ICD-10 Education for Clinicians

Chapter 7 & 8 – Eye and Adnexa, Ear & Mastoid Process
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At the conclusion of this webinar, attendees will be able to:

• Name two (2) general differences between ICD-9 and ICD-10 documentation requirements for eye and ear diseases

• List documentation differences in ICD-10 for glaucoma and cataracts

• List documentation differences in ICD-10 for hearing loss and vertigo
Acceptable Physician Documentation

• “…The term provider is used throughout the guidelines to mean physician or any qualified health care practitioner who is legally accountable for establishing the patient’s diagnosis.” -Official Coding Guidelines Quote

• The providers who are legally responsible for assigning the diagnoses as governed by their practice acts are: MDs, DO’s, FNP’s, ANP’s, PAs.
• Basic documentation requirements include the severity or status of a disease (e.g., acute or chronic), as well as the site, etiology, and any secondary disease process.

• The provider’s confirmation of diagnosis(es) must be present in medical record documentation in order for ultimate code assignment to occur.

• Provider documentation should clearly specify any cause-and-effect relationship between medical treatment and an eye or ear disorder.
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REMINDER SLIDES FOR HOME HEALTH AND HOSPICE

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“M1022: Secondary Diagnoses - the intent of this item is to accurately report and code the patient’s secondary home health diagnoses and document the degree of symptom control for each diagnosis. Secondary diagnoses are comorbid conditions that exist at the time of the assessment, that are actively addressed in the patient’s Plan of Care, or that have the potential to affect the patient’s responsiveness to treatment and rehabilitative prognosis.”
The CMS clinical collaborative effort solicited comments on defining "related conditions" to mean: "Those conditions that result directly from terminal illness; and/or result from the treatment or medication management of terminal illness; and/or which interact or potentially interact with terminal illness; and/or which are contributory to the symptom burden of the terminally ill individual; and/or are conditions which are contributory to the prognosis that the individual has a life expectancy of 6 months or less".
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CHAPTER 7- DISEASES OF THE EYE AND ADNEXA
Documenting diseases of the eye and adnexa can be difficult due to the complex anatomic structures of the ocular system.

ICD-10-CM body sites are much more specific and require documentation of the laterality for paired body parts and *upper versus lower sites* as in right upper eyelid or right lower eyelid.

Documentation become increasingly difficult due to the distinctive language of ophthalmology. Most terms are derived from Greek and Latin words.
Now we will focus on some of the more frequently reported eye diseases in home care that have different documentation requirements in ICD-10-CM: glaucoma and cataracts.
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SPECIFIC DOCUMENTATION REQUIRED – EYE DISEASES
Glaucoma is an eye disease that gradually causes peripheral vision degradation caused by an increase in intraocular pressure (IOP) from abnormal aqueous humor outflow from the anterior chamber or decreased aqueous humor production by the ciliary body.

If left untreated, increased pressure leads to optic nerve damage and blindness.

The most common type of glaucoma is a chronic condition called open angle glaucoma that develops painlessly over time.
Glaucoma I-9 vs I-10 Terminology

ICD-9 Terms Required
• Glaucoma with stage documented

ICD-10 Terms Required
• Glaucoma documentation requires:
  – specific type
  – laterality
  – stage (severity); not required under suspect conditions
Glaucoma Types

- Glaucoma suspect
- Open-angle glaucoma
- Primary angle-closure glaucoma
- Secondary glaucoma
- Other: Aqueous misdirection, Hypersecretion glaucoma, With increased episcleral venous pressure
Glaucoma Laterality

- Right eye
- Left eye
- Bilateral
- Unspecified
• 0 – Stage unspecified
• 1 – Mild stage
• 2 – Moderate stage
• 3 – Severe stage
• 4 – Indeterminate stage
• Borderline open angle glaucoma: level of risk (low or high) should be specifically documented to report appropriate severity level
• Documentation of underlying causal condition needed for following types:
  – Glaucoma secondary to eye trauma
  – Glaucoma secondary to eye inflammation
  – Glaucoma secondary to drugs
  – Glaucoma secondary to other eye disorders
  – Glaucoma in disease classified elsewhere (documentation must specify underlying causal disease)
Senile cataracts, now more commonly referred to as age-related cataract, is a disorder of the lens of the eye characterized by gradual, progressive thickening of the lens which becomes cloudy and eventually leads to vision impairment.

Age-related cataracts occur in patients over 55 years of age.

Clinical classification of cataract considers the zones of the lens in which the opacity appears: cortical, subcapsular (anterior and posterior poles), and nuclear.

Opacities may overlap these zones, encompassing combined clinical classification types.

Underlying contributory causes: systemic disease (e.g., diabetes), lifestyle factors (e.g., smoking), exposures (e.g., lead, UV light), and other intraocular diseases (e.g., glaucoma, retinal defects)
Cataracts I-9 vs I-10 Terminology

ICD-9 Terminology
- Nuclear sclerosis
- Toxic cataract
- After-cataract

ICD-10 Terminology
- Age-related cataract
- Drug-induced cataract
- Other secondary cataract
Age-related Cataract Types

- Combined forms
- Incipient
  - Anterior subcapsular polar
  - Corticol
  - Posterior subcapsular polar
  - Other incipient type
- Morgagnian
- Nuclear
- Other specified type
Age-related Cataract Laterality

- Right
- Left
- Bilateral
- Unspecified
CHAPTER 8- DISEASES OF THE EAR AND MASTOID PROCESS
ICD-10 classifies diseases and conditions of the ear and mastoid process by site, starting with diseases of the external ear, followed by diseases of the middle ear and mastoid, and then diseases of the inner ear.

Diseases of the ear can be challenging to document due to the complex anatomic structures of the auditory system.

Body sites in general, are much more specific in ICD-10. Diseases of the ear, in particular, require more specific documentation, such as laterality of the affected ear or bilateral ears.
Now we will focus on some of the more frequently reported ear diseases in home care that have different documentation requirements in ICD-10-CM: hearing loss and vertigo.
In central hearing loss, the auditory nerve itself is damaged, or the nerves or nuclei of the central nervous system, either in the pathways to the brain or in the brain are damaged or impaired.

Conductive hearing loss is hearing loss affecting transmission of sound through the external ear canal and middle ear to the inner ear.

Sensorineural hearing loss involves damage to the inner ear, the acoustic nerve, or both.

When a patient experiences both conductive and sensorineural hearing impairment, it is called mixed hearing loss.
Hearing Loss I-9 vs I-10 Terminology

ICD-9 Terminology

- Noise-induced hearing loss
- Unspecified sudden hearing loss
- Tinnitus

- Conductive hearing loss:
  - Unilateral/bilateral, external, tympanic membrane, middle, inner, combined

- Sensorineural hearing loss:
  - Unilateral/bilateral, Asymmetrical

ICD-10 Terminology

- Noise effects on (specify laterality) inner ear
- Sudden idiopathic hearing loss
- Tinnitus (specify laterality)
- Conductive hearing loss:
  - Bilateral, Right, Left with unrestricted hearing contralateral side

- Sensorineural hearing loss:
  - Unilateral/bilateral, With unrestricted hearing contralateral side
Hearing Loss Types

- Noise-induced
- Ischemic
- Idiopathic
- Conductive hearing loss
- Sensorineural hearing
- Mixed conductive and sensorineural hearing loss
Hearing Loss Laterality/Extent

- Bilateral
- Unilateral, left ear, with unrestricted hearing on the contralateral side
- Unilateral, right ear, with unrestricted hearing on the contralateral side
Vertigo occurs due to a disturbance in the vestibular system—the body’s balance system. Vertigo is the sensation that surroundings are spinning or moving, and the term vertigo is often inaccurately used interchangeably with “dizziness.”

There are two main types of vertigo, central and peripheral.

- Central vertigo is due to central nervous system impairment or disease.
- Peripheral vertigo, also known as labyrinthitis, occurs when there is a problem with the inner ear that controls balance (vestibular labyrinth or semicircular canals) or with vestibular nerve, which connects the inner ear to the brainstem.
An acute attack of vertigo is usually due to inflammation of the semicircular canals of the inner ear.

Benign paroxysmal positional vertigo (also called benign positional vertigo) is estimated to be the most common cause of vertigo in the United States.

Vertigo related to the vestibular labyrinth or semicircular canals may also be caused by drugs, injury (such as head injury), or Meniere’s disease.
Vertigo Types/Laterality

Types:
• Aural vertigo
• Other peripheral vertigo, which includes:
  – Lermoyez’ syndrome
  – Otogenic vertigo

Laterality:
• Right external ear
• Left external ear
• Bilateral
CHAPTER SUMMARY

ICD-10 Education for Clinicians
• Best practices in documentation of disorders of the eye, adnexa, ear and mastoid process require more detailed information on the diagnosis and treatment of these conditions. Documentation of laterality is critical in these chapters.

• Create documentation checklist tools for commonly assigned Home Care diagnosis(es) to help physicians and clinicians get the specificity required for ICD-10 at the beginning of the episode/benefit period.
• ICD-10-CM *Clinical Documentation Improvement Desk Reference*, Optum 2015
• Home Health ICD-10-CM *Documentation Trainer*, Decision Health 2015
• OASIS-C1/ICD-9
• Hospice Final Rule effective January 1, 2015