

Optometry Coding & Billing Alert

Diagnosis Coding Quiz: Coding 250.00 for Patients With Ophthalmic Manifestations? Read This First

Test your knowledge of ophthalmic manifestations.

With nearly 26 million Americans suffering from diabetes, your practice is sure to see its share of patients whose diabetes is causing vision problems. For correct ICD-9 coding, you'll have to know not only the nature of the complication the diabetes is causing, but also the nature of the underlying diabetes itself. And with ICD-10 on the horizon, the rules will change even further.

Read on for the answers to these three critical diagnosis coding questions.

Question 1: Is 250.00 an appropriate diagnosis code to describe a patient with ophthalmic manifestations of diabetes?

Question 2: How do you code for diabetic patient care when the patient's primary physician hasn't yet diagnosed the disease?

Question 3: Should you use the routine exam codes?

Answer 1: Crack the Decimal Place Code

Don't make the common coding mistake of reporting 250.00 (Diabetes mellitus without mention of complication) for the diagnosis. Code 250.00 alone generally is not sufficient to indicate the diagnosis of patients with diabetes. Instead, you must specify the exact type of diabetes for which the optometrist is providing care, experts say.

Why? Medicare and other third-party payers require a highly specific diagnosis to justify payment. That means that you must pay attention to the fourth and fifth places beyond the decimal point, which indicate any complications and the exact type of disease.

Fourth place: The fourth place, or the first decimal place, indicates a complication. This includes codes 250.0x-250.9x. The complication indicator typically used in the optometrist's office is 250.5x, which indicates ophthalmic manifestations.

Fifth place: The fifth place, or second decimal place, indicates the sub-classification of disease. In the case of diabetes, it is the "type," such as:

- 250.50 □ Diabetes with ophthalmic manifestations, type II or unspecified type, not stated as uncontrolled
- 250.51 □ ... type I [juvenile type], not stated as uncontrolled
- 250.52 □ ... type II or unspecified type, uncontrolled
- 250.53 □ ... type I [juvenile type], uncontrolled.

Remember: The diabetes codes are not based on whether or not the patient is insulin dependent or non-insulin dependent, but whether or not it is type I or type II diabetes. If you are unsure, the unspecified code 250.50 would be the correct choice □ if the patient has some manifestations of the illness, cautions **David Gibson, OD, FAAO**, an optometrist practicing in Lubbock, Texas.

"Do not take into consideration the patient's age when diabetes was diagnosed or the fact that the patient takes insulin" when making your diabetes code selection, cautions **Sharon Molinari, RN, HCS-D, HCS-O**, a home health consultant based in Henderson, Nev. "Taking insulin does not make a diabetic patient 'insulin-dependent' or Type I", she says.

Watch out: Payers may reject your claim if your diagnosis code doesn't match up with the diagnosis code the patient's

primary care physician (PCP) uses. For example, should the PCP use 250.41 (Diabetes with renal manifestations) to describe a patient's diagnosis and you put 250.00 on your claim, the inconsistency could trigger payer questions. But it is more accurate to report ICD-9 code 250.5x as the primary diagnosis and reason for the encounter with the optometrist.

Your claim may also show secondary diabetes diagnosis codes when known.

Answer 2. Pay Attention to Underlying Disease

Some coders are unsure how to code for diabetic patient care when the patient's primary physician hasn't yet diagnosed the disease.

You be the coder: The optometrist finds diabetic retinopathy in a patient identified as "pre-diabetic." Would you code 250.5x for diabetes with ophthalmic complications, plus 362.0x for the diabetic retinopathy or only code for retinopathy since the PCP hasn't formally diagnosed the patient as diabetic?

Answer: Correct coding requires you to report the 250.5x diagnosis as primary, then the retinopathy 362.0x diagnosis as secondary whether the patient has officially been diagnosed with diabetes or not.

Why? Diabetic retinopathy is clearly a manifestation of the much larger systemic disease of diabetes, so you should identify diabetes as the primary diagnosis.

Rule: Any time you code a disease and its associated manifestations/complications, correct coding requires that you code the underlying disease first, and the corresponding manifestations/complications as secondary.

Example: Before you can code a manifestation such as diabetic macular edema (362.07), you must first code the patient's type of diabetes and the type of retinopathy □ because the edema doesn't exist without the retinopathy. When you order your diagnoses like this, you are communicating to the insurance company: "My patient has a form of diabetes (250.5x) with the ophthalmic complication/manifestation of retinopathy (362.0x) resulting in macular edema (362.07)."

V code: If the patient indicates that she routinely uses insulin, also code V58.67 (Long-term [current] use of insulin) in your final diagnosis.

3. No Such Thing as 'Routine' Exams for Diabetics

Another common sticking point when coding for diabetic care is whether to use the routine exam codes.

Best bet: Treat diabetic patients' visits as non-routine medical exams. Since the diabetic patient has a disease affecting their blood vessels that poses a significant risk to their eyes, you should evaluate him as a high-risk patient whether he has complaints or not, Gibson advises.

Rationale: While it is ideal to match up the patient complaint and the diagnosis, you shouldn't ignore the history of present illness (HPI) and forgo a medical exam when the patient's history indicates a disease with a possibility of significant ocular manifestations.

To protect your code assignment, take steps to ensure that you have documentation regarding your discussion with the patient about the medical necessity of her exam. If a diabetic asks for a "routine" exam, pull out her chart, go over the notes, and refer to the diabetic history.

Note: The American Academy of Ophthalmology recommends that physicians use E/M codes to evaluate patients who present with known pathology (e.g., diabetes, cataracts, glaucoma, etc.) The "eye codes" (92002-92014) are recommended for use with patients presenting with no problems or asymptomatic chronic conditions.