Disease of the Eye and Ear

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While the last article we discussed the musculoskeletal system, this article will be discussing diseases of the eye and ear. The eye and ear are two of the most complex sensory organs. The eye is composed of structures that are not only related to vision but other sensory organs as well. The ear is made up of structures that are involved with hearing, sound wave conduction, balance and equilibrium. In this article we will discuss some of the key A&P elements that surround both the ear and eye that take place with ICD-10.

ICD-10 Chapter Restructuring

In ICD-10, disease and disorders of the eye and ear are located in two new chapters. Chapter 7 (H00-H59) was added specifically for Disease of the Eye and Adnexa, and Chapter 8 (H60-H95) was created specifically for the Diseases of the Ear and Mastoid Process. In ICD-9 diseases and disorders from both the eye and ear were found within Chapter 6: Diseases of the Nervous System and Sense Organs. This reorganization represents a great improvement; coding professionals will now be able to logically locate all diseases and disorders of the eye or the ear within their specific chapters. This is one of the great benefits to the ICD-10 system- it is more logically enhanced for coding professionals.

Anatomy of the Eye and Adnexa

When coding disorders of the eye, coding professionals must understand the anatomy of the eye and the adnexa. The adnexa refers to the accessory or appendage of an organ. Anatomically there are several structures and parts of the eye. This includes, but is not limited to, the sclera, conjunctiva, lacrimal gland, and cornea. Chapter 7 in ICD-10 is organized according to these anatomical structures. For example:

- H00-H05 Disorders of the eyelid, lacrimal system, and orbit
- H10-H11 Disorders of conjunctiva
- H15-H22 Disorders of sclera cornea, iris, and ciliary body
- H25-H28 Disorders of lens

Understanding the structures and functions are important to accurate code assignment in ICD-10.

ICD-10 Documentation Differences for Diseases of the Eye and Adnexa

There are few changes when it comes to diseases of the eye coded in the ICD-10-CM system; however, we do see the use of combination codes and the addition of laterality specificity. The majority of codes within this chapter of ICD-10-CM require fourth, fifth, or sixth characters to provide detail regarding anatomy and laterality. We see some combination codes currently in ICD-9-CM, but in the ICD-10-CM system additional expansion is seen. An example of this is evident in the diagnosis Diabetic Retinopathy (proliferative) with Macular Edema. In order to make the appropriate code assignment in ICD-9-CM three codes are necessary: one for the diabetes, one for the retinopathy, and one for the macular edema. In ICD-10-CM only one code is assigned E08.351. Another area of change is in reference to the specificity of laterality. Laterality, meaning the side of the body that is affected (left, right, or bilateral), needs to be assigned for most diagnosis and diseases within this chapter. This is shown in the diagnosis of acute atopic conjunctivitis in both eyes. In ICD-9-CM the code for this diagnosis would be 372.05, but in ICD-10-CM the correct code assignment is H10.13 which provides the detail or specificity of both eyes with the fifth character. Age-related cataract, a diagnosis identified in ICD-9-CM, has been replaced by the term senile related-cataract. Subsequently age-related cataract is no longer referenced in the ICD-10-CM system.
Anatomy of the Disease of the Ear and Mastoid Process

The ear is considered a part of the nervous system, however as addressed earlier, it is reassigned to its own chapter in ICD-10-CM. The ear has several functions which include maintaining balance and picking up sounds waves that are sent to the brain. The ear is divided into three regions: the external ear, middle ear, and inner ear. Each region has its own function and structures that support the ear. As with the eye in ICD-10-CM, the ear chapter is organized according to the anatomy of the ear. For example, category H60 applies to codes for otitis externa. Otitis externa is the inflammation of the external auditory canal. As there are various types of otitis (i.e. infective otitis externa and malignant otitis externa), it is important that coders understand disease and diseases processes associated with diagnoses found in this chapter.

ICD-10 Documentation Differences for Diseases of the Ear and Mastoid Process

As with the previous chapter, Diseases of the Eye and Adnexa, we do not see significant changes in ICD-10-CM from ICD-9-CM. However, there are a few documentation changes and additions that are seen. The first is the greater specificity of laterality. We have seen this in many chapters of ICD-10-CM and it continues to be evident here. Another area is a new section created in ICD-10-CM for intraoperative and post-procedural complications (H95) of the ear and mastoid process. One specific instance of this is seen with the diagnosis, post-procedural stenosis of the right external ear canal. Previously this was coded to 997.99-complications affecting other specified body systems; however, in ICD-10-CM it is coded to H95.811. This code provided in chapter 7 of ICD-10-CM provides us with greater detail than currently provided in the ICD-9-CM system. Another documentation change seen is in the diagnosis of otitis externa. Detail is now necessary for more specific causes. For instance, if a patient is diagnosed with infective otitis externa, greater detail is required to determine the specific cause (i.e., cellulitis, abscess, hemorrhagic). Some other areas of change include:

- Meniere's ear no longer being identified by active, inactive, cochlear, or vestibular
- Addition of recurrence in some code choices-for example in nonsuppurative otitis media
- Additional documentation in the diagnosis noninfective otitis externa (i.e., actinic, chemical, contact, exzenatoid, and reactive)
- Conductive hearing loss is no longer differentiated by the location of the dysfunction

In conclusion, both the eye and the ear have not seen as many documentation changes as other chapters in ICD-10-CM, but it is still very important for coding professionals to be aware of the transformation that will occur. Remember that each chapter that we discussed is organized based on its anatomical structure and therefore necessary for coding professionals to understand their structures and functions to ensure accurate code assignment. In the series of articles thus far we have seen some of the documentation requirements, changes, and challenges that are ahead of us with ICD-10-CM. It is important that we continue to be proactive and prepare for this transition. Anatomy and Physiology is important to ICD-10-CM and as a coding professional I believe that we as coders understand many of the concepts but have not necessarily been challenged in the current ICD-9-CM system in the manner that ICD-10-CM will require. It is at this time important for us to challenge ourselves and ensure that we are ready for the new requirements that ICD-10-CM exhibits. It is an exciting time!

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