ICD-10-CM Overview

August 2026 Rebecca Wartman OD

Every October, a new version of the ICD-10-CM codes are published. Minor revisions are also published every April. There are no significant changes relative to Optometry or eye care for the October 2026 edition. Even without any specific changes for October 1, 2026 - September 30, 2027 edition, providers would do well to review their commonly used diagnosis listings to ensure they are accurate. Many payors are becoming stricter on the correct use of this code set resulting in an increase in claim denials.

For providers and employees who are seasoned users of the ICD-10-CM system and for anyone new to using this system, all the original documents can be found on the Centers for Disease Control (CDC) website. This article will review the specific steps that should be taken when choosing the appropriate diagnosis code(s) for any particular patient condition. The ICD-10-CM documents include the Official Guidelines, Alphabetic Index, Indices of External Causes, Drugs and Neoplasms, Tabular Listing, and addenda of changes made for the current edition.

ICD-10-CM Official Guidelines for Coding and Reporting Providers should carefully review the official guidelines for properly choosing and applying ICD-10-CM codes. Section IA reviews all the conventions, nomenclature, and general guidelines for proper use. Section IB reviews how to select codes for certain condition types. Section 1C reviews specific coding guidance for each chapter of the ICD-10-CM Tabular Listing, including Chapter 4 for endocrine diseases where specific instructions for medication coding can be found and Chapter 7 that is specific to Diseases of the Eye and Adnexa. Keep in mind that Optometry typically uses ICD-10-CM codes from the majority of the Tabular Listing Section. Guideline Sections II and III discuss how to choose primary and secondary diagnoses. Any yearly changes are clearly indicated.

ICD-10-CM Index to Diseases and Injuries There are 4 different indices. The commonly referred to "Alphabetic Index" which is the Index of Diseases and Injury, the Index of External Causes of Injury, the Table of Neoplasms and the Table of Drugs and Chemicals. Providers should start with the Alphabetic Index when selecting the appropriate diagnosis code and will direct providers to the appropriate section of the Tabular List chapter in which to look for the desired code. The remaining indices can be used as needed to streamline any appliable search. These indices are available as XSD, Chrome or Microsoft Edge files from a zip file link. Keep in mind that some coding instructions are only found in the alphabetic index so referring to this for any novel code is wise.

ICD-10-CM Tabular List of Diseases and Injuries This zip file has XSD, Chrome and Microsoft Edge files from which to choose. The Tabular List is broken down by systems and disease types. This listing has the actual ICD-10-CM codes to be used when filing an insurance claim. Providers should locate the specific code describing their patient's condition and follow ALL the coding instructions provided for that specific code. For example, a glaucoma code will be by specific type, and maybe by specific eye and specific stage of the condition. As well, a secondary glaucoma will require the diagnosis of the underlying ocular disorder. Providers should choose the diagnosis to match the eye described by a procedure modifier. For example, when coding 66984-RT for cataract surgery the diagnosis code must indicate the cataract is in the right eye as well. Some ICD-10-CM codes require the use of a seventh character and will always be clearly indicated in the Tabular List. The other indices of External Causes of Injury, Drugs and Neoplasms are for provider convenience and will streamline any search for the appropriate code choices.

Coding Injuries Providers should remember that for injury diagnoses, the code change for follow up visits and any visits due to injury sequela. The seventh character is required for each injury encounter: A=initial encounter, D=subsequent encounter, and S=sequela to injury. As well, injuries can require external cause of morbidity (how occurred), place of injury, activity at the time of occurrence, and external cause status codes to be included. These rules may apply to poisoning and other types of injury, as well.

Once a provider has located a specific code, the above process does not have to be repeatedly use but should be employed for any new or unfamiliar condition encountered.

Happy Coding….