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2018 September – **Make sure you looked at your diagnosis codes before October 1st.**

It's that time of year. The school zones are back in effect, the air is cooling, the leaves are falling, and ICD-10 is being updated. Every year, on October 1st, ICD updates its codes with additions, deletions, and modifications. As you may recall from a couple months back, the most notable impact to the codes we use daily will be the addition of codes for meibomian gland dysfunction. I'm very excited to finally have a code that accurately describes for what I am so often treating..

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
H02.88**A**	Meibomian gland dysfunction right eye, upper and lower eyelids
H02.88**B**	Meibomian gland dysfunction left eye, upper and lower eyelids

You can see in this chart there is the addition of "A" and "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 there is no bilateral option…maybe we will see "C" in 2019. I assume they are taking their cues from Apple. If they gave us all the features we wanted at the same time, there would be nothing to add the next year.

How do you handle it when a patient has MGD, or any other condition, where you technically need to use multiple codes to accurately describe the situation? The blepharitis codes are a great example. If a patient has squamous blepharitis on all lids, you would technically need to code H01.021, H01.022, H01.024, and H01.025! You can include up to twelve ICD-10 codes on a claim, but only four (4) can have a pointer that links to a specific procedure code. That leaves up to eight (8) diagnosis codes just floating on the claim as supplemental information for the extent of that day's visit. There is also no minimum to the number of diagnosis codes that need to be supplied. If just one code is enough to tell the story of the visit that day, one code is perfectly fine. Ultimately, the code in the "A" position should correlate with the chief complaint/reason for visit. If the primary diagnosis code and procedure code(s) are payable together, that should be enough to support the claim and result in a reimbursement.

The challenge we have is that we will often have patients with more diagnoses than can feasibly be listed. For example, if a patient comes in for red/burning eyes, is it necessary to list on that day's claim the non-visually significant cataracts, the floater, the brow ptosis, the eyelid neoplasm, the choroidal nevus, and the squamous blepharitis on ALL four lids? Probably not, unless they all played an important role in the decision-making process of that day. If the patient's vision was completely stable from the prior visit, and the issue was solely focused on the lids, then you could easily stay with just the blepharitis codes. But if the patient also said they thought the vision was worse, and you examined the cataracts that day, you should also list the appropriate cataract code…even if you didn't do anything about it. This is because now the cataracts were part of your decision-making process.

In the end, the technically correct way to code for something like blepharitis of all lids, and soon MGD, is to list them all. But there has not been any clear guidance from payers whether they care. And based on my own claims, it has not affected reimbursement. To further solidify that you likely don't need to list all the lids separately, I have had multiple charts audited in the past couple years where just blepharitis of one lid was listed on the claim and it did not result in any issues when they were reviewed. Just because something gets paid, it doesn't mean it was correct. But if it withstands an audit, we are probably in pretty good shape.

Beyond the MGD codes, there are many revisions, deletions, and additions that will be going into effect on October 1, 2018. Many of these codes fall under the category of neoplasms (i.e. melanomas and carcinomas) and some other eyelid codes. Make sure to look over your newest ICD-10 book and verify that you are using the proper codes.