

Optometry Coding & Billing Alert

Reader Questions: ICD-10 Specificity Won't Make Modifiers Obsolete

Question: I have heard the ICD-10 codes are expanded and more specific than ICD-9 codes. One of the changes is that you can indicate laterality of a condition using the diagnosis code. Does that mean we won't need to add modifier 50, LT, and RT on CPT® codes anymore?

Utah Subscriber

Answer: ICD-10 goes into effect on Oct. 1, 2015, and with that implementation you will have lots more codes that offer much more specificity in some cases than ICD-9 has offered.

Example: Currently, you should report 372.05 for acute atopic conjunctivitis. However, that will change when ICD-10 goes into effect in October. At that point, you'll have four options:

- H10.10 □ Acute atopic conjunctivitis, unspecified eye
- H10.11 □ Acute atopic conjunctivitis, right eye
- H10.12 □ Acute atopic conjunctivitis, left eye
- H10.13 □ Acute atopic conjunctivitis, bilateral.

Anatomical location is what differentiates the diagnoses from each other.

Beware: This added anatomical specificity in the diagnosis coding does not, however, mean that you should no longer report modifiers 50 (Bilateral procedure), LT (Left side), or RT (Right side) as needed with the procedure codes on your claim.

Part B contractor Noridian states on its website: "Implementation of ICD-10-CM will not change the reporting of Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) codes, including CPT®/HCPCS modifiers for physician services. While ICD-10-CM codes have expanded detail, including specification of laterality for some conditions, providers will continue to follow CPT® and CMS guidance in reporting CPT®/HCPCS modifiers for laterality."