

Chapter 15

Section Review 15.1

1. B. Balancing the strength of extraocular muscles

RATIONALE: Strabismus in the CPT® Index takes you to codes 67311–67399, a subsection entitled Extraocular Muscles. All of these codes involve the muscles moving the eyeball, and most of these codes address adjusting one or more ocular muscles to correct an imbalance in the muscles causing the eye to be pulled too much in one direction, causing disorders like crossed or wandering eyes.

2. D. Iris

RATIONALE: The iris is the colorful muscle contracting and expanding in a measured fashion, controlling the amount of light permitted into the posterior segment of the eye. While the iris is involved in rationing light, it does not have any effect on the bending of light. As an opaque body, the iris has no refractive qualities.

3. B. Air conduction

RATIONALE: The hearing of a patient is interrupted by impacted ear wax, called cerumen. The wax interrupts air conduction of sound as it travels through the ear canal across the tympanic membrane to the middle and inner ear. Bone conduction is not affected by ear wax buildup.

4. B. The middle ear

RATIONALE: The three ossicles (malleus, incus and stapes) are found in the middle ear. When sound travels by air into the external auditory canal, it causes the tympanic membrane to vibrate. The sound is then transferred from the membrane to the tiny ossicles. From the stapes, the vibration is transferred to the oval window, and into the fluid of the inner ear. From there, the signal is transmitted through the cochlear nerve.

5. D. It holds the retina firmly against the blood-rich choroid

RATIONALE: Vitreous humor is a gel like substance in the posterior segment. In addition to its refractive qualities, the vitreous is responsible for holding the shape of the eyeball and keeping the retina pressed against the blood rich choroid in the posterior segment.

6. C. Surgical repair of the eyelid.

RATIONALE: Blephar/o is a root word identifying the eyelid, and plasty indicates a surgical repair. The correct answer is C.

7. A. Cornea

RATIONALE: Kerat/o is a root word identifying the cornea. In keratoconus, the cornea protrudes, causing a refraction error. Its cause is unknown, but it is thought to be hereditary.

8. D. The tympanic membrane is incised.

RATIONALE: Myring/a is a root word identifying the tympanic membrane and -otomy is a suffix indicating an incision. D is the correct answer.

9. A. The inner ear

RATIONALE: The inner ear is responsible for balance in addition to conduction of sound. A is the correct answer. Vertigo, or extreme dizziness, is often a symptom of inner ear disorders including Meniere's disease and vestibular neuronitis.

10. D. All of the above.

RATIONALE: All of the above are correct. The eye and ear both occur bilaterally, and their individual components occur bilaterally as well. Even within ophthalmology, you will find specialists in one area. For example, retinal specialists or ophthalmologists specialize in cataract surgery. The same is true for otorhinolaryngology: within the specialty, you will find subspecialists for hearing and vestibular disturbances. Because they are organs of communication, the eye and ear are considered to be the most important sense organs in the body. Physicians work very hard to safeguard and optimize their patients' sight and hearing.

Section Review 15.2

1. B. 250.51, 362.04

RATIONALE: In the ICD-9-CM Index, see Retinopathy/diabetic. The note under 362.0 reads, "Code first diabetes (249.5, 250.5)." Code 250.5 is not a valid code and requires a fifth-digit to indicate Type 1 or Type II Diabetes and if the diabetes is controlled or uncontrolled. Under 250.5 are the fifth-digit subclassifications for type of diabetes and whether it is controlled or uncontrolled. The patient has Type 1 DM in good control. The correct diabetes code is 250.51. Code 362.04 exactly matches the documentation: mild nonproliferative diabetic retinopathy. ICD-9-CM Guideline 1.C.3.a.4 says codes from category 250 must be sequenced before the codes for associated conditions.

2. D. 780.91

RATIONALE: Look at the chief complaint—the reason for the visit—when considering the primary diagnosis. In the index, see Fussy Infant. In this case, the mother thought her son had a recurring ear infection because of the child's excessive crying. D is the correct answer because it is the chief complaint and no other diagnosis was found. The V70 and V72 codes are inappropriate because these codes describe routine exams in asymptomatic populations. Code 380.22 is wrong because as a rule-out diagnosis it was not validated in the exam.

3. C. 192.0

RATIONALE: Although an acoustic neuroma is indexed to 225.1 *Benign neoplasm of cranial nerve* (In the index, see Neuroma/acoustic), the descriptor, “malignant” changes the way we report this disorder. A note at the beginning of the Table of Neoplasms discusses classifications in the columns of the table, and advises, “the guidance in the index can be overridden if one of the descriptors ... is present.” Because the pathologist stated this particular “acoustic neuroma” is malignant, the word “malignant” overrides the index entry. The correct code is 192.0 *Malignant neoplasm of cranial nerves*. It’s very important we study and understand the information provided in the guidelines and notes within our codebooks. We don’t have to memorize the information, but we must be willing to look beyond the codes for the answers. Sometimes, the answers are in the instructional notes and guidelines.

4. D. 872.01, V03.7

RATIONALE: This is an open wound of the earlobe, reported with 872.01. In the index, see Wound/ear. The earlobe is part of the auricle; therefore, nonspecific code 872.8 would be inappropriate. The patient received a vaccination for tetanus, which is reported with V03.7. Look in the Index to Diseases for Vaccination/prophylactic (against)/tetanus toxoid (alone). There was no reported “exposure,” as is needed to report V01.89 V06.5 reports tetanus in combination with another drug, which was not administered.

5. A. 360.44

RATIONALE: Leucocoria is indexed to 360.44 and reports a symptom rather than an actual diagnosis. In leucocoria, a white mass behind the lens is visible to the physician upon examination of the eye. It can be indicative of retinoblastoma, a congenital retinal cancer, but until this diagnosis is confirmed, the symptom of leucocoria is the appropriate diagnosis to report.

6. B. 372.03

RATIONALE: Pink eye, a highly infectious form of mucopurulent conjunctivitis, is indexed to 372.03. In the index, see Pink/eye or Conjunctivitis/purulent. This infection typically is accompanied by very bloodshot eyes and a heavy discharge.

7. D. 389.9

RATIONALE: Without more specific information for the type of hearing loss, we will report a nonspecific diagnosis. In the index, see Loss/hearing which directs you to category 389.x Hearing loss. Code 389.9 *Unspecified hearing loss* is the appropriate code. No scientific study of the hearing loss was made, making 794.15 incorrect.

8. A. 996.69, 376.01, V43.0, V10.84

RATIONALE: In the index, see Complication/infection and inflammation/due to (presence of) any device, implant or graft/orbital (implant). Code 996.69 describes an infection due to an orbital implant. We will also code for the organ (eye globe) transplant using V43.0. Orbital cellulitis is indexed under Cellulitis/orbit, orbital 376.01. Cellulitis code 682.0 is incorrect as it excludes orbit (367.01). The implant is the result of the patient’s previous cancer and indicated with V10.84. A note under 996.6 states, “Use additional code to identify specified infections.” We don’t have documentation of the infective agent .

9. C. 872.61

RATIONALE: This is an acute injury. In the index, see Wound/ear/drum. Codes in the 384.2 subcategory are for perforations persisting after an illness or injury is resolved. Excluded is “traumatic perforation (current injury)” Code 910.8 is for a superficial injury, but this isn’t superficial because it is in the middle ear. Do not confuse “simple” with “superficial.” Code 872.71 is “complicated,” and this wound is simple, without a foreign body or sign of infection. You also could report E codes to describe the circumstance of the injury: E920.8 *Cutting and piercing as cause of accident*. Plant thorn is an inclusion term in this category. Also consider reporting E016.1 *Accident occurring while gardening or landscaping* and E849.0 *Place of occurrence, home*. These E codes help establish the proper insurer for the services provided.

10. A. 365.9

RATIONALE: We don’t have a lot of information to work with here, so 365.9 *Unspecified glaucoma* is our best choice. In the index, see Glaucoma. In a medical office, you would have access to the entire patient record and to the physician to find out more about what type of glaucoma the patient has. The important thing to remember here is the patient still has glaucoma, despite the normal (WNL is “within normal limits”) IOP (intraocular pressure). Without medication, the patient has glaucoma. V12.49 is inappropriate because it reports a history of a resolved condition.

Section Review 15.3

1. B. 65275

RATIONALE: The presence of the foreign body has no bearing on code selection. In the index, see Cornea/Repair/Wound/Nonperforating. Note the code reads “with or without removal of foreign body.” Key to code choice is the site of the injury (the cornea) and it was a nonperforating injury. The topical anesthetic is bundled into the procedure, although the physician could bill separately for any IV sedation used or if a therapeutic contact lens was applied.

2. B. 69105

RATIONALE: Although the area biopsied is skin, a code from the Auditory System chapter of CPT® is appropriate for this biopsy. CPT® tells us to report code 69100 for a biopsy of the external ear, and 69105 for a biopsy of the external auditory canal. In the index, see Biopsy/Auditory Canal, External. The tragus is the protective cartilage knob anterior to the ear canal. Code 69105 is the correct code for a biopsy, by any method of the external auditory canal.

3. A. 65420-50

RATIONALE: In the index, see Pterygium/Excision. A pterygium is an overgrowth of conjunctiva forming in the nasal aspect of the eye and grows outward toward the cornea. Pterygia are reported in ICD-9-CM with codes from 372.4; 372.44 reports recurrent pterygium and is the correct choice. Excision of a pterygium is reported separately from other conjunctival disorders, with codes 65420 and 65426. Because this was a simple repair, 65420 is the correct code. Modifier 50 indicates a bilateral procedure was performed.

4. C. 69310

RATIONALE: In the index, see Meatoplasty. Consider the goal of this procedure: to reduce the stenosis in the external auditory canal. This is called a “meatoplasty” and is reported with 69310 for an acquired condition, regardless of how simple or complex the reconstruction is.

5. C. 67318, 67331, 67335

RATIONALE: In the index, see Strabismus/Repair/Superior Oblique Muscle. Code 67318 is the only code listed describing a procedure on the superior oblique muscle. In addition to 67318, we report add on codes for adjustable suture (in the index, see Strabismus/Repair/Adjustable Sutures) and also for a patient with a history of ophthalmic surgery (67331). The medical history of ocular surgery makes the procedure more risky and difficult, and use of this code helps the physician report this complexity. Modifier 51 never is applied to add-on codes.

6. A. 69799

RATIONALE: In the index, see Ear/Unlisted Services and Procedures. The correct answer is A, for an unlisted procedure. Round window implants are a new technology not yet assigned CPT® a code. The word “transducer” should alert you to the hearing aid component of this procedure. There isn’t a new technology code for this type of procedure and an unlisted code is your best option. The round window is the barrier between the middle and inner ear, but is still considered middle ear.

7. C. 68520

RATIONALE: In the index, see Dacryocystoectomy. The stone was embedded in the sac, which was removed. We cannot code for both removal of the stone and removal of the sac. Only 68520 is reported. The lacrimal gland is located near the eyebrow; the lacrimal sac is the upper dilated end of the lacrimal duct, aligned with the nostril. Don’t confuse the two sites.

8. D. 69637

RATIONALE: In the index, see Mastoidotomy directing you to code range 69635–69637. Code 69637 represents a mastoidotomy (including atticotomy and tympanic membrane repair) with ossicular chain reconstruction and partial ossicular replacement prosthesis.

9. C. 67120

RATIONALE: In the index, see Eye/Removal/Implant/Posterior Segment. If you didn’t know an aqueous shunt is implanted material in the extraocular posterior segment, you could come to that understanding by reviewing all the aqueous shunt codes in the Eye and Adnexa section of CPT®. Within the aqueous shunt subsection is the parenthetical note, “For removal of implanted shunt, use 67120.”

10. C. 92012

RATIONALE: In the index, see Ophthalmology, Diagnostic/Eye Exam/Established Patient. Intermediate ophthalmological services are described in CPT® as the evaluation of a new or existing condition of the eye not requiring comprehensive services. This is reported with 92002 for a new patient, or 92012 for an existing patient. This service is for an existing patient, making 92012 is the correct code. Documentation does not support any level of E/M.