

### FOCUS ON: Vision impairment

Loss of vision among the elderly is a major health care problem; by age 65, one in three Americans has some form of vision-impairing eye condition.<sup>1</sup>

Macular degeneration, often called age-related macular degeneration (AMD), is an eye disorder associated with aging and results in damaging sharp and central vision. AMD is a major cause of blindness worldwide and is the leading cause of vision loss and blindness for Americans aged 65 years and older. Risk factors include advancing age, a family history of AMD, smoking, high cholesterol, and high blood pressure. AMD affects whites more often than other races and ethnicities.<sup>2,3</sup>

Diabetic retinopathy (DR) is a common complication of diabetes. It is the leading cause of blindness in American adults aged 20-74 years. It is characterized by progressive damage to the blood vessels of the retina, the light-sensitive tissue at the back of the eye that is necessary for good vision, usually affects both eyes. Risks of DR are reduced through disease management that includes good control of blood sugar, blood pressure, and lipid abnormalities. Early diagnosis of DR and timely treatment reduce the risk of vision loss; however, as many as 50% of patients are not getting their eyes examined or are diagnosed too late for treatment to be effective.<sup>4</sup>

Glaucoma is a chronic, degenerative optic neuropathy that can be distinguished from most other forms of acquired optic neuropathy by the characteristic appearance of the optic nerve. Primary open-angle glaucoma is the second leading cause of blindness in the U.S. and the leading cause of blindness among African Americans. Most people with glaucoma have no early symptoms; therefore an annual eye exam is crucial.<sup>5</sup>

Although cataract is the most common cause of blindness worldwide, blinding secondary to cataracts is rare in the U.S. because surgery is readily available. Cataract surgery is the most common surgery performed in patients over the age of 65. It is one of the safest and most effective types of surgery, in about 90 percent of cases, people who have cataract surgery have better vision afterward.<sup>6</sup>

### Documentation and coding tips

- ICD-10-CM code descriptions for cataract classifications have replaced the term “senile” with “age-related,” where appropriate. Also, there is revised terminology within the cataract classification categories, changing “after-ataract” to “secondary cataract” and denoting hypermature senile cataract as an age-related cataract, morgagnian type (H25.2-).
- Document and code associated disorders, complication, type and underlying causes of cataract.
- When documenting diabetic retinopathy, be sure to include:
  - Type of diabetes
  - Proliferative vs non-proliferative
  - Mild, moderate or severe
  - With or without macular edema
  - Laterality

#### Coding example 1

Clinically insignificant diabetic macular edema, with cataract, associated with type 1 diabetes mellitus.

**E10.311** Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema

**E10.36** Type 1 diabetes mellitus with diabetic cataract

Rationale: The underlying condition (etiology) code should be sequenced first, followed by the manifestation code(s). Assign as many codes from categories **E08 – E13** as needed to identify all of the associated conditions that the patient has.

#### Coding example 2

A 66-year-old diabetic (2) female on long-term insulin is seen with a clinical assessment of bilateral cataracts.

**E11.36** Type 2 diabetes mellitus with diabetic cataract

**Z79.4** Long term (current) use of insulin

Rationale: If the patient is identified as having diabetes and cataracts, it is presumed to be a diabetic cataract even in the absence of the provider's documentation explicitly linking them, unless the documentation clearly states that the conditions are unrelated.

If the documentation states that the patient has an “age-related” or “senile cataract,” the cataract should not be coded as a diabetic cataract.<sup>7</sup>

Per the ICD-10-CM Official Guidelines for Coding and Reporting FY 2019: “A dash (-) at the end of an alphabetic index entry indicates that additional characters are required. Even if a dash is not included at the alphabetic index entry, it is necessary to refer to the tabular list to verify that no 7th character is required.” The bolding of the ICD-10-CM codes represents categories, subcategories or codes that map to the CMS-HCC risk adjustment model for payment year 2020.

This guidance is to be used for easy reference; however, the current ICD-10-CM code classification and the Official Guidelines for Coding and Reporting are the authoritative references for accurate and complete coding. The information presented herein is for general informational purposes only. Neither Optum nor its affiliates warrant or represent that the information contained herein is complete, accurate or free from defects. Specific documentation is reflective of the “thought process” of the provider when treating patients. All conditions affecting the care, treatment or management of the patient should be documented with their status and treatment, and coded to the highest level of specificity. Enhanced precision and accuracy in the codes selected is the ultimate goal. Lastly, on April 1, 2019, the Centers for Medicare & Medicaid Services (CMS) announced that 2019 dates of service for the 2020 payment year model are based on 100% of the Centers for Medicare & Medicaid Services Announcement April 1, 2019. Website: <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2020.pdf>

Optum360 ICD-10-CM: Professional for Physicians 2019. Salt Lake City, UT: 2018.

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