ICD-10-CM TRAINING
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Mental Disorders
Eye Disorders

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Pain disorders with psychological factors

F45.41

Excludes 1 note: Do not use G89 (chronic pain code)

F45.42

Pain disorders with related psychological factors

Should be used with G89 pain not-elsewhere classified if there is documentation of a psychological component for the patient with acute or chronic pain.
Mental/Behavioral disorders due to substance abuse

Alcohol, Drug abuse
In Remission:
F10-F19
F10.21 Alcohol dependence in remission

Do not code to “in remission” without physician’s documentation even if history states the patient does not use drugs now. The physician must document –
“Drug abuse is in remission”
Psychoactive substance use, abuse, and dependence

Alcohol, opiate, cannabis or other drug

When documentation is conflicting:

• If both use and abuse documented – code to abuse
• If both abuse and dependence documented – code dependence
• If use, abuse and dependence are all documented, code dependence
• If use and dependence are documented – code dependence
Psychoactive substance use

Follow same coding guidelines –
• code based on physician documentation
• Code when they meet the definition of a reportable diagnosis

• Codes should only be used when the psychoactive substance use is associated with a mental or behavioral disorder, and the relationship is documented by the provider.
Vascular dementia or "multi-infarct dementia" is dementia caused by problems in supply of blood to the brain, typically by a series of minor strokes. This type of dementia was previously referred to as "multi-infarct dementia", and also hardening of the arteries. Vascular dementia is the second most common form of dementia after Alzheimer's disease (AD) in older adults. Multi-infarct dementia (MID) is thought to be an irreversible form of dementia, and its onset is caused by a number of small strokes or sometimes, one large stroke preceded or followed by other smaller strokes. The term refers to a group of syndromes caused by different mechanisms all resulting in vascular lesions in the brain. Early detection and accurate diagnosis are important, as vascular dementia is at least partially preventable.

F01.50 without behavioral disturbances
F01.51 with behavioral disturbances
Delirium due to known causes

F05

Due to subacute brain syndrome
Due to subacute infective psychosis
Delirium superimposed on dementia
Sundowning
Delirium due to mixed etiology
Schizotypal disorders

F21

Schizophrenia with affective disorder
Schizotypal personality disorder
Borderline schizophrenia
Prepsychotic schizophrenia
Latent schizophrenia
The eye
The eye is a slightly asymmetrical globe, about an inch in diameter. The front part of the eye (the part you see in the mirror) includes:

- The iris (the pigmented part)
- The cornea (a clear dome over the iris)
- The pupil (the black circular opening in the iris that lets light in)
- The sclera (the white part)
- The conjunctiva (a thin layer of tissue covering the front of the eye, except the cornea)

Just behind the iris and pupil lies the lens, which helps to focus light on the back of the eye. Most of the eye is filled with a clear gel called the vitreous. Light projects through the pupil and the lens to the back of the eye. The inside lining of the eye is covered by special light-sensing cells that are collectively called the retina. The retina converts light into electrical impulses. Behind the eye, the optic nerve carries these impulses to the brain. The macula is a small extra-sensitive area within the retina that gives central vision. It is located in the center of the retina and contains the fovea, a small depression or pit at the center of the macula that gives the clearest vision.

Eye color is created by the amount and type of pigment in the iris. Multiple genes inherited from each parent determine a person’s eye color.
Eye Disorders

The coding guidelines in ICD-10-CM pertain to glaucoma:

• Assigning glaucoma codes
• Bilateral glaucoma with same type and stage
• Bilateral glaucoma with different type or stages
• Patients admitted with glaucoma with evolution of stage of the disease during the admission
• Indeterminate stage of glaucoma
Assign as many codes from category:

- To identify the **type** of glaucoma
- To identify the **affected eye**
- To identify the glaucoma **stage**
Bilateral glaucoma with same type and stage for both eyes:
• Use stage for bilateral glaucoma if available
• Use 7th character for the stage of glaucoma

If a bilateral classification is not available:
• Report only one code for the type of glaucoma with the appropriate seventh character for the stage.
  H40.10, H40.11 and H20.20
Bilateral glaucoma with same type and stage for both eyes:

• Use stage for bilateral glaucoma if available
• Use 7th character for the stage of glaucoma

If a bilateral classification is not available:

• Report only one code for the type of glaucoma with the appropriate seventh character for the stage.
  H40.10, H40.11 and H20.20
Bilateral glaucoma with different types or stages:

• If the classification distinguishes laterality – assign the code for each eye rather than the code for bilateral

• When the patient has bilateral glaucoma with each eye documented as having a different type and classification does not distinguish laterality: H40.10, H40.11, H40.20

  Assign one code for each type of glaucoma with 7th character for the stage of the disease

• With Bilateral glaucoma – each eye has the same type but different stage, and the classification does not distinguish laterality with subcategory codes H40.10, H40.11 and H40.20

  Assign a code for the type of glaucoma for each eye – 7th character for the specific glaucoma stage documented for each eye.
Glaucoma evolves during the current admission:

• 7th character of the code “4” indeterminate stage should be based on the clinical documentation. This is the code when the stage cannot be determined.
• 7th character should not be confused with the 7th character of “0” unspecified.
• 7th character of “0” should be assigned when there is no documentation regarding the stage of the glaucoma.
Glaucoma

Bilateral moderate Glaucoma secondary to drugs:

H40.63x2

7th character is severity of disease
Glaucoma

Scenario: Bilateral open-angle glaucoma, mild with low tension
        H40.1231
        same type, same severity

Scenario: Bilateral open-angle glaucoma, with low tension
        R. Mild H40.1211
        L. severe H40.1223

Scenario: Bilateral glaucoma – R. eye mild chronic angle closure
        H40.2211
        L. eye angle closure – H40.212
Eye Conditions:

**Age-related macular degeneration**: A loss of central vision.

**Amblyopia** (lazy eye): One eye sees better than the other as a result of not using the other eye during childhood. The weaker eye may or may not “wander.” The weaker eye is called the "lazy eye."

**Astigmatism**: A defect that causes an inability to properly focus light onto the retina. Astigmatism causes blurry vision that can be corrected with glasses, contact lenses, or, in some cases, surgery.

**Black eye**: Swelling and discoloration (bruise) around the eye as a result of injury to the face.

**Blepharitis**: Inflammation of the eyelids near the eyelashes. Blepharitis is a common cause of itching or a feeling of grit in the eyes.

**Cataract**: A clouding of the natural internal lens of the eye, which can cause blurred vision.

**Chalazion**: An oil-making gland gets blocked gets blocked and swells into a bump.

**Conjunctivitis**: Also known as "pinkeye," conjunctivitis is an infection or inflammation of the conjunctiva, the clear layer that covers the front of the eye. It is usually caused by allergies, a virus, or a bacterial infection.

**Corneal abrasion**: A scratch on the clear part of the front of the eye. Pain, light sensitivity, or a feeling of grit in the eye are the usual symptoms.

**Diabetic retinopathy**: High blood sugar damages blood vessels in the eye. Eventually, weakened blood vessels may start leaking or overgrow the retina, threatening vision.

**Diplopia** (double vision): Seeing double can be caused by many serious conditions. Diplopia requires immediate medical attention.
Eye Conditions

**Dry eye**: Either the eyes don’t produce enough tears, or the tears are of poor quality. Dry eye can be caused by medical problems such as lupus, scleroderma, and Sjogren's syndrome.

**Glaucoma**: Progressive loss of vision usually associated with increased pressure inside the eye. Peripheral vision is lost first, often going undetected for years.

**Hyperopia** (farsightedness): Inability to see near objects clearly. The eye is “too short” for the lens, or certain eye muscles have weakened with age.

**Hyphema**: Bleeding into the front of the eye, between the cornea and the pupil. Hyphema is usually caused by trauma.

**Keratitis**: Inflammation or infection of the cornea. Keratitis typically occurs after germs enter a corneal abrasion.

**Myopia** (nearsightedness): Inability to see clearly at a distance. The eye is “too long” for the lens, so light isn’t focused properly on the retina.

**Optic neuritis**: The optic nerve becomes inflamed, usually from an overactive immune system. Painful vision loss in one eye typically results.

**Pterygium**: A thickened conjunctival mass usually on the inner part of the eyeball. It may cover a part of the cornea, causing vision problems.
Eye Conditions

**Retinal detachment**: The retina comes loose from the back of the eye. Trauma and diabetes are common causes of this problem, which often requires urgent surgical repair.

**Retinitis**: Inflammation or infection of the retina. Retinitis may be a long-term genetic condition or result from an infection.

**Scotoma**: A blind or dark spot in the visual field.

**Strabismus**: The eyes do not point in the same direction. The brain may then favor one eye, causing decreased vision (amblyopia) in the other eye.

**Stye**: Bacteria infect the skin on the edge of the eyelid, creating a tender red bump.

**Uveitis** (iritis): The colored part of the eye becomes inflamed or infected. An overactive immune system, bacteria, or viruses can be responsible.
Conclusion
ICD-10-CM Training

If you have any specific questions:

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REFERENCES

• CMS: http://www.cms.gov/Medicare/Coding/ICD10/index.html
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• HCPro Just Coding: http://www.justcoding.com/
QUESTIONS?