

2018 July

ICD-10 Updates

The wait has been a long one...it has been hard, confusing, frustrating, and often infuriating. But the prayers of every eye doctor in the world have been answered. We are finally getting a code for Meibomian Gland Dysfunction! Que the orchestra! Launch the fireworks! Start the parade!

But not too fast. The powers-that-be have decided to withhold the one code that would make us all the most happy...there is no bilateral option (*Sad trombone*).

H02.881	Meibomian gland dysfunction right upper eyelid
H02.882	Meibomian gland dysfunction right lower eyelid
H02.883	Meibomian gland dysfunction of right eye, unspecified eyelid
H02.884	Meibomian gland dysfunction left upper eyelid
H02.885	Meibomian gland dysfunction left lower eyelid
H02.886	Meibomian gland dysfunction of left eye, unspecified eyelid
H02.889	Meibomian gland dysfunction of unspecified eye, unspecified eyelid
H02.88A	Meibomian gland dysfunction right eye, upper and lower eyelids
H02.88B	Meibomian gland dysfunction left eye, upper and lower eyelids

You can see in this chart there is the addition of "A" & "B" to the end of the ICD-10 code which provides the option to code for upper & lower lids of either the right or left eye. But why don't they simply add a "C" that gives the choice for "bilateral, upper and lower eyelids?" I guess that's just not an option for any eye code, or is it?

H02.23A	Paralytic lagophthalmos right eye, upper and lower eyelids
H02.23B	Paralytic lagophthalmos left eye, upper and lower eyelids
H02.23C	Paralytic lagophthalmos, bilateral , upper and lower eyelids

It's right there!!! They clearly know of bilateral disease. They have had bilateral codes for other conditions for years. And now that they have added A, B, and C as options, why would they not do it for MGD!!! Has anyone ever seen MGD in just one lid, or even just one eye? I guess it's possible, but that certainly is not the norm.

At least we can all take solace in that we have codes for: **V91.07XD**: Burn due to water-skis on fire, subsequent encounter and **V95.43XS** Spacecraft collision injuring occupant, sequela and **W55.42A** Struck by pig, initial encounter. Or my favorite, **V97.33XD**: Sucked into jet engine, subsequent encounter...would there really every be a subsequent visit? That sounds more like a one-and-done kind of thing.

Beyond the MGD codes, there are a many revisions, deletions, and additions that will be going into effect on October 1, 2018. This means there is a hard cut over date. If you use the new codes before October 1st, the claim will be rejected. And if you use the old code after that date, they will also be rejected. These changes focus mainly on adding more specificity, such as upper or lower eyelid. Or in some cases adding "upper AND lower eyelids." And in other cases, adding a bilateral code...but not for MGD, but I digress. Make sure to update your coding sheets and verify that your EHR will be making the appropriate modifications to its database. There is no grace period for implementation. However, we do get reports every year from doctors getting rejections with the new codes from a few random insurance companies. If you do receive a rejection, I encourage you to contact the payer and ask them to verify that their database is updated. The easy option is to default to the older code simply to get paid. But that is obviously a short term solution as they need to update their systems too.

None of these changes are going to ruin your day. But if you don't make sure your codes are updated on October 1st, it will certainly ruin your cash flow.

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