

OPHTHALMOLOGY

In preparation for the upcoming switch to ICD-10 it's more important than ever to be prepared. This tool has been created to help ensure accurate dictations and improve your chances of payor cooperation, lessening your chance for denials and lost reimbursement. Use this checklist during your dictation process to help successfully navigate the change to ICD-10.

INDICATIONS

ACUTE VS CHRONIC

Is the condition **ACUTE OR CHRONIC?**

If acute, please include date of onset of illness or injury.

Is the condition **CONGENITAL OR ACQUIRED?**

INJURIES

Please include any of the following details if related to your patient's services :

- Burns or corrosion
 - With or without rupture
 - With or without foreign body
- Laceration
- Penetrating wound
- Superficial (*Abrasion, Insect bite, Blister, Contusion*)

BLINDNESS

Details related to your patient's blindness?

CATARACTS

Details related to your patient's cataract?

TYPE – (*e.g. nuclear sclerotic, subcapsular, etc.*)

CONJUNCTIVA

Details related to your patient's conjunctiva?

- Scars Cysts
- Pigmentation Concretions

POST OPERATIVE

COMPLICATIONS

Please specify any complications of surgical care for your patient?

- Accidental puncture or laceration
- Device, supply, or other material inadvertently left inside the patient
- Wrong site, procedure, or patient
- Abnormal reaction to device, if yes, specify reaction
- Fracture of bone following insertion of fixation

FINDINGS

ABNORMAL FINDINGS

Is the patient's service due to abnormal findings from prior tests?

Please specify if the procedure is following a prior treatment.

PRIOR PROCEDURE COMPLICATIONS

Is your patient's current treatment the result of any **PRIOR TREATMENT COMPLICATIONS?**

LACRIMAL SYSTEM DISORDERS

Please include details related to your patient's services to treat their lacrimal system disorder.

DEVICE COMPLICATIONS

Has your patient had any **DEVICE COMPLICATIONS?**

- | | |
|---------------------------------|-----------|
| Cornea, Orbit, or IOL device | Breakdown |
| Displacement | Infection |
| Mechanical failure | |
| Transplant failure or rejection | |

KERATASIS

Please include any of the following details if related to your patient's services :

- | | |
|---------------------|-------------|
| Deep or superficial | Filamentary |
| Photokeratitis/UV | Macular |
| Punctate | |

GLOBE DISORDERS

Please include any of the following details if related to your patient's services:

- Degeneration: Chalcosis, Siderosis
- Endophthalmitis: Flat anterior chamber, Fistula, Primary
- Hypotonia: Exudative anterior or pars plana, Idiopathic, Implantation, Parasitic, or Primary

IRIS/CILIARY BODY DISORDERS

Please include any of the following details if related to your patient's services:

- Cyst: Atrophy, Chamber angle, Miotic pupillary, Iridoschisis
- Degeneration: Floppy iris syndrome, Hyphema, Plateau iris syndrome, Rubeosis iridis
- Iridocyclitis: Fuch's heterochromic or Vogt-Koyanagi syndrome

MOVEMENT DISORDERS

Please include any of the following details if related to your patient's services (*please specify type as well*):

- Amblyopia
- Esotropia
- Exotropia
- Heterophoria
- Nystagmus
- Strabismus

