

Optometry Coding & Billing Alert

You Be the Expert: Diplopia and Sixth Nerve Palsy Dx

Question: I had a patient present with a complaint of diplopia. When I examined him, I found that he had suffered a sixth nerve palsy. I performed a level 92004 examination, and coded 368.20 as the primary diagnosis and 378.54 as the second diagnosis. I was denied for an invalid or missing diagnosis. Should I resubmit with a different diagnosis?

Texas Subscriber

Answer: Your first problem is the diplopia diagnosis. The proper ICD-9 code is 368.2 (Diplopia), not 368.20.

As important as it is to include the fifth digit of an ICD-9 code that has one available -- for example, reporting 365.01 (Borderline glaucoma; open angle with borderline findings) instead of 365.0 -- it is equally important not to add a fifth digit to a four-digit code. By reporting 368.20, you inadvertently submitted an ICD-9 code that does not exist, which is probably what triggered the rejection.

However, in this case, it might be better to resubmit the claim with 378.54 (Paralytic strabismus; sixth or abducens nerve palsy) as the primary diagnosis, instead of the secondary diagnosis.

In this case, the sixth nerve palsy is the actual definitive diagnosis, not the patient's initial complaint of double vision. Diplopia may be an approved diagnosis for the exam you performed, but insurers may see it as a little too close to a refractive diagnosis to accept it.