August is Cataract Awareness Month
August 2015

Insider

Informative and educational coding information for providers

Focus on: Vision impairment

Loss of vision among the elderly is a major health care problem: approximately one in three elderly persons has some form of vision-reducing eye disease by the age of 65.[1] Vision impairment is associated with a decreased ability to perform activities of daily living, an increased risk of falling and an increased risk for depression. An annual eye examination should be performed on all Medicare Advantage patients.

Age-related macular degeneration (AMD) is the leading cause of loss of vision in people over 65 years of age. At least 8 million Americans have AMD, and the overall prevalence of advanced age-related macular degeneration is projected to increase by more than 50% by 2020.[2] Risk factors for AMD include advancing age, family history of AMD, hypertension and cigarette smoking. The intravitreal administration of antiangiogenic agents has revolutionized the treatment of neovascular AMD.[3]

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 United States and the leading cause of blindness among African-Americans.[4] An estimated 1 million Americans over 65 years of age have experienced loss of vision associated with glaucoma, and three-fourths of those legally blind because of glaucoma are over the age of 65. Because most people with glaucoma have no early symptoms, annual eye examinations are crucial.

Although **cataract** is the most common cause of blindness worldwide, blinding secondary to cataracts is rare in the United States because surgery is readily available, effective, and safe. In fact, it is the most common surgery performed in patients over the age of 65.[5] The prevalence of cataracts increases with age from less than 5% in persons under 65 to approximately 50% in those 75 years and older.[5]

Although **diabetic retinopathy** is the leading cause of new blindness among middle-aged Americans, it also is a significant cause of vision morbidity in the elderly. Significant diabetic retinopathy may be observed in the elderly at the time of diagnosis or within the first few years of diabetes.

Always remember ...

- Include type, severity and laterality.

Documentation and coding tips

ICD-9-CM: Coding for age-related macular degeneration:[6]

362.50 Macular degeneration (senile), unspecified
362.51 Nonexudative senile macular degeneration (senile macular degeneration: atrophic, dry)
362.52 Exudative senile macular degeneration (Kuhnt-Junius degeneration, senile macular degeneration: disciform, wet)

ICD-10-CM: Coding for age-related macular degeneration[7]

H35.30 Unspecified macular degeneration (age-related macular degeneration)
H35.31 Nonexudative age-related macular degeneration (atrophic age-related macular degeneration)
H35.32 Exudative age-related macular degeneration

ICD-9-CM: Coding for glaucoma[6]

365.9 Unspecified glaucoma
Code type of glaucoma (365.00–365.9) and also glaucoma stage (365.70–365.74)

ICD-10-CM: Coding for glaucoma[7]

H40.9 Unspecified glaucoma
Code type of glaucoma and appropriate 7th character for glaucoma stage

ICD-9-CM: Coding for cataract[6]

366.10 Senile cataract, unspecified
366.41 Diabetic cataract
Code first **249.5x, 250.5x**
Code type of cataract (366.00–366.9)

ICD-10-CM: Coding for cataract[7]

H25.9 Unspecified age-related cataract
E11.36 Type 2 diabetes mellitus with diabetic cataract
Code type of cataract (H25.011–H25.9)

ICD-9-CM: Coding for diabetic retinopathy[6]

362.01 Background diabetic retinopathy (Diabetic retinal microaneurysms, Diabetic retinopathy NOS)
*Code first **249.5x, 250.5x***
362.07 Diabetic macular edema (Diabetic retinal edema)
*Code first **249.5x, 250.5x***

*Note: Code **362.07** must be used with code for diabetic retinopathy (**362.01, 362.02, 362.03-362.06**).*

ICD-10-CM: Coding for diabetic retinopathy[7]

E11.311 Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema
E11.319 Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema

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1. Centers for Disease Control and Prevention. The State of Vision, Aging and Public Health in America. Atlanta: U.S. Department of Health and Human Services; 2011.
2. Friedman DS, O'Colmain BJ, Munoz B, et al. Prevalence of age-related macular degeneration in the United States. Arch Ophthalmol 2004;122:564-72.
3. Jager RD, Mieler WF, Miller JW. Age-Related Macular Degeneration. N Engl J Med 2008;358:2606-17.
4. Kwon YH, Fingert JH, Kuehn MK, et al. Primary Open Angle Glaucoma. N Engl J Med 2009; 360:1113-1124
5. Scheine OD, Katz J, Bass EB. The Value of Routine Preoperative Medical Testing Before Cataract Surgery. N Engl J Med 2000; 342:168-175
6. *Optum ICD-9-CM for Physicians Professional 2015. Vols. 1&2.* Salt Lake City: 2014.
7. *Optum ICD-10-CM: The Complete Official Draft Set 2015.* Salt Lake City: 2014.

Per the ICD-10-CM Official Guidelines for Coding and Reporting 2015 from the Centers for Medicare & Medicaid Services (CMS) and the National Center for Health Statistics (NCHS): "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."