

Diabetic Retinopathy Coding: The New System and Using It Properly

Summary: The new diabetic retinopathy codes are extremely helpful to an eye care provider as they very accurately describe the retina status. The codes recommended for use are 362.02, 362.04, 362.05, 362.06, and 362.07.

Referencing the American Optometric Association Clinical Practice Guidelines, this article helps the practitioner simplify this important new development for easy integration into daily practice.

As of October 2005, ICD-9 codes were broadened for diabetic retinopathy. Since eye care providers have a responsibility to the health care system to demonstrate the level of care delivered relative to the potential morbidity of the disorders managed, the newer codes will allow for a clearer description of the retinopathy. Part of the impetus for this coding development is a report found online at: http://www.cdc.gov/nchs/ppt/icd9/att_retinopathy_oct04.ppt which shows a summary report from Matthew Sheetz, MD, PhD, to the ICD-9-CM Coordination and Maintenance Committee in October 2004, where a clearer set of diabetic retinopathy descriptors was recommended.

The historical retinopathy codes were very simple: 362.01 for background diabetic retinopathy (BDR) and 362.02 for proliferative diabetic retinopathy (PDR.)

Additionally, the diabetic codes 250.5_ (where the fifth digit explains whether the patient is controlled/uncontrolled and insulin dependent/non-insulin dependent) are to be used first to describe the general diabetic condition. Unfortunately, the code 362.01 was to be used even in the case of diabetic macular edema which is a serious condition relative to more non-threatening findings that would otherwise be classified as background diabetic retinopathy. The code was just too broad to adequately reflect the degree of disease progression.

As of October 2005, the 362 codes have been expanded as follows:

362.03 Non-proliferative diabetic retinopathy, NOS (not otherwise specified)

362.04 Mild non-proliferative diabetic retinopathy

362.05 Moderate non-proliferative diabetic retinopathy

362.06 Severe non-proliferative diabetic retinopathy

362.07 Diabetic macular edema (must be applied in conjunction with one of the prior 362.0_ diabetic retinopathy codes)

The chart must accurately reflect findings that relate to the diagnosis code. The American Optometric Association, American Academy of Ophthalmology, and the National Eye Institute have guidelines that help the practitioner "grade" the level of diabetic retinopathy. Practically speaking, the only codes that are applicable to the degree that they fairly and accurately describe diabetic retinopathy to a degree that an eye care provider will note during a fundus examination are 362.02, 362.04, 362.05, 362.06, along with 362.07 as appropriate. As for the two others:

-Code 362.01 is the historical code for background diabetic retinopathy, and now is specifically intended for use in cases without diabetic macular edema. It is a very broad code, and since the aim of coding is to most accurately describe the condition noted, the future use of this code is not recommended.

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-Code 362.03 is one of the new codes that is intended to be a more accurate descriptor, but it is not. "NOS" for 'not otherwise specified' is a grab-bag comment that many eye care providers put onto their diagnosis list so they don't have to go through the effort of finding a more specific, and therefore more correct, diagnosis code. As with 362.01, it is broad and its use is not recommended.

While every practitioner must apply ICD-9 codes with their professional judgment, it is recommended to use the following checklist of codes in clinical practice. This list utilizes the American Optometric Association Clinical Practice Guideline for Care of the Patient with Diabetes Mellitus (Table 5, p. 22), as well as the Sheetz document noted above to note the degree of disease that is generally applicable to the code:

362.02 PDR -- Retinal neovascularization (NVD, NVE) and/or vitreous-preretinal hemorrhage

362.04 Mild NPDR -- At least one microaneurysm, minor intraretinal hemorrhages or exudates not qualifying for Moderate NPDR

362.05 Moderate NPDR -- Microaneurysms/Intraretinal hemorrhages (greater than standard photograph 2A) plus soft exudates, venous beading, and intraretinal microvascular abnormalities (IRMA)

362.06 Severe NPDR -- Microaneurysms/Intraretinal hemorrhages (2A or greater) in all four quadrants, venous beading in two quadrants, prominent IRMA in one or more quadrants

Of course, 362.07 for Diabetic Macular Edema is a specific categorization that has been discussed in the literature for years. Referred to as "clinically significant macular edema", it can develop in any stage of diabetic retinopathy. In the new coding paradigm, it must be used in addition to any of the codes for diabetic retinopathy 362.01 through 362.06. The definition of CSME/DME from the ETDRS is listed in the AOA CPG as one or more of the following:

-Thickening of the retina less than or equal to 500 microns (1/3 DD) from the center of the macula

-Hard exudates with thickening of the adjacent retina less than or equal to 500 microns (1/3 DD) from the center of the macula

-A zone of retinal thickening equal to or greater than 1 disc area in size, located equal to or greater than 1 disc diameter from the center of the macula

To summarize, first apply the proper 250.5_ code to describe the diabetic condition. Then use the new 362 codes to most accurately describe the diabetic retinopathy to ensure that you are properly portraying the disease state to the payer of services.

By using the correct ICD-9 code, the eye care provider can most properly bill using a CPT code that justifies the degree of eye health abnormality that is being managed. As a result, patients will receive the best care and providers will receive the most appropriate pay for their services.