

## Optometry Coding & Billing Alert

### ICD-9 Coding: Nonspecific Complaints? 368.8 Is Only the Beginning of Your Options

**If a patient has 'blurred vision,' there must be a reason-- find the cause and save your practice from costly denials.**

When a patient presents with vague, generalized complaints -- such as blurry vision, dry eyes, or a foreign-body sensation, you may be tempted to report 368.8 (Visual disturbances; other specified visual disturbances), but this may not be the most accurate choice. Read on for expert tips on correctly nailing three common complaints.

#### **Make Clear Choices for Blurred Vision**

If someone's vision is blurred, his first visit will probably be to an eye-care specialist. Yet ICD-9 codes that specifically describe blurred vision, and similar diagnoses that relate to refractive error, sometimes aren't covered.

The ICD-9 manual includes the note "blurred vision NOS (not otherwise specified)," indicating that this is a good choice for blurred vision. Some carriers don't agree, however, using the logic that there must be something causing the blurriness and insisting you report the cause, not the symptom.

Coder's Rule: If a patient has a medical problem, use the final diagnosis; if the patient has only blurred vision, use 368.8. Example: A patient comes in with a complaint of blurry vision, and the optometrist finds a cataract. Report cataract (366.xx) as the primary diagnosis and blurred vision (368.8) as the secondary diagnosis.

If the patient doesn't specifically complain of blurred vision but instead asks for a routine eye exam, it gets a little trickier. How you code may depend on the insurance, according to experts. If the patient is coming in for a routine vision exam and you know you're going to bill a vision insurance, bill with a routine diagnostic code for refractive error [367.x]. If the patient doesn't have a vision plan, then you may wish to bill with 368.8.

Some coders report that when billing with a symptom code, such as 368.8, their carrier also requires the use of V80.2 (Special screening for neurological, eye, and ear diseases; other eye conditions). When in doubt, ask the carrier for its written policy. If the patient has Medicare, have the patient sign an advance beneficiary notice, advises **Maggie M. Mac, CPC, CEMC, CHC, CMM, ICCE**, Director of Network Oversight, Mount Sinai Medical Center Compliance Department in New York City.

#### **Don't Cry Over Spilled Dry-Eye Codes**

"Dry-eye syndrome" is usually caused by problems with the lacrimal gland (tears). The most common diagnosis code associated with dry eye is 375.15 (Tear film insufficiency, unspecified). Another diagnosis you might see is 370.33 (Certain types of keratoconjunctivitis; keratoconjunctivitis sicca, not specified as Sjogren's).

Warning: Some coders believe they can use 375.15 and 370.21 (Superficial keratitis without conjunctivitis; punctate keratitis) interchangeably, but this is not true. If a patient presents with punctate keratitis and the optometrist determines that dry-eye syndrome is the cause, report 375.15. If dry-eye syndrome is not the cause, you should report 370.21.

#### **Don't Be a Stranger to Foreign-Body Codes**

A patient with a foreign-body sensation (i.e., the feeling that there's something in his eye) presents no problems -- as long as there actually is something in his eye. The 930.x series covers foreign bodies on the external eye; look at 870.4

(Penetrating wound of orbit with foreign body), 871.5 (Penetration of eyeball with magnetic foreign body) and 871.6 (Penetration of eyeball with [nonmagnetic] foreign body) for penetrating wounds.

If the optometrist removes FBs from different anatomical parts of the same eye, however, then you can report a pair of codes.

Example: The optometrist removes a superficial conjunctival FB and a corneal FB from a patient's right eye; evidence of slit lamp use is in the notes. On the claim, you would report the following:

- 65222 (Removal of foreign body, external eye; corneal, with slit lamp) for the slit lamp removal with 930.0 (Corneal foreign body) appended to represent the FB
- 65205 (Removal of foreign body, external eye; conjunctival superficial) for the conjunctival removal with 930.1 (Foreign body in conjunctival sac) appended to represent the FB.

What if the patient complains of a foreign-body sensation but the optometrist's exam finds no sign of a foreign body or penetrating substance? Code the complaint -- pain in and around the eye -- advise experts.

Key: If it is a foreign-body complaint, chances are the patient is in some kind of pain, and if the pain cannot be attributed to something specific -- an eyelash, for example (374.05, Trichiasis of eyelid without entropion) -- you have the option of using an unspecified eye-pain code, such as 379.91 (Pain in or around eye) or a code representing a specific result of the pain. For example, if the foreign-body sensation resulted in inflammation, you can use 918.1 (Superficial injury of eye and adnexa; cornea) for corneal abrasion or 918.2 (... conjunctiva) for conjunctival abrasion.

Swelling or redness may also be a side effect of the foreign body and may be coded with 379.92 (Unspecified disorder of eye and adnexa; swelling or mass of eye) or 379.93 (... redness or discharge of eye) respectively

Another possible cause for a foreign-body sensation is dry-eye syndrome. If the patient has dry-eye syndrome, you should report that code.