

Ophthalmology

A comprehensive illustrated guide
to coding and reimbursement

SAMPLE

— **2017 ICD-10**

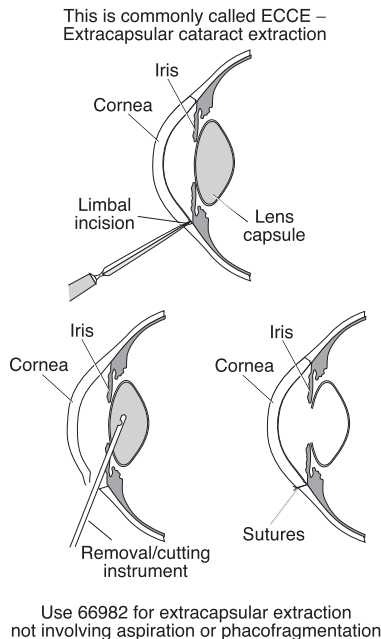
A full suite of resources including the latest code set, mapping products, and expert training to help you make a smooth transition. www.optumcoding.com/ICD10

Contents

Getting Started with Coding Companion	i	Ocular Adnexa.....	199
General Integumentary/Skin	1	Conjunctiva.....	267
Introduction	9	Operating Microscope.....	308
Repair	10	Medicine Services.....	309
Head.....	25	HCPCS	386
Arteries and Veins	37	Appendix.....	387
Extracranial Nerves	39	Correct Coding Initiative Update 21.3	401
Eyeball.....	42	Evaluation and Management Codes	421
Anterior Segment	61	Index.....	441
Posterior Segment	164		

66982

66982 Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage



Explanation

The physician performs a complex extracapsular cataract removal with insertion of an intraocular lens prosthesis in a one-stage procedure. A local anesthetic is injected into the periorbital area. The physician makes a small horizontal incision where the cornea and sclera meet and, upon entering the eye through the incision, gently opens the front of the capsule and removes the hard center, or nucleus, of the lens. Using a microscope, the ophthalmologist suctions out the soft lens cortex, leaving the capsule in place. The area is irrigated and aspirated and an intraocular lens (IOL) (plastic disc that replaces the natural lens) is inserted. The ophthalmologist sutures the incision and instills antibiotic ointment and applies an eye patch. A metal shield is secured over the eye with tape. Standard phacoemulsification may be performed if the lens capsule is intact and sufficient zonular support remains. In capsulorrhexis, the ophthalmologist shatters the cataract nucleus with an ultrasonic oscillating probe. After fragmentation, the phaco probe is inserted into the eye and the cataract is suctioned out through an irrigation-aspiration probe. An IOL is inserted once all of the material is removed. Suture fixation is chosen if both capsular and zonular supports are insufficient and the angle is minimally damaged.

Coding Tips

This is a unilateral procedure. If performed bilaterally, some payers require that the service be reported twice with modifier 50 appended to the second code while others require identification of the service only once with modifier 50 appended. Check with individual payers. Modifier 50 identifies a procedure performed identically on the opposite side of the body (mirror image). Local anesthesia is included in this service. However, this procedure may be performed under general anesthesia, depending on the age and/or condition

of the patient. Note that 66982 is for complex extracapsular cataract removal. If the procedure is not complex, see 66984. This procedure includes the insertion of the intraocular lens. For intraocular lens prosthesis supplied by physician, see 99070. For ultrasonic determination of intraocular lens power, see 76519. For insertion of ocular telescope prosthesis, see 0308T. Supplies used when providing this procedure may be reported with C1780, C1840, Q1004, Q1005, V2630, V2631, V2632, V2787, or V2788. Check with the specific payer to determine coverage.

ICD-10-CM Diagnostic Codes

H21.81	Floppy iris syndrome
H25.011	Cortical age-related cataract, right eye
H25.012	Cortical age-related cataract, left eye
H25.013	Cortical age-related cataract, bilateral
H25.031	Anterior subcapsular polar age-related cataract, right eye
H25.032	Anterior subcapsular polar age-related cataract, left eye
H25.033	Anterior subcapsular polar age-related cataract, bilateral
H25.041	Posterior subcapsular polar age-related cataract, right eye
H25.042	Posterior subcapsular polar age-related cataract, left eye
H25.043	Posterior subcapsular polar age-related cataract, bilateral
H25.091	Other age-related incipient cataract, right eye
H25.092	Other age-related incipient cataract, left eye
H25.093	Other age-related incipient cataract, bilateral
H25.11	Age-related nuclear cataract, right eye
H25.12	Age-related nuclear cataract, left eye
H25.13	Age-related nuclear cataract, bilateral
H25.21	Age-related cataract, morgagnian type, right eye
H25.22	Age-related cataract, morgagnian type, left eye
H25.23	Age-related cataract, morgagnian type, bilateral
H25.811	Combined forms of age-related cataract, right eye
H25.812	Combined forms of age-related cataract, left eye
H25.813	Combined forms of age-related cataract, bilateral
H26.011	Infantile and juvenile cortical, lamellar, or zonular cataract, right eye
H26.012	Infantile and juvenile cortical, lamellar, or zonular cataract, left eye
H26.013	Infantile and juvenile cortical, lamellar, or zonular cataract, bilateral
H26.031	Infantile and juvenile nuclear cataract, right eye
H26.032	Infantile and juvenile nuclear cataract, left eye
H26.033	Infantile and juvenile nuclear cataract, bilateral
H26.041	Anterior subcapsular polar infantile and juvenile cataract, right eye
H26.042	Anterior subcapsular polar infantile and juvenile cataract, left eye
H26.043	Anterior subcapsular polar infantile and juvenile cataract, bilateral
H26.051	Posterior subcapsular polar infantile and juvenile cataract, right eye
H26.052	Posterior subcapsular polar infantile and juvenile cataract, left eye
H26.053	Posterior subcapsular polar infantile and juvenile cataract, bilateral
H26.061	Combined forms of infantile and juvenile cataract, right eye
H26.062	Combined forms of infantile and juvenile cataract, left eye
H26.063	Combined forms of infantile and juvenile cataract, bilateral

H26.111	Localized traumatic opacities, right eye
H26.112	Localized traumatic opacities, left eye
H26.113	Localized traumatic opacities, bilateral
H26.131	Total traumatic cataract, right eye
H26.132	Total traumatic cataract, left eye
H26.133	Total traumatic cataract, bilateral
H26.20	Unspecified complicated cataract
H26.211	Cataract with neovascularization, right eye
H26.212	Cataract with neovascularization, left eye
H26.213	Cataract with neovascularization, bilateral
H26.221	Cataract secondary to ocular disorders (degenerative) (inflammatory), right eye
H26.222	Cataract secondary to ocular disorders (degenerative) (inflammatory), left eye
H26.223	Cataract secondary to ocular disorders (degenerative) (inflammatory), bilateral
H26.231	Glaucomatous flecks (subcapsular), right eye
H26.232	Glaucomatous flecks (subcapsular), left eye
H26.233	Glaucomatous flecks (subcapsular), bilateral
H26.31	Drug-induced cataract, right eye
H26.32	Drug-induced cataract, left eye
H26.33	Drug-induced cataract, bilateral
H26.411	Soemmering's ring, right eye
H26.412	Soemmering's ring, left eye
H26.413	Soemmering's ring, bilateral
H26.491	Other secondary cataract, right eye
H26.492	Other secondary cataract, left eye
H26.493	Other secondary cataract, bilateral
Q12.0	Congenital cataract

HCPCS Equivalent Codes

N/A

Medicare Edits

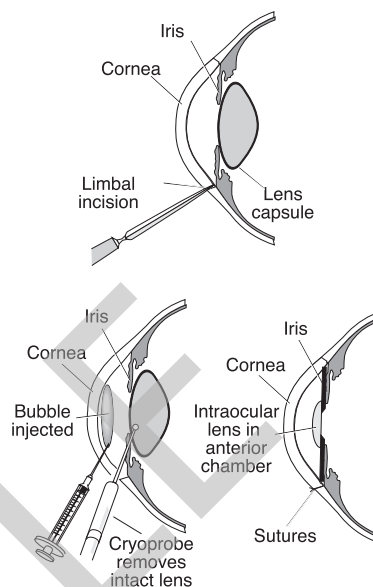
	Fac RVU	Non-Fac RVU	FUD	Status	MUE
66982	22.48	22.48	90	A	1(2)

	Modifiers				Medicare Reference
66982	51	50	N/A	N/A	100-3,10.1; 100-3,80.10
* with documentation					

66983

66983 Intracapsular cataract extraction with insertion of intraocular lens prosthesis (1 stage procedure)

This is commonly called ICCE – Intracapsular cataract extraction



Explanation

Intracapsular cataract extraction (ICCE) is when the lens and capsule are removed intact. The physician inserts an ocular speculum. An incision is made in the corneal-scleral juncture (the limbus). To enhance the flow of fluids in the eye, the physician may punch a hole in the iris before inserting a surgical instrument filled with coolant (cryoprobe) into the anterior chamber. The lens adheres to the cryoprobe as it freezes, and when the cryoprobe is removed, the lens comes with it. The physician injects a bubble of air into the anterior chamber to protect the cornea. The physician places an intraocular lens in the anterior chamber. The optic, or center, of the implant lies centered at the pupil and the haptics (securing attachments) of the implant are wedged in the anterior chamber, fixating the implant so it cannot move. The physician may close the incision with sutures and may restore the intraocular pressure with an injection of water or saline. A topical antibiotic or pressure patch may be applied.

Coding Tips

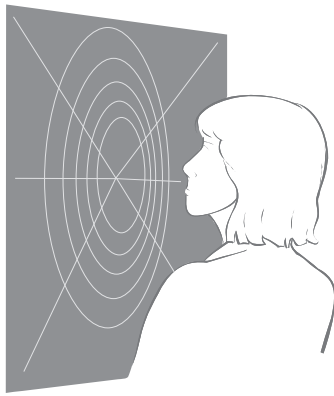
Lateral canthotomy, iridectomy, iridotomy, anterior capsulotomy, posterior capsulotomy, the use of viscoelastic agents, enzymatic zonulysis, and other pharmacologic agents, as well as subconjunctival or sub-Tenon injections, are included as part of this code for the extraction of the lens and should not be reported separately. This procedure is less common than extracapsular extraction and is generally reserved for patients whose natural lenses are not secure. This procedure is generally performed with a retrobulbar injection rather than general anesthesia. This procedure includes the insertion of the intraocular lens. For insertion of an ocular telescope prosthesis, see 0308T. Do not report 0308T in conjunction with 66983. For ultrasonic determination of IOL power, see 76519. Supplies used when providing this procedure may be reported with HCPCS Level II codes C1780, C9447, Q1004, Q1005, V2630, V2631, V2632, V2787, and V2788. Check with the specific payer to determine coverage.

ICD-10-CM Diagnostic Codes

H25.011 Cortical age-related cataract, right eye

92081

92081 Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)



The patient's visual field is examined, including interpretation and report. The test involves a limited examination

Explanation

A visual field test measures the extent of the field of vision as an eye fixates straight ahead, with standard illumination. Any peripheral vision loss or blind spots are documented. The blind spots are plotted on visual field charts. This code reports a limited examination, such as a tangent screen, Autoplot, arc perimeter, or a single stimulus level automated test, such as Octopus 3 or 7. A tangent screen, for example, is a black screen made of felt mounted on the wall that has meridians, blind spot, and degrees from fixation stitched into it. Fixation is the direction of gaze that allows the object's visual image to fall on the central fovea of the retina—the area of most acute vision. With one eye occluded and full distance correction worn, white spots are introduced and the patient is tested at one and/or two meters. The points are transferred from screen to a chart.

Coding Tips

Gross or general visual field examination, such as confrontation testing, provides a general estimate of peripheral vision and is included in general ophthalmologic examination and evaluation. It is not reported separately.

ICD-10-CM Diagnostic Codes

The application of this code is too broad to adequately present ICD-10-CM diagnostic code links here. Refer to your ICD-10-CM book.

HPCS Equivalent Codes

N/A

Terms To Know

acute. Sudden, severe.

bilateral. Consisting of or affecting two sides.

choroid. Thin, nourishing vascular layer of the eye that supplies blood to the retina, arteries, and nerves to structures in the anterior part of the eye.

chronic. Persistent, continuing, or recurring.

macular degeneration. Age-related deterioration of the central portion of the retina (macula), causing blurring of central vision. There are two forms. The more advanced, wet macular degeneration, results from the formation of abnormal blood vessels behind the retina that grow under the macula. These fragile vessels leak blood and fluid and displace the macula from its normal position at the back of the eye. Central vision loss occurs quickly. Dry macular degeneration results from deterioration of the light-sensitive cells in the macula causing gradually blurring central vision. As macular degeneration progresses, central vision can be lost.

neovascularization. Formation of abnormal blood vessels in the eye, often found in diabetic retinopathy, central retinal vein obstruction, or macular degeneration. These blood vessels are fragile and tend to hemorrhage.

peripheral. Outside of a structure or organ.

retina. Layer of tissue located at the back of the eye that is sensitive to light similar to that of film in a camera.

retinal tear. Vitreous detachment that disengages in such a way as to cause a tear in the retina.

retinopathy of prematurity. Disease of the eye found in premature infants and occurring when aberrant blood vessels grow and spread through the tissue lining the back of the eye (retina). When these fragile blood vessels leak, the retina is scarred and displaced, causing retinal detachment. Retinopathy of prematurity is the leading cause of blindness in children.

unilateral. Located on or affecting one side.

visual field. Total area in which objects can be seen in the peripheral vision while the eye is focused on a central point.

vitreous. Clear gel filling the posterior segment of the eye and functioning as a refractive component in vision and as a method of maintaining pressure in the posterior segment.

Medicare Edits

	Fac RVU	Non-Fac RVU	FUD	Status	MUE
92081	0.95	0.95	N/A	A	1(2)

	Modifiers				Medicare Reference
92081	N/A	N/A	N/A	80*	None

* with documentation