cataract surgery are provided. These codes are further subdivided by laterality.

CODING EXAMPLES (cont.)

6. This elderly woman was being treated for her right eye age-related cortical cataract at this day-surgery center. After the procedure was completed, the patient suffered a postoperative hemorrhage of the eye. This was addressed by the surgeon. What is the correct diagnosis code(s)?

Answer:

H25.011 Cataract (cortical) (immature) (incipient), age-related, see Cataract, senile, cortical

H59.311 Hemorrhage, postoperative, see Complications, postprocedural, hemorrhage, by site Complication(s) (from) (of), postprocedural, hemorrhage (hematoma) (of), eye and adnexa, following ophthalmic procedure

Y92.530 Index to External Causes, Place of occurrence, outpatient surgery center

Rationale: Complication codes in ICD-10-CM are differentiated between intraoperative and postoperative. In this case, the primary diagnosis is the cataract and the postoperative complication is listed as a secondary diagnosis. A place of occurrence code can be added to indicate that this occurred in a day surgery center. This code includes an outpatient surgery center connected with a hospital. Per Coding Guideline I.C.19.g.4, an external cause of injury code is not required as the complication code has the external cause included in the code.

TRAINING SOURCES

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