

PRESENTED BY HIGHMARK RISK ADJUSTMENT ACCURACY MANAGEMENT

Exudative Macular Degeneration



Disclaimer

This presentation is the property of Highmark Inc., Highmark Health, and/or its subsidiaries (“Highmark”) and is proprietary and confidential and may not be recorded in any manner including, without limitation, audio, video, photograph, screenshot, or by any other means or in any other media. Broadcasting, publication, or sharing of these materials without Highmark’s express permission is strictly prohibited. This presentation is accurate as of the date it is presented but may change pursuant to regulatory requirements or in response to changing business needs. The information provided is intended to assist with support for the documentation accuracy of the diagnosis codes reported to Highmark. Providers should still reference official ICD-10-CM coding guidelines and coding manuals or electronic coding software for accurate reporting of compliant diagnosis codes. This presentation is not intended to situate Highmark as a provider of medical services or dictate the diagnosis, care, or treatment of patients. Your medical judgment remains independent with respect to all medically necessary care to your patients.

The following entities, which serve the noted regions, are independent licensees of the Blue Cross Blue Shield Association: Western and Northeastern PA: Highmark Inc. d/b/a Highmark Blue Cross Blue Shield, Highmark Choice Company, Highmark Health Insurance Company, Highmark Coverage Advantage Inc., Highmark Benefits Group Inc., First Priority Health, First Priority Life, Highmark Care Benefits Inc., Highmark Senior Health Company or Gateway Health Plan, Inc. d/b/a Highmark Wholecare. Central and Southeastern PA: Highmark Inc. d/b/a Highmark Blue Shield, Highmark Benefits Group Inc., Highmark Health Insurance Company, Highmark Choice Company, Highmark Senior Health Company or Gateway Health Plan, Inc. d/b/a Highmark Wholecare. Delaware: Highmark BCBSD Inc. d/b/a Highmark Blue Cross Blue Shield. West Virginia: Highmark West Virginia Inc. d/b/a Highmark Blue Cross Blue Shield, Highmark Health Insurance Company. Highmark Senior Solutions Company or Highmark Health Options West Virginia Inc. d/b/a Highmark Health Options. Western NY: Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Cross Blue Shield. Northeastern NY: Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Shield. All references to “Highmark” in this document are references to the Highmark company that is providing the member’s health benefits or health benefit administration and/or to one or more of its affiliated Blue companies.

Availity is an independent company that contracts with Highmark to offer provider portal services.

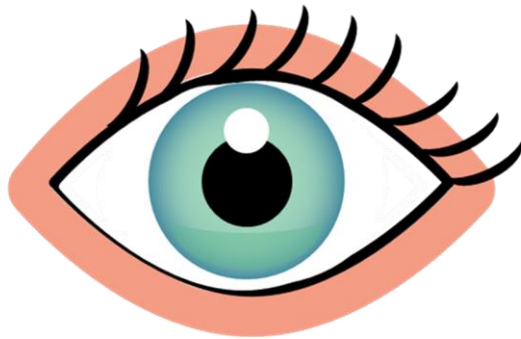
Agenda

1. Overview of the condition
 2. Coding & documentation considerations
 3. Documentation example
 4. Additional resources
-

Exudative Macular Degeneration

Exudative or wet age-related macular degeneration is a serious eye condition causing blurred or reduced central vision, primarily affecting individuals over 50. It occurs when abnormal blood vessels develop under the retina's macula, leading to fluid buildup and bleeding. While dry macular degeneration progresses slowly, the wet form is aggressive, requiring prompt treatment to minimize vision loss. Symptoms include distorted vision, difficulty reading, needing brighter light, trouble seeing in low light, blurry words, difficulty recognizing faces, and blind spots. Risk factors include age, family history, smoking, obesity, and cardiovascular disease.

Coding Considerations



Exudative age-related macular degeneration, right eye, with inactive scar

H35.3213

[https://www.nei.nih.gov/learn-about-eye-health/eye-conditions-and-diseases/age-related-macular-degeneration;](https://www.nei.nih.gov/learn-about-eye-health/eye-conditions-and-diseases/age-related-macular-degeneration)
<https://medlineplus.gov/maculardegeneration.html>

To correctly assign an ICD-10-CM code for exudative age-related macular degeneration (ARMD), the documentation must include the following details:

Affected eye

1 = Right , **2** = Left , **3** = Bilateral

Stage

- 1** = With active choroidal neovascularization
- 2** = With inactive choroidal neovascularization
- 3** = Inactive scar

Documentation Considerations

Include the patient's perspective

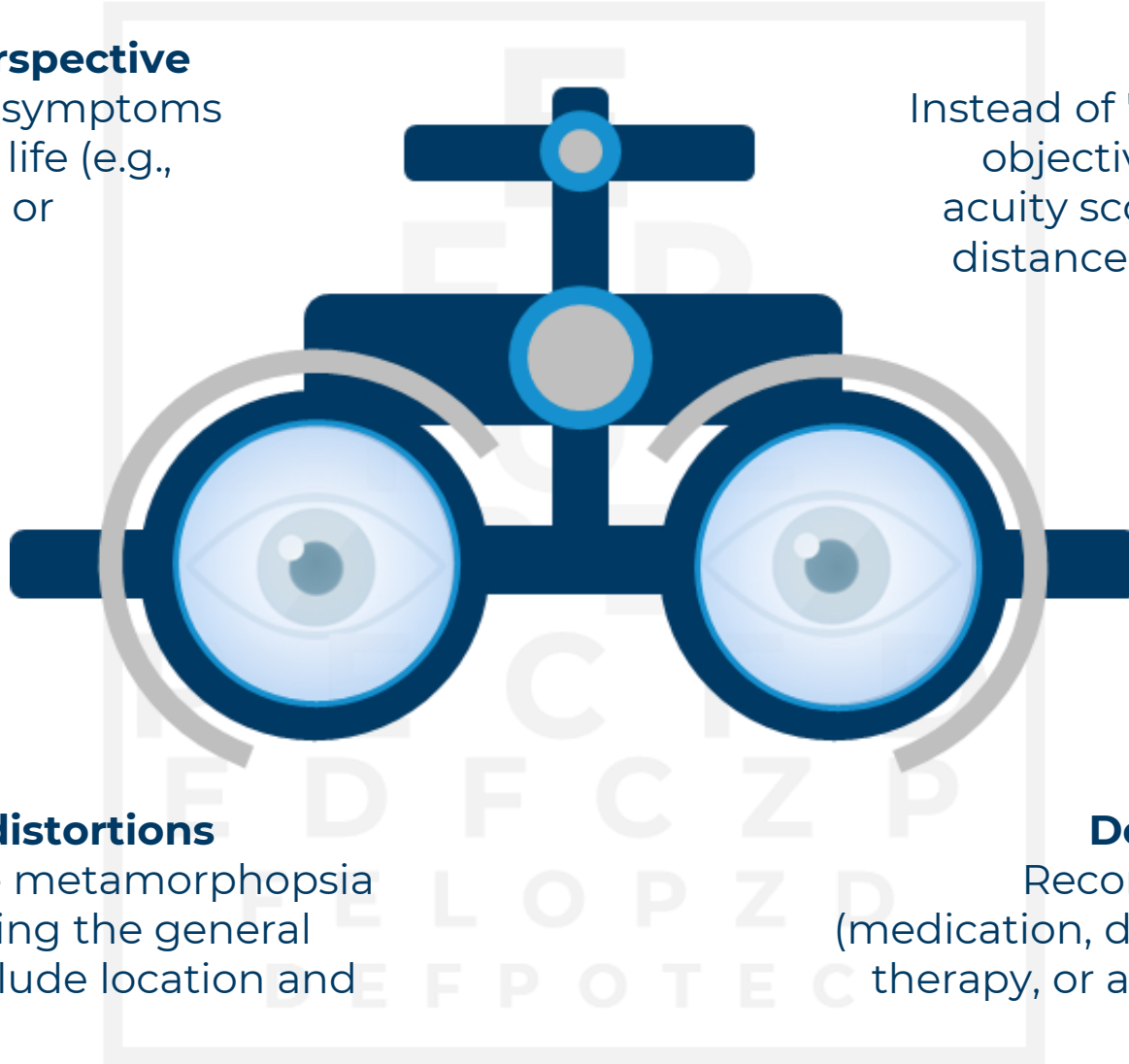
Include patient-reported symptoms and their impact on daily life (e.g., difficulty reading, driving, or recognizing faces).

Note the progression

Compare current findings to previous exams to document changes. Note any new or worsening symptoms or exam findings.

Be specific with visual distortions

If possible, use terms like metamorphopsia or scotoma instead of using the general term "blurred vision". Include location and size of any scotomas.



Quantify, when possible

Instead of "reduced central vision," use objective measurements like visual acuity scores from a Snellen chart for distance and near vision in each eye.

Record a detailed history

Document risk factors: age, smoking history, family history of AMD, cardiovascular disease, obesity, etc.

Document treatment details

Record treatments like injections (medication, dosage, date), photodynamic therapy, or any other procedures, noting the response to each.

Macular Degeneration Example



History of Present Illness:

73-year-old male here for annual wellness visit and states he is doing well. He had an appointment with his eye doctor last week for his wet AMD.

Ocular exam: Left eye with active choroidal neovascularization, increased subretinal fluid.

Assessment & Plan:

Exudative age-related macular degeneration, left eye, with active choroidal neovascularization (H35.3221)

Patient received an intravitreal injection of Eylea in the left eye during his ophthalmology visit last week. Next injection is scheduled in 2 months from now. Continue home Amsler grid monitoring and report any new visual changes.

The clinician reviewed the ophthalmology notes, incorporating both the findings and treatment plan. To ensure accurate ICD-10-CM code assignment, the ARMD type, stage, and affected eye were also documented.

Additional Resources

Documentation Best Practice Checklist



Annually assess all chronic conditions and document a plan for each one



Link medications to help establish ongoing treatment especially if the medication is used to treat multiple conditions.



Use the term “History of” before a condition if it no longer exists or has resolved



Validate patient reported findings



Code and document all coexisting conditions that require or affect patient care, treatment or management



Avoid using uncertain terms when a diagnosis has been confirmed for a patient



Choose the highest level of specificity when selecting an ICD-10 code



Keep problem list up to date by removing acute and one-time conditions

Highmark Provider Resource Center

KNOWLEDGE COLLEGE

15-minute on-demand courses on risk adjustment coding and documentation to help clinicians comply with CMS standards and ICD-10-CM guidelines

1. Log into Availity.
2. Navigate to the Provider Resource Center.
3. Locate “Resources and Education” in the menu bar and navigate to “Clinical Quality & Education”.
4. Select “Coding Education/HCC University”.

RISK ADJUSTMENT OVERVIEW

Review the foundations of what risk adjustment is, hierarchical condition categories, common errors, best practices and impacts to patient care



CODING & DOCUMENTATION CARDS

Reference cards to assist with documentation and coding according to CMS documentation standards and ICD-10-CM coding requirements



Have questions about risk adjustment?

**Want to share feedback or suggest topics
for future presentations?**

Email:

RiskAdjustmentCoding@Highmark.com