

PRESENTED BY HIGHMARK RISK ADJUSTMENT ACCURACY MANAGEMENT

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# Retinal Vein Occlusion

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# Agenda

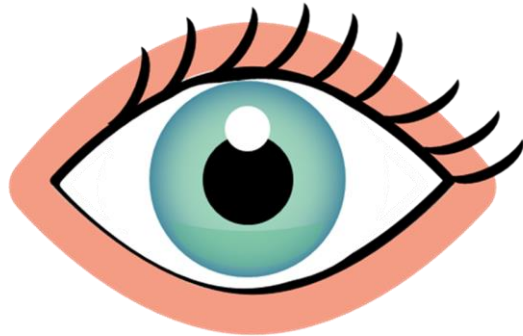
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1. Overview of the condition
  2. Coding & documentation considerations
  3. Documentation example
  4. Additional resources
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# Retinal Vein Occlusion

Retinal Vein Occlusion (RVO) is the second leading cause of retinal vascular blindness, surpassed only by diabetic retinopathy. This condition arises from an obstruction of blood flow from the retina, which can result in significant vision loss, frequently due to macular edema. RVO is categorized into two main types: Branch Retinal Vein Occlusion (BRVO), involving a blockage in a tributary of the central retinal vein and Central Retinal Vein Occlusion (CRVO) which affects the main retinal vein. CRVO can be further classified as non-ischemic (mild), characterized by blood vessel leakage, or ischemic (severe) which involves reduced or completely blocked blood flow.

## Coding Considerations



Central retinal vein occlusion, right eye with macular edema

**H34.8110**

To correctly assign an ICD-10-CM code for retinal vein occlusion (RVO), the documentation must include the following details:

### Type Of RVO

- 1 = Central
- 3 = Branch

### Affected eye

- 1 = Right
- 2 = Left
- 3 = Bilateral
- 9 = Unspecified

### Stage

- 0 = Macular edema
- 1 = Retinal neovascularization
- 2 = Stable (old occlusion)

# Documentation Considerations

## Document results from diagnostic tests

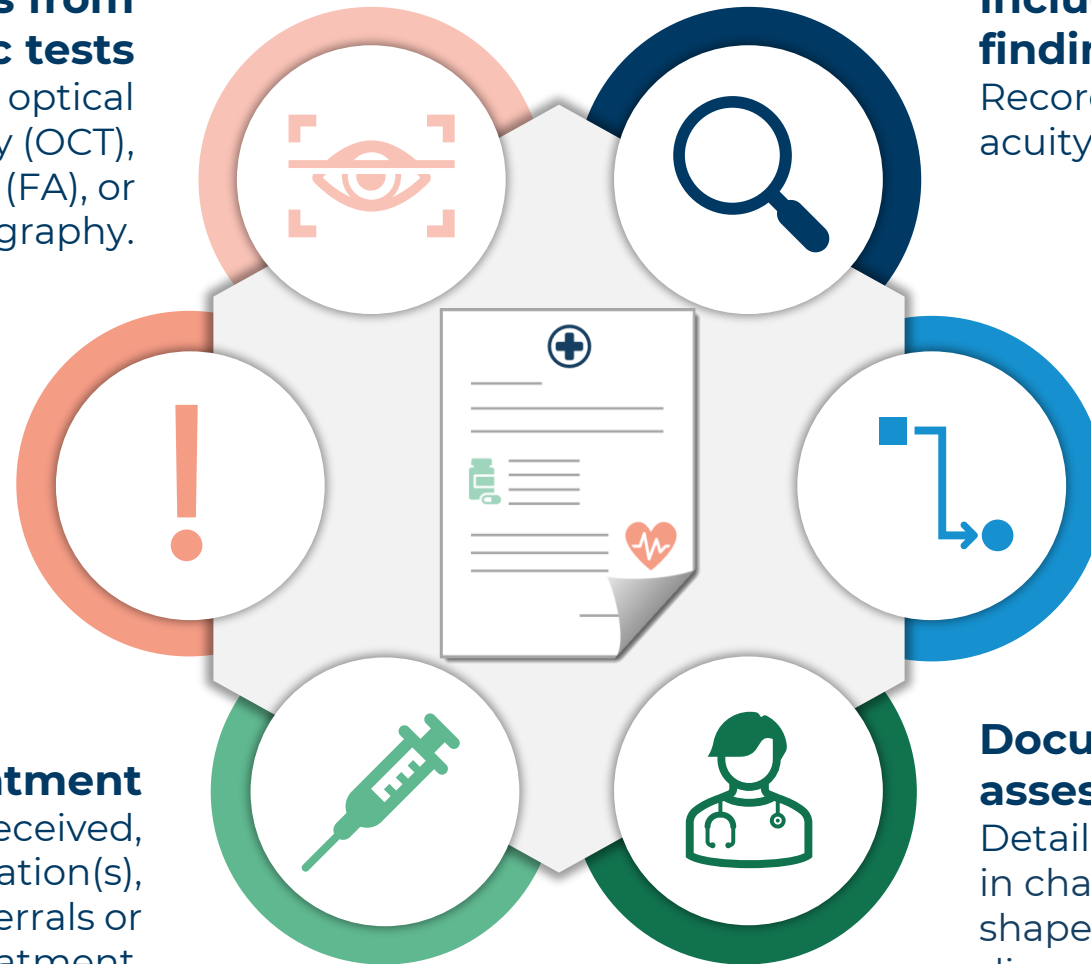
Record results from optical coherence tomography (OCT), fluorescein angiography (FA), or fundus photography.

## Note any complication(s)

Document the presence and status of any complications, such as vitreous hemorrhage, neovascular glaucoma, or retinal detachment, and assign the corresponding ICD-10-CM code(s).

## Record details of treatment

Note any treatment received, including medication(s), procedures, or specialist referrals or treatment.



## Include detailed examination findings

Record the findings from the visual acuity and ophthalmoscopy.

## Report associated conditions

When RVO is associated with another condition, like diabetes or hypertension, document both conditions and assign the corresponding ICD-10-CM codes.

## Document a detailed assessment

Detail the status and any changes in characteristics, such as size, shape, or appearance, indicating disease advancement or improvement.

# Retinal Vein Occlusion Example



## **Subjective:**

72 y/o female here for annual wellness visit. **Completed routine screenings: Eye exam**, colonoscopy, dental, and mammogram.

## **Review of Systems:**

Patient denies any issues. Specifically denies blurry/distorted vision.

## **Assessment & Plan:**

**Central retinal vein occlusion with macular edema, left eye (H34.8120)** – Diagnosed and managed by Dr. Stevers. **Reviewed the ophthalmology report** sent over by his office. **F/U with ophthalmology as directed for ongoing management of CRVO.**

The clinician reviewed the ophthalmologist's report, incorporated the findings into the assessment and plan, and noted that the ophthalmologist is managing the condition. Additionally, the clinician documented the condition with the highest specificity, allowing for proper assignment of ICD-10 code H34.8120 CRVO with macular edema, left eye

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# **Additional Resources**

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# 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?**

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