ICD-10 Boot Camp for Chiropractors

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• Education
  • Bachelor’s of Science, Accounting - Brigham Young University
  • Master’s of Business Administration - Broadview University
  • Doctor of Chiropractic, Valedictorian - Palmer College of Chiropractic

• Certifications
  • Certified Professional Coder (CPC) - AAPC
  • Nationally Certified Insurance Coding Specialist (NCICS) - NCCT
  • Certified Chiropractic Professional Coder (CCPC) - AAPC
  • ChiroCode Certified Chiropractic Professional Coder (CCCPC) - ChiroCode
  • Certified Professional Coder – Instructor (CPC-I) - AAPC
  • Medical Compliance Specialist – Physician (MCS-P) - MCS
  • Certified Professional Medical Auditor (CPMA) – AAPC, NAMAS
  • Certified ICD-10 Trainer - AAPC
Disclaimer
Every attempt has been made to make this presentation as current as possible, but things change

Be sure to check with your local carriers and Medicare for updates as the ICD-10 implementation date gets closer

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Overview

• ICD-10 fundamentals and navigation
• Diagnosis coding guidelines review
• ICD-10 code selection strategies
• Documentation improvement
• Implementation in ten minutes per week

Note: ICD-10-PCS are procedure codes which replace ICD-9-CM volume 3. They are used for inpatient hospital facility billing only and not discussed in this workshop.
ICD-9 and ICD-10 differences

ICD-9

ICD-10

Note: “oh = 0” and “zero = 0”

<table>
<thead>
<tr>
<th>Feature</th>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Codes</td>
<td>About 14,000</td>
<td>About 68,000</td>
</tr>
<tr>
<td>Number of characters</td>
<td>• 3-5 characters in length</td>
<td>• 3-7 characters in length</td>
</tr>
<tr>
<td></td>
<td>• Characters are all numeric (or E or V)</td>
<td>• Character 1 is alpha</td>
</tr>
<tr>
<td></td>
<td>• Decimal is used after 3 characters</td>
<td>• Character 2 is numeric</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Characters 3-7 are alpha or numeric</td>
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<td></td>
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<td>• Decimal is used after 3 characters</td>
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<td></td>
<td></td>
<td>• Some codes use “x” for characters 4-6</td>
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<td></td>
<td></td>
<td>• Character 7 used in certain chapters</td>
</tr>
<tr>
<td>Number of chapters</td>
<td>17 chapters (plus E and V)</td>
<td>21 chapters</td>
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</tbody>
</table>
ICD-9 and ICD-10 similarities

ICD-9

I. Official Guidelines (about 30 pages)
II. Indexes (about 350 pages)
   i. Diseases and Injuries
      i. Neoplasms
   ii. Drugs and Chemicals
   iii. External Causes

ICD-10

I. Official Guidelines (about 30 pages)
II. Indexes (about 420 pages)
   i. Diseases and Injuries
   ii. Neoplasms
   iii. Drugs and Chemicals
   iv. External Causes
ICD-9 and ICD-10 similarities

III. Tabular list

(340 pages)

1. Infectious Diseases
2. Neoplasms
3. Endocrine
4. Blood
5. Mental
6. Nervous
7. Circulatory
8. Respiratory
9. Digestive
10. Genitourinary
11. Pregnancy
12. Skin

13. Musculoskeletal
14. Congenital malformations
15. Perinatal
16. Signs and Symptoms
17. Injuries and Poisoning E-codes. External Causes
V-codes. Health Status

ICD-9

ICD-9 and ICD-10 similarities

III. Tabular list

(660 pages)

1. Infectious Diseases
2. Neoplasms
3. Blood
4. Endocrine
5. Mental
6. Nervous
7. Eye
8. Ear
9. Circulatory
10. Respiratory
11. Digestive
12. Skin

13. Musculoskeletal
14. Genitourinary
15. Pregnancy
16. Perinatal
17. Congenital malformations
18. Signs and Symptoms
19. Injuries and Poisoning
20. External Causes
21. Health Status

ICD-10
ChiroCode Complete and Easy
ICD-10 Coding for Chiropractic

Pages 1-43: Complete guide to understanding ICD-10-CM coding
Pages 44-56: Commonly Used Codes*
Pages 57-134: Code Map (GEMs)*
Pages 135-454: Tabular list (abridged)
Pages 455-472: Alphabetic Index*
Pages 473-511: Coding Guidelines

*We'll discuss these at length later

Tabular list layout

Chapter
21 of them from A to Z (body system or condition)

Block
Ranges of categories (related conditions)

Categories
3 characters (more specific condition)

Subcategories
4th or 5th characters (etiology, location, etc.)

Codes
6th or 7th characters (laterality, encounter, etc.)
### Chapter 13: Diseases of the Musculoskeletal System and Connective Tissue (M00 – M99)

#### Block: Spondylopathies (M45 – M49)

(Always bold CAPS, lined above and below)
### Tabular list: blocks

Other blocks of interest within Chapter 13

- M00 to M25, **Arthropathies** (diseases of the joints)
- M40 to M43, **Dorsopathies** (diseases of the spine)
- M45 to M49, **Spondylopathies** (diseases of the vertebrae)
- M50 to M54, **Other Dorsopathies**
- M60 to M63, **Disorders of Muscles**
- M65 to M67, **Disorders of synovium and tendons**
- M70 to M79, **Other soft tissue disorders**
- M80 to M94, **Osteopathies and Chondropathies** (diseases of bone and cartilage)
- M99 **Biomechanical Lesions, NEC** (subluxations and others)

Note: There are actually 19 blocks in Chapter 13. Each block deals with a specific disease and associated symptoms.

### Categories in the block **Spondylopathies** (M45-M49)

- **M45 Ankylosing Spondylitis**
- **M46 Other Inflammatory Spondylopathies**
- **M47 Spondylitis**
- **M48 Other Spondylopathies**
- **M49 Spondylopathies in diseases classified elsewhere**
Subcategories: (not bolded)

Subcategories within the category M47 Spondylosis include:

M47.0 Anterior spinal an vertebral artery compression syndromes
M47.1 Other Spondylosis with myelopathy
M47.2 Other Spondylosis with radiculopathy
M47.8 Other Spondylosis

Codes: (always bold)

M47.812 Spondylosis without myelopathy or radiculopathy, cervical region

Codes within the subcategory M47.81- Other Spondylosis include eight different options for the sixth character, representing different regions of the spine.
Drawbacks of ICD-9

- Too old
- Many sections are full and cannot be expanded
- Not descriptive enough
- Not able to accurately reflect advances in medical knowledge or technology
- Will not meet healthcare needs of the future

Benefits of ICD-10

Improved efficiencies and lowered administrative costs
- Fewer rejected and improper reimbursement claims
- Decreased demand for submission of medical record documentation
- Increased use of automated tools to facilitate the coding process
- Fewer coding errors
- Increased productivity
- Reduced labor costs
Benefits of ICD-10

- Greater specificity can be achieved because the codes are:
  - alphanumeric
  - up to seven characters long

<table>
<thead>
<tr>
<th>Feature</th>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expansion</td>
<td>Very limited</td>
<td>Expandable without a structural change</td>
</tr>
<tr>
<td>Detail</td>
<td>Lacks detail</td>
<td>Very specific</td>
</tr>
<tr>
<td>Laterality</td>
<td>Lacks laterality</td>
<td>Includes laterality when appropriate</td>
</tr>
<tr>
<td>Encounters</td>
<td>Encounters are not defined</td>
<td>Initial and subsequent encounters are defined</td>
</tr>
<tr>
<td>Combination Codes</td>
<td>Combination codes are limited</td>
<td>Combination codes are frequent</td>
</tr>
</tbody>
</table>
Diagnosis Coding History

Before ICD-10

- 1600's London Bills of Mortality
- 1893 International List of Causes of Death, Int'l Statistical Institute
- 1900, 1910, 1920 revisions
- 1938 ISI decided to work with the League of Nations (later WHO)
- 1948 WHO created ICD-6 and officially included diseases for the first time
- 1955 ICD-7 minimal change
- 1965 ICD-8 used for hospital indexing
- 1975 ICD-9 added fourth and fifth characters
- 1979 ICD-9-CM released for use on claims in the US
- 1988 Medicare Catastrophic Coverage Act requires physicians to report with ICD-9-CM

After ICD-10

- 1994 ICD-10-CM released by National Center for Health Statistics
- 1995 ICD-10 adopted in the UK
- 1996 HIPAA outlines code set standards, including ICD-10-CM
- 1998 ICD-10-AU adopted in Australia
- 2000 ICD-10-GM adopted in Germany
- 2001 ICD-10-CA adopted in Canada
- 2003 Testing done by AHA and AHIMA; NCHS recommended ICD-10 adoption
- 2009 Final implementation date set for Oct. 1, 2013
- 2011 ICD-10-CM frozen to prepare for implementation
- 2012 HHS delays implementation until Oct. 1, 2014
- 2015 CMS says “We mean it this time. For sure. Probably.”

Note:
ICD-9 must be used until Oct. 1, 2015
ICD-10 is only required for HIPAA covered entities (not PI or WC)
ICD-10 examples

ICD-10-CM code for *chronic gout due to renal impairment, left shoulder, without tophus*.

Note: there are 11 gout codes in ICD-9 (in the endocrine chapter) and 365 in ICD-10 (in the musculoskeletal chapter).

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ICD-10 examples

In ICD-9: **E844.8**

*Sucked into jet without accident to aircraft; ground crew*
ICD-10 examples

In ICD-10: V97.33

Person on ground injured in air transport accident; sucked into jet engine, male; under 5’5” in height; slightly bald; wearing a jump suit; during a full moon

ICD-10 examples

• G44.82 Headache associated with sexual activity

• V95.42xA Spacecraft crash injuring occupant, initial encounter

• Y96.15xD Hang-glider explosion, injuring occupant, subsequent encounter

• W59.22xA Struck by a turtle, initial encounter

• Z63.1 Problems in relationship with in-laws
ICD-10 examples

Kissing Spine

In ICD-9
(alphabetic index)

<table>
<thead>
<tr>
<th>Kissing</th>
<th>721.5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Osteophyte</td>
<td>721.5</td>
</tr>
<tr>
<td>Spine</td>
<td>721.5</td>
</tr>
<tr>
<td>Vertebra</td>
<td>721.5</td>
</tr>
</tbody>
</table>

In ICD-10
(tabular list)

<table>
<thead>
<tr>
<th>Kissing Spine, unspecified</th>
<th>M48.20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occipito-atlanto region</td>
<td>M48.21</td>
</tr>
<tr>
<td>Cervical region</td>
<td>M48.22</td>
</tr>
<tr>
<td>Cervicothoracic region</td>
<td>M48.23</td>
</tr>
<tr>
<td>Thoracic region</td>
<td>M48.24</td>
</tr>
<tr>
<td>Thoracolumbar region</td>
<td>M48.25</td>
</tr>
<tr>
<td>Lumbar region</td>
<td>M48.26</td>
</tr>
<tr>
<td>Lumbosacral region</td>
<td>M48.27</td>
</tr>
</tbody>
</table>

ICD-10 examples

Migraines (see G43._ _ _)
44 choices available for migraines

- Documentation must include:
  - With or without aura
  - Intractable or not intractable
  - With or without status migrainosus
  - Persistent or chronic
  - With or without vomiting
  - With or without ophthalmoplegic, menstrual, etc
  - Induced by ICD-10 training

G43.709 Chronic migraine without aura, not intractable, without status migrainosus

G44 includes cluster, vascular, tension-type, post-traumatic, drug-induced, and many other types of headaches
ICD-10 Guidelines for DCs

1. Conventions
   (appendix, section I.A)
2. General Coding Guidelines
   (appendix, section I.B)
3. Chapter Specific Coding Guidelines
   (appendix, section I.C)
4. The Tabular List **takes precedence
   (in-column instructions)

ICD-10 Conventions

**NEC** “Not elsewhere classified” or “other specified”
Used when the information in the medical record provides detail for which a specific code does not exist
example: “facet syndrome” might be
   M53.86 Other specified dorsopathies, lumbar region
   M47.816 Spondylosis without myelopathy or radiculopathy, lumbar region

**NOS** “Not otherwise specified” or “unspecified”
Used when the information in the medical record is insufficient to assign a more specific code.
example:
   M54.9 Dorsalgia, unspecified
ICD-10 Conventions

Includes
This note appears immediately under a three-digit code title to further define, clarify, or give examples of the content of a code category.

And
The word “and” should be interpreted to mean either “and” or “or” when it appears in a title… “either or” example:

S33 Dislocation and sprain of joints and ligaments of lumbar spine and pelvis

Excludes

**Different in ICD-10**

Excludes1 – is used when two conditions cannot occur together or “NOT CODED HERE!” Mutually exclusive codes; two conditions that cannot be reported together.

Excludes2 – indicates “NOT INCLUDED HERE.” Although the excluded condition is not part of the condition, it is excluded from, a patient may have both conditions at the same time. The excluded code and the code above the excludes can be used together if the documentation supports them.
ICD-10 Conventions

Excludes

Excludes1 – consider these codes instead
(you can only use 1)
(mutually exclusive)

Excludes2 – consider
these codes in addition
(you may use 2 or more)
(Not included)

533  DISLOCATION AND SPRAIN OF JOINTS AND
LIGAMENTS OF LUMBAR SPINE AND PELVIS

Includes:
- avulsion of joint or ligament of lumbar spine
  and pelvis
- laceration of cartilage, joint or ligament of
  lumbar spine and pelvis
- sprain of cartilage, joint or ligament of
  lumbar spine and pelvis
- traumatic hemorrhage of joint or ligament of
  lumbar spine and pelvis
- traumatic rupture of joint or ligament of
  lumbar spine and pelvis
- traumatic subluxation of joint or ligament of
  lumbar spine and pelvis
- traumatic tear of joint or ligament of lumbar
  spine and pelvis

Excludes1:
- nontraumatic rupture or displacement of
  lumbar intervertebral disc NOS (M51.9)
- obstetric damage to pelvic joints and
  ligaments (O71.6)

Excludes2:
- dislocation and sprain of joints and
  ligaments of hip (S73.-)
- strain of muscle of lower back and pelvis
  (S39.0F)

Code also any associated open wound
### M25.652 Stiffness of left hip, not elsewhere classified

Note: the exclusion notes apply to all codes that begin with **M25.6**
ICD-10 examples

M25 Other joint disorder, not elsewhere classified

Note: the exclusion notes apply to all codes that are in the M25 category

ICD-10 examples

M20-M25 Other joint disorders

Note: the exclusion notes apply to all codes in the M20-M25 block
M Diseases of the musculoskeletal system and connective tissue

Note: the instructional notes apply to all codes in chapter 13

ICD-10 examples

M25.652 Stiffness of left hip, not elsewhere classified

Note: In column instructions all the way back to the first character apply to this code. There were no exclusions at the code, but we found them in three other places as we worked backwards.

Coding tip: start with the specific code and work backwards to find the relevant instructional notes.
ICD-10 Conventions

**Code First / Use additional code**
Provides instructions on how to “sequence” the codes. Signals that an additional code should be reported to provide a more complete picture of the diagnosis. i.e. etiology/cause first, then manifestation.

**Code Also**
Alerts the coder that more than one code may be required to fully describe the condition. The sequencing of the codes depends on the severity and/or the reason for the encounter.

**With/without**
- “with” means “associated with” or “due to”
- default is always “without”

**(parentheses)**
- non-essential modifiers
ICD-10 Guidelines for DCs

1. Conventions  
   (appendix, section I.A)

2. General Coding Guidelines  
   (appendix, section I.B)

3. Chapter Specific Coding Guidelines  
   (appendix, section I.C)

4. The Tabular List **takes precedence  
   (in-column instructions)
General Coding Guidelines

Code to the highest level of specificity (i.e. up to five digits in ICD-9, seven in ICD-10) (section I.B.3)

“List first the ICD-9-CM code for the diagnosis, condition, problem, or other reason for the encounter/visit shown in the medical record to be chiefly responsible for the services provided.” (section IV.H)

“Code signs and symptoms when a related definitive diagnosis has not been established (confirmed) by the provider” (section I.B.6)
- mostly 780-799 in ICD-9
- R00 to R99 in ICD-10

Example: **R45.2 Unhappiness**
**R51 Headache**
“Signs and symptoms that are associated routinely with a disease process should not be assigned as additional codes” (section 1.B.7)

• Example: R68.84 Jaw pain would not be coded with
  o M26.62 temporomandibular joint arthralgia

“Additional signs and symptoms that may not be associated routinely with a disease process should be coded when present.” (section 1.B.8)

• Example: R11.0 Nausea and
  o S13.4xxA Sprain of ligaments of the cervical spine

“Do not code diagnoses documented as ‘probable’, ‘suspected’, ‘questionable’, ‘rule out’, or ‘working diagnosis’ or other similar terms indicating uncertainty.” (section IV.I)
General Coding Guidelines

“Code all documented conditions that coexist at the time of the encounter/visit and require or affect patient care treatment or management.” (section IV.K)

Diabetes? Pregnancy (Z33.1)?
Cancer?

General Coding Guidelines

Acute and chronic
- The acute condition should always be listed before the chronic condition if both are present.

- Example: J01.00 Acute maxillary sinusitis, unspecified
  - Note the Excludes2 note for J32.0 chronic maxillary sinusitis
Combination codes are used to classify:

- Two diagnoses, or
- A diagnosis with an associated secondary process (manifestation)
- A diagnosis with an associated complication

Example:
M54.4 Lumbago with sciatica

Laterality
- If the condition is bilateral and there is no bilateral code, then you have to list the left and right code separately.
- Sixth character (usually)
  - 1=right
  - 2=left
- List unspecified if laterality is not described
Placeholder “x” character
ICD-10-CM utilizes a placeholder character “x” in positions 4, 5, and/or 6 in certain codes to allow for future expansion.

7th Characters
Certain ICD-10-CM categories have applicable 7th characters. The 7th character must always be the 7th character in the data field. If a code that requires a 7th character is not 6 characters, a placeholder “x” must be used to fill in the empty characters.

Sequela (late effects)
• Residual effect after the acute phase of an illness or injury has terminated
  o Example: paralysis after cerebral infarction
• Code first the condition being treated, and second the illness or injury that led to it.
• Never code the acute phase of the illness or injury with a sequela
General Coding Guidelines

The seventh character (encounter):

- **A** – *initial encounter*, while patient is receiving *active treatment* including continuing treatment by the same or a different physician

- **D** – *subsequent encounter*, routine care during the *healing or recovery phase*, such as *aftercare and follow up*

- **S** – *sequela*, complications or conditions that arise as a direct result of a condition, such as a *scar formation after a burn.*
General Coding Guidelines

The seventh character (encounter):

Which character is correct?
• Is the patient receiving active treatment?
• Is the patient in the middle of a treatment plan?
• Has the patient’s condition stabilized?
• Is the patient receiving supportive care?
• Is the patient in a healing or recovery phase?
• Is the patient being treated for a complication that is the direct result of some other condition that is no longer present?

General Coding Guidelines

- An unspecified code should be reported only when it is the code that most accurately reflects what is known about the patient’s condition at the time of that particular encounter.

*Note: Payers are likely to deny unspecified codes
- It is inappropriate to select a specific code that is not supported by the health record documentation
- It is inappropriate to conduct medically unnecessary diagnostic testing in order to determine a more specific code.
1. **Conventions**  
   (appendix, section I.A)

2. **General Coding Guidelines**  
   (appendix, section I.B)

3. **Chapter Specific Guidelines**  
   (appendix, section I.C)

4. **The Tabular List**  
   **takes precedence**  
   (in-column instructions)
Chapter 6: Guidelines for diseases of the nervous system (G00 – G99)

Pain (**G89 pain, not elsewhere classified**)
- For generalized acute, chronic, post-thoracotomy, post-procedural, or neoplasm related.
- Localized pain codes are found in other chapters (i.e. **M54.9, back pain**)
- G89 can be the principal diagnosis when it is reason for visit
Chapter Specific Guidelines

Chapter 13: Guidelines for diseases of the musculoskeletal system and connective tissue (M00 – M99)

- In general acute injury should be coded from chapter 19 (“S” codes), recurrent or chronic conditions are coded from chapter 13 (“M” codes)
- If a “multiple sites” code is available, use it instead of listing several sites individually

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>M43.10</td>
<td>Spondylolisthesis, site unspecified</td>
</tr>
<tr>
<td>M43.11</td>
<td>Spondylolisthesis, occipito-atlanto-axial region</td>
</tr>
<tr>
<td>M43.12</td>
<td>Spondylolisthesis, cervical region</td>
</tr>
<tr>
<td>M43.13</td>
<td>Spondylolisthesis, cervicothoracic region</td>
</tr>
<tr>
<td>M43.14</td>
<td>Spondylolisthesis, thoracic region</td>
</tr>
<tr>
<td>M43.15</td>
<td>Spondylolisthesis, thoracolumbar region</td>
</tr>
<tr>
<td>M43.16</td>
<td>Spondylolisthesis, lumbar region</td>
</tr>
<tr>
<td>M43.17</td>
<td>Spondylolisthesis, lumbosacral region</td>
</tr>
<tr>
<td>M43.18</td>
<td>Spondylolisthesis, sacral and sacroccocygeal region</td>
</tr>
<tr>
<td><strong>M43.19</strong></td>
<td><strong>Spondylolisthesis, multiple sites in spine</strong></td>
</tr>
</tbody>
</table>
Chapter Specific Guidelines

Chapter 18: Guidelines for symptom, signs, and abnormal clinical findings, not elsewhere classified (R00 – R99)

• Acceptable when a definitive diagnosis has not been established by the provider
• With a definitive diagnosis only when the symptom is not routinely associated with the diagnosis
• Don’t code the symptom separately when it is mentioned in a combination code

Signs and symptoms

A few examples from Chapter 18

- R07.1 Chest pain on breathing
- R07.82 Intercostal pain
- R10.83 Colic
- R11.0 Nausea
- R11.12 Projectile vomiting
- R20.1 Hypoesthesia of skin
- R26.2 Difficulty in walking, NEC
- R29.4 Clicking hip
- R42 Dizziness and giddiness
- R51 Headache
- R52 Pain, unspecified
- R60.0 Localized edema
- R68.84 Jaw pain
- R93.9 Diagnostic imaging
- Inconclusive due to excess body fat of patient

Note: Do not code from this list. Use the tabular list to determine if one of these codes is appropriate.
Chapter Specific Guidelines

Chapter 19: Guidelines for injury, poisoning, and certain other consequences of external causes
(S00 – T88)

Injuries

• Code most serious injury first
• Superficial injuries are not coded with more serious injuries at the same site (such as contusions)

Chapter Specific Guidelines

Chapter 20: Guidelines for external causes of morbidity (V, W, X, and Y)

• Provide data about cause, intent, place, activity, or status of the accident or patient
• Never sequenced first
• No national requirement to use these codes, but voluntary reporting is encouraged

Y92 Place of occurrence should be listed after other codes, used only once at initial encounter, in conjunction with Y93

Y93 Activity code should be used only once, at initial encounter
External Cause Codes: transport accidents

- V00-V09 Pedestrian injured in transport accident
- V10-V19 Pedal cycle rider injured in transport accident
- V20-V29 Motorcycle rider injured in transport accident
- V30-V39 Occupant of three-wheeled motor…
- V40-V49 Car occupant…
- V50-V59 Occupant of pick-up truck or van…
- V60-V69 Occupant of heavy transport vehicle…
- V70-V79 Bus occupant…
- V80-V89 Other land transport accidents
- V90-V94 Water transport accidents
- V95-V97 Air and space transport accidents
  - V98-V99 Other and unspecified transport accidents

External Cause Codes: place

- Y92.030 Kitchen in apartment as the place of occurrence
- Y92.232 Corridor of hospital as the place of occurrence
- Y92.72 Chicken coop as the place of occurrence
- Y92.86 Slaughterhouse as the place of occurrence
External Cause Codes: activity

- Y93.22 Activity, ice hockey
- Y93.45 Activity, Cheerleading
- Y93.C2 Activity, hand held electronic device
  - Cellular telephone and communication device
- Y93.E8 Activity, personal hygiene
- Y93.F2 Activity, caregiving, lifting
- Y93.K2 Activity, milking an animal
- Y93.84 Activity, sleeping

Diagnosis Code Hierarchy

- Neurological
- Structural
- Functional
- Soft Tissue
- Pain
- Co-morbidities
- External causes

Subluxation?
Medicare LCD for ICD-9

Short term
- 306, 339, 784 Headaches
- 718 Contracture
- 721 Spondylitis
- 723-724 Back Pain

Moderate term
- 353 Root lesions
- 720 Enthesiopathy
- 722 Unspecified disc disorders
- 723 Other cervical disorders
- 724 Stenosis
- 729 Myalgia
- 738, 756 Spondylolisthesis
- 846-7 Sprains

Long term
- 721 Traumatic Spondylopathy
- 722 Degeneration, displaced discs
- 724 Sciatica

Medicare LCD for ICD-10

Short term
- G43 Migraines
- G44 Headaches
- M24.5 Contracture
- M47 Spondylitis
- M48 DISH
- M54 Dorsalgia
- R51 Headache

Moderate term
- G54 Nerve root and plexus disorders
- G57 Nerve lesions
- M12-M16 Arthritis
- M25 Joint disorders
- M43, Q76.2 Spondylolisthesis
- M46 Spinal enthesisopathy
- M48 Spinal Stenosis
- M50, M51 Disc disorders
- M53 Other dorsopathies, NEC
- M54 Radiculopathies

Long term
- M48 Traumatic spondylopathies
- M50 DDD
- M51 Disc displacement
- M54 Sciatica
- M96 Postlaminectomy
- M99 Stenosis

Note: These are only categories. To find the complete list, contact your CMS contractor or check the “Medicare Coverage Database”
Find the code

1. Common codes list — pages 44-56
   (but don’t stop there!)
2. GEMs code map — pages 57-134
   (don’t stop here either!)
3. Alphabetic index — pages 455-472
   (still not safe!)

Always confirm the code
using the Tabular List
2. GEMs

General Equivalence Mappings (GEMs)
- Created by the National Center for Health Statistics, part of the CDC
- Forward maps from ICD-9 to ICD-10
- Backward maps from ICD-10 to ICD-9
- Approximations only

- Download the free tablet/smartphone app called “FindACode”
- Use the Code Map section in the ChiroCode ICD-10 book
- ChiroCode members can access the MapACode tool in their accounts
2. GEMs

3. Alphabetic Index

This Alphabetic Index is designed to guide you to the correct code in the ICD-9-CM Tabular List for Clippings. Do not code directly from this list. This Alphabetic Index is not intended to be a substitute for professional medical advice. The code tabulated in this index may be found in the Tabular List and must be reviewed to ensure that it is the correct code. This index should be used in conjunction with the Tabular List and the Procedural Coding Manual.
Example

A 32 year old female presents with low back pain at L4/L5. The pain worsens with extension and with exercise. The patient complains of tight hamstrings and pain in the low back. An x-ray reveals a grade II spondylolisthesis at L4. On September 30, 2015, the diagnosis is 738.4 Acquired Spondylolisthesis. On October 1, 2015, it is:

1. Common Codes

<table>
<thead>
<tr>
<th>Lumbar Diagnoses</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SUBLUXATION</strong></td>
</tr>
<tr>
<td>MA60.3</td>
</tr>
<tr>
<td>MA90.13</td>
</tr>
<tr>
<td>SS3.100</td>
</tr>
<tr>
<td>SS3.110</td>
</tr>
<tr>
<td>SS3.120</td>
</tr>
<tr>
<td>SS3.130</td>
</tr>
<tr>
<td>SS3.140</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OTHER CONDITIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>GS4.1</td>
</tr>
<tr>
<td>GS4.4</td>
</tr>
<tr>
<td>GS4.8</td>
</tr>
<tr>
<td>MA24.50</td>
</tr>
<tr>
<td>MA25.80</td>
</tr>
<tr>
<td>MA4.86</td>
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<tr>
<td>MA4.87</td>
</tr>
<tr>
<td>MA4.90</td>
</tr>
<tr>
<td>MA4.97</td>
</tr>
<tr>
<td>MA4.98</td>
</tr>
<tr>
<td>MA4.99</td>
</tr>
<tr>
<td>MA5.86</td>
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<tr>
<td>MA5.87</td>
</tr>
<tr>
<td>MA5.88</td>
</tr>
<tr>
<td>MA5.89</td>
</tr>
</tbody>
</table>


2. GEMs

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>ICD-10 Code</th>
<th>Subclass</th>
</tr>
</thead>
<tbody>
<tr>
<td>737.8</td>
<td>Other curvatures of spine</td>
<td>M43.8x9</td>
<td>Other specified deforming dorsopathies, site unspecified</td>
</tr>
<tr>
<td>737.9</td>
<td>Unspecified curvature of spine</td>
<td>M43.8x9</td>
<td>Other specified deforming dorsopathies, site unspecified</td>
</tr>
<tr>
<td>738</td>
<td>OTHER ACQUIRED DEFORMITY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>738.2</td>
<td>Acquired deformity of neck</td>
<td>M90.3</td>
<td>Acquired deformity of neck</td>
</tr>
<tr>
<td>738.3</td>
<td>Acquired deformity of chest and rib</td>
<td>M95.4</td>
<td>Acquired deformity of chest and ribs</td>
</tr>
<tr>
<td>738.4</td>
<td>Acquired spondylolisthesis</td>
<td>M43.00</td>
<td>Spondylolisthesis, site unspecified</td>
</tr>
<tr>
<td>738.5</td>
<td>Other acquired deformity of back or spine</td>
<td>M96.8x</td>
<td>Other biomechanical lesions of lumbar region</td>
</tr>
<tr>
<td>738.6</td>
<td>Acquired deformity of pelvis</td>
<td>M95.5</td>
<td>Acquired deformity of pelvis</td>
</tr>
<tr>
<td>738.8</td>
<td>Acquired deformity of other specified site</td>
<td>M95.8</td>
<td>Other specified acquired deformities of musculoskeletal system</td>
</tr>
<tr>
<td>739.9</td>
<td>Acquired deformity of unspecified site</td>
<td>M95.9</td>
<td>Acquired deformity of musculoskeletal system, unspecified</td>
</tr>
</tbody>
</table>

3. Alphabetic index

- Aneurysm, subarachnoid
  related to use, overuse and pressure, M70
- Somatoform disorders, F45
- Spasmotic torticollis, G24.3
- Spina bifida, Q05
  occulta, Q78.0
- Spinal
  cord, other congenital malformations of, Q06
  enthesopathy, M46.0
  instabilities, M53.2
  muscular atrophy and related syndromes, G12
  osteochondrosis, M42
  stenosis, M48.0
- Spondylitis, anklyosing, M45
  Spondylolisthesis, M43.1
  Spondylolisthesis, M43.0
- Arthritis or pain, not elsewhere classified, M32.0
- Still's disease
  NOS, M08.2
  adult-onset, M06.1
- Strain - see injuries of, muscles, tendons, and fascia
- Street, highway and other paved roadways as the place of occurrence of the external cause, Y92.4
- Streptococcal arthritis and polyarthritis, M00.2
- Stress fracture, M84.3
  of vertebra, M48.4
- Striking against or struck by
  automobile airbag, W22.1
  other objects, W22
  other objects, W22
Example

A 32 year old female presents with low back pain at L4/L5. The pain worsens with extension and with exercise. The patient complains of tight hamstrings and pain in the low back. An x-ray reveals a grade II spondylolisthesis at L4. On September 30, 2015, the diagnosis is **738.4 Acquired Spondylolisthesis**. On October 1, 2015, it is:

**M43.16 Spondylolisthesis, lumbar region**

Note:
Common codes gave two options
GEMs was unspecified
* Alphabetic Index only gave the first four characters
Confirm the code

1. Use the three strategies to get started
   1. Common codes list
   2. GEMs
   3. Alphabetic Index

2. Within the Tabular List, identify the meaning of the 4th, 5th, 6th characters, if applicable.

3. Within the Tabular List, look at the following:
   1. Notes
   2. Includes and alternative wording
   3. Excludes1
   4. Excludes2
   5. Code Also, Code First, Use Additional
   6. Seventh character extensions

4. Reverse map for confirmation if necessary

Top ICD-9 codes for DCs

1. 739.1 Segmental and somatic dysfunction, cervical
2. 739.3 Segmental and somatic dysfunction, lumbar
3. 739.2 Segmental and somatic dysfunction, thoracic
4. 724.2 Lumbago
5. 723.1 Cervicalgia
6. 728.85 Spasm of muscle
7. 724.1 Pain in the thoracic spine
8. 729.1 Myalgia and myositis, unspecified
9. 847.0 sprains and strains of neck
739- segmental and somatic dysfunction

GEMS code map
739- segmental and somatic dysfunction

Tabular List

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>M96.6</td>
<td>Fracture of bone following insertion of orthopedic implant, joint prosthesis, or bone plate</td>
</tr>
<tr>
<td>M96.69</td>
<td>Fracture of other bone following insertion of orthopedic implant, joint prosthesis, or bone plate</td>
</tr>
<tr>
<td>M96.8</td>
<td>Other intraoperative and postprocedural complications and disorders of musculoskeletal system, not elsewhere classified</td>
</tr>
<tr>
<td>M96.81</td>
<td>Intraoperative hemorrhage and hematoma of a musculoskeletal structure complicating a procedure</td>
</tr>
<tr>
<td>M96.819</td>
<td>Intraoperative hemorrhage and hematoma of a musculoskeletal structure due to accidental puncture and laceration during a procedure (M96.82)</td>
</tr>
<tr>
<td>M96.811</td>
<td>Intraoperative hemorrhage and hematoma of a musculoskeletal structure complicating other procedure</td>
</tr>
<tr>
<td>M96.82</td>
<td>Accidental puncture and laceration of a musculoskeletal structure during a procedure</td>
</tr>
<tr>
<td>M96.829</td>
<td>Accidental puncture and laceration of a musculoskeletal structure during a musculoskeletal system procedure</td>
</tr>
<tr>
<td>M96.821</td>
<td>Accidental puncture and laceration of a musculoskeletal structure following a procedure</td>
</tr>
<tr>
<td>M96.83</td>
<td>Postprocedural hemorrhage and hematoma of a musculoskeletal structure following a procedure</td>
</tr>
<tr>
<td>M96.839</td>
<td>Postprocedural hemorrhage and hematoma of a musculoskeletal structure following a musculoskeletal system procedure</td>
</tr>
</tbody>
</table>

Thorax, S20
Wrist, hand, and fingers, S40

Supplementary factors related to causes of morbidity classified elsewhere, Y90-Y99

Supportive and unspecified ostia media, H66
Swan– neck deformity, M38.03
Symptoms and signs involving cognition, perception, emotional state and behavior, F00-F96
Circulatory and respiratory systems, R00-R09
Diseases of nervous system, R10-R59
Diseases of musculoskeletal system, R50-R89
Skin and subcutaneous tissue, R90-R95

Synovial cyst of popliteal space (Baker), N71.2
Hyperthyroidism, not elsewhere classified, M76.3
Syringovasculitis, M65
Complaint (ache) of hand and wrist, M70.0
Transient, M70.1
Synovitis and tenosynovitis of, M65-M67
Systemic atrophy primarily affecting the central nervous system, C10-G44
Connective tissue disorders, M30-M49
Lupus erythematosus (SLE), M31
Schistosomiasis (schistosomiasis), M54

Y
Tarsal tunnel syndrome, G57.5
Fear of articular cartilage of knee, current, S81.3
Fear of monocular, current injury, S81.2
Temporal mandibular joint disorders, M02.6

Tendinitis
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>S13.100</td>
<td>Dislocation of unspecified cervical vertebrae</td>
</tr>
<tr>
<td>S13.101</td>
<td>Subluxation and dislocation of C2/3 cervical vertebrae</td>
</tr>
<tr>
<td>S13.102</td>
<td>Subluxation and dislocation of C3/4 cervical vertebrae</td>
</tr>
<tr>
<td>S13.103</td>
<td>Subluxation and dislocation of C4/5 cervical vertebrae</td>
</tr>
<tr>
<td>S13.104</td>
<td>Subluxation and dislocation of C5/6 cervical vertebrae</td>
</tr>
<tr>
<td>S13.105</td>
<td>Subluxation and dislocation of C6/7 cervical vertebrae</td>
</tr>
<tr>
<td>S13.106</td>
<td>Subluxation and dislocation of unspecified cervical vertebrae</td>
</tr>
<tr>
<td>S13.107</td>
<td>Subluxation and dislocation of unspecified cervical vertebrae</td>
</tr>
<tr>
<td>S13.108</td>
<td>Subluxation and dislocation of unspecified cervical vertebrae</td>
</tr>
<tr>
<td>S13.109</td>
<td>Subluxation and dislocation of unspecified cervical vertebrae</td>
</tr>
</tbody>
</table>

### Tabular List

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>S13.181</td>
<td>Dislocation of C7/T1 cervical vertebrae</td>
</tr>
<tr>
<td>S13.182</td>
<td>Dislocation of other and unspecified parts of neck</td>
</tr>
<tr>
<td>S13.183</td>
<td>Dislocation of unspecified parts of neck</td>
</tr>
<tr>
<td>S13.299</td>
<td>Dislocation of other parts of neck</td>
</tr>
<tr>
<td>S13.400</td>
<td>Sprain of ligaments of cervical spine</td>
</tr>
<tr>
<td>S13.401</td>
<td>Sprain of anterior longitudinal ligament, cervical</td>
</tr>
<tr>
<td>S13.402</td>
<td>Sprain of interspinous ligament, cervical</td>
</tr>
<tr>
<td>S13.403</td>
<td>Whiplash injury of cervical spine</td>
</tr>
<tr>
<td>S13.404</td>
<td>Sprain of interspinous ligament, cervical</td>
</tr>
<tr>
<td>S13.500</td>
<td>Sprain of thyroid region</td>
</tr>
<tr>
<td>S13.501</td>
<td>Sprain of cricothyroid (joint, ligament)</td>
</tr>
<tr>
<td>S13.502</td>
<td>Sprain of thyroid cartilage</td>
</tr>
<tr>
<td>S13.503</td>
<td>Sprain of cricothyroid (joint, ligament)</td>
</tr>
<tr>
<td>S13.504</td>
<td>Sprain of thyroid cartilage</td>
</tr>
</tbody>
</table>

### Tabular List

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>S13.600</td>
<td>Dislocation and sprain of joints and ligaments at neck level</td>
</tr>
<tr>
<td>S13.601</td>
<td>Dislocation and sprain of joints and ligaments at neck level</td>
</tr>
<tr>
<td>S13.602</td>
<td>Dislocation and sprain of joints and ligaments at neck level</td>
</tr>
<tr>
<td>S13.603</td>
<td>Dislocation and sprain of joints and ligaments at neck level</td>
</tr>
<tr>
<td>S13.604</td>
<td>Dislocation and sprain of joints and ligaments at neck level</td>
</tr>
<tr>
<td>S13.605</td>
<td>Dislocation and sprain of joints and ligaments at neck level</td>
</tr>
<tr>
<td>S13.606</td>
<td>Dislocation and sprain of joints and ligaments at neck level</td>
</tr>
<tr>
<td>S13.607</td>
<td>Dislocation and sprain of joints and ligaments at neck level</td>
</tr>
<tr>
<td>S13.608</td>
<td>Dislocation and sprain of joints and ligaments at neck level</td>
</tr>
<tr>
<td>S13.609</td>
<td>Dislocation and sprain of joints and ligaments at neck level</td>
</tr>
<tr>
<td>S13.610</td>
<td>Dislocation and sprain of joints and ligaments at neck level</td>
</tr>
</tbody>
</table>

### Example

**ICD-10-CM Tabular List**

16. Injury poisoning and certain other consequences of external causes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>S12.491</td>
<td>Unspecified non-displaced fracture of seventh cervical vertebra</td>
</tr>
<tr>
<td>S12.492</td>
<td>Unspecified non-displaced fracture of seventh cervical vertebra</td>
</tr>
<tr>
<td>S12.493</td>
<td>Unspecified non-displaced fracture of seventh cervical vertebra</td>
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<tr>
<td>S12.494</td>
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<td>Unspecified non-displaced fracture of seventh cervical vertebra</td>
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<tr>
<td>S12.498</td>
<td>Unspecified non-displaced fracture of seventh cervical vertebra</td>
</tr>
<tr>
<td>S12.499</td>
<td>Unspecified non-displaced fracture of seventh cervical vertebra</td>
</tr>
</tbody>
</table>

### Example

**ICD-10-CM Tabular List**

16. Injury poisoning and certain other consequences of external causes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>S12.491</td>
<td>Unspecified non-displaced fracture of seventh cervical vertebra</td>
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<td>Unspecified non-displaced fracture of seventh cervical vertebra</td>
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<tr>
<td>S12.494</td>
<td>Unspecified non-displaced fracture of seventh cervical vertebra</td>
</tr>
<tr>
<td>S12.495</td>
<td>Unspecified non-displaced fracture of seventh cervical vertebra</td>
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<tr>
<td>S12.496</td>
<td>Unspecified non-displaced fracture of seventh cervical vertebra</td>
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<tr>
<td>S12.497</td>
<td>Unspecified non-displaced fracture of seventh cervical vertebra</td>
</tr>
<tr>
<td>S12.498</td>
<td>Unspecified non-displaced fracture of seventh cervical vertebra</td>
</tr>
<tr>
<td>S12.499</td>
<td>Unspecified non-displaced fracture of seventh cervical vertebra</td>
</tr>
</tbody>
</table>
S13.1 - Subluxation of cervical vertebra

Backwards code map

739 - segmental and somatic dysfunction

• M99.0 - Segmental and somatic dysfunction is the most likely ICD-10 replacement
  o Don’t code this if there is a better option (there isn’t)
  o Ten options

• M99.1 - Subluxation complex (vertebral) is a possibility too
  o But payers are not expected to like this code
  o Ten options

• S13.1 - Subluxation and dislocation of cervical vertebra backwards maps to 839- Closed dislocation of cervical vertebra, so it is probably a better match for that ICD-9 code
  o This code has many inclusion and exclusion notes, and a seventh character to be investigated
  o Fifty-four options
Confirm the code

1. Use the three strategies to get started
   1. Common codes list
   2. GEMs
   3. Alphabetic Index
2. Within the Tabular List, identify the meaning of the 4th, 5th, 6th characters, if applicable.
3. Within the Tabular List, look at the following:
   1. Notes
   2. Includes and alternative wording
   3. Excludes1
   4. Excludes2
   5. Code Also, Code First, Use Additional
   6. Seventh character extensions
4. Reverse map for confirmation if necessary
• **M54.5 Low back pain** is probably the best ICD-10 replacement code
  - “Loin pain” or “Lumbago” would work too
• Consider these codes instead (Excludes1)
  - S39.012_low back strain
    - Three options
  - M51.2-lumbago due to intervertebral disc displacement
    - Four options
  - M54.4-lumbago with sciatica
    - Three options
• Or consider this one (Excludes1)
  - F45.41 Psychogenic dorsalgia

**Confirm the code**

1. Use the three strategies to get started
   1. Common codes list
   2. GEMs
   3. Alphabetic Index
2. Within the Tabular List, identify the meaning of the 4th, 5th, 6th characters, if applicable.
3. Within the Tabular List, look at the following:
   1. Notes
   2. Includes and alternative wording
   3. Excludes1
   4. Excludes2
   5. Code Also, Code First, Use Additional
   6. Seventh character extensions
4. Reverse map for confirmation if necessary
• **M54.2 cervicalgia** is probably the best ICD-10 replacement code

• Consider this category instead (Excludes1)
  - M50.- cervicalgia due to intervertebral disc disorder
    • 24 code options (specify type and region)

• Or consider this one (Excludes1)
  - F45.41 Psychogenic dorsalgia

---

• **M54.6 Pain in the thoracic spine** is probably the best ICD-10 replacement code

• Consider this category instead (Excludes1)
  - M51.- pain in the thoracic spine due to intervertebral disc disorder
    • 13 code options (specify type and regions)

• Or consider this one (Excludes1)
  - F45.41 Psychogenic dorsalgia
• M62.830 Muscle spasm of back is probably the best ICD-10 replacement code

• Also consider these codes (GEMs)
  o M62.4- Contracture of muscle or tendon (sheath)
    • Up to 24 options
  o M62.831 Muscle spasm of calf, including “charlie horse”
  o M62.838 Other muscle spasm

• Or consider these codes instead (Excludes1)
  o R25.2 Cramp and spasm
  o M79.1 Myalgia, myofascial pain syndrome

• And consider adding this code (Excludes2)
  o M79.81 Nontraumatic hematoma of muscles

• M60.- Myositis suggested by GEMs
  o 110 possible codes, based on type of myositis and region
  o Consider instead (Excludes1) muscular dystrophies (G71-G72) or myopathies (M3-), dozens of options

• M79.1 Myalgia suggested by GEMs
  o AKA “myofascial pain syndrome”
  o Consider instead (Excludes1):
    • M79.7 Fibromyalgia
    • M60.- Myositis
    • F45.8 Psychogenic rheumatism
    • F45.41 Soft tissue pain syndrome

• M79.7 Fibromyalgia suggested by GEMs
  o AKA “fibromyositis, myofibromyositis, or fibrositis”
  o Consider instead (Excludes1):
    • F45.8 Psychogenic rheumatism
    • F45.41 Soft tissue pain syndrome
• S13.4xx_ **Sprain of ligaments of cervical spine** is probably the best ICD-10 replacement code (GEMs)
  - Sprain of “ALL, atlanto-axial joints, atlanto-occipital joints” or “whiplash” (and several other phrases) would work too
  - The seventh character can be “A”, “D”, or “S”

• S13.8xx_ **Sprain of joints and ligaments of other parts of neck** should be considered as well (GEMs)

• S16.1xx_ **Strain of muscle, fascia and tendon at neck level** should be considered in addition (Excludes2)

• Code also any associated open wound

• Use an external cause code, if applicable
Documentation for ICD-10

Codes must be supported by the documentation in the patient record.

The AAPC estimates an increase in documentation time of 15%.

The AAPC also found that 65% of physician notes were not specific enough.

Examples of details not necessary in ICD-9:
• side of dominance
• trimesters
• stages of healing
• laterality
• encounter
S: Mrs. Finley presents today after having a new cabinet fall on her last week, suffering a concussion, as well as some cervicalgia. She was cooking dinner at the home she shares with her husband. She did not seek treatment at that time. She states that the people that put in the cabinet in her kitchen missed the stud by about two inches. Her husband, who was home with her at the time, told her she was “out cold” for about two minutes. The patient continues to have cephalgias since it happened, primarily occipital, extending up into the bilateral occipital and parietal regions. The headaches come on suddenly, last for long periods of time, and occur every day. They are not relieved by Advil. She denies any vision changes, any taste changes, any smell changes. The patient has a marked amount of tenderness across the superior trapezius.

O: Her weight is 188 which is up 5 pounds from last time, blood pressure 144/82, pulse rate 70, respirations are 18. She has full strength in her upper extremities. DTRs in the biceps and triceps are adequate. Grip strength is adequate. Heart rate is regular and lungs are clear.

A: Status post concussion with acute persistent headaches.
Cervicalgia
Cervical somatic dysfunction

P: The plan at this time is to send her for physical therapy, three times a week for four weeks for cervical soft tissue muscle massage, as well as upper dorsal. We’ll recheck her in one month, sooner if needed.
ICD-10 Documentation Strategy

1. Pull out a recent patient note.
2. Locate the ICD-9 codes reported for that service.
3. Search for the ICD-10 code using one of these three methods:
   a. Code mapping (i.e. GEMs tables)
   b. A commonly used ICD-10 code list for your specialty
   c. Search for the key words in the Alphabetic Index
4. Look for the final code in the Tabular List and review the information required to report that code at the highest specificity level. Is there a 4th, 5th, 6th, or 7th character required?
5. Review in-column instructions at the level of each character. Pay particular attention to inclusion, Excludes1, and Excludes2 notes.
6. Compare the required information with the detail contained in the patient note. Is there enough detail in the documentation, or is more information needed?
7. Re-create the note to ensure that it supports the newly selected ICD-10 codes.
8. The next time a patient presents with that condition, document in the new way.
"Exam findings are consistent with cervical sprain/strain and acute cephalgia. The patient was the driver in a motor vehicle accident."

In ICD-9, the codes might be:

- **847.0 Cervical sprain**
- **339.21 Acute post-traumatic headache**

<table>
<thead>
<tr>
<th>ICD-9-CM CODE</th>
<th>ICD-10-CM Equivalent Codes*</th>
</tr>
</thead>
<tbody>
<tr>
<td>846.2 Sacrospinous (ligament)</td>
<td>$338.xx_ Sprain of other parts of lumbar spine and pelvis</td>
</tr>
<tr>
<td>846.3 Sacrotuberous (ligament)</td>
<td>$338.xx_ Sprain of other parts of lumbar spine and pelvis</td>
</tr>
<tr>
<td>846.8 Other specified sites of sacroiliac region</td>
<td>$338.xx_ Sprain of other parts of lumbar spine and pelvis</td>
</tr>
<tr>
<td>846.9 Unspecified site of sacroiliac region</td>
<td>$339.xx_ Sprain of unspecified parts of lumbar spine and pelvis</td>
</tr>
<tr>
<td>847.0 Neck</td>
<td>$13.4 xx_ Sprain of ligaments of cervical spine $13.8 xx_ Sprain of joints and ligaments of other parts of neck</td>
</tr>
<tr>
<td>847.1 Thoracic</td>
<td>$23.3 xx_ Sprain of ligaments of thoracic spine $23.8 xx_ Sprain of other specified parts of thorax</td>
</tr>
<tr>
<td>847.2 Lumbar</td>
<td>$335.xx_ Sprain of ligaments of lumbar spine,</td>
</tr>
<tr>
<td>847.3 Sacrum</td>
<td>$338.xx_ Sprain of other parts of lumbar spine and pelvis</td>
</tr>
<tr>
<td>847.4 Coccyx</td>
<td>$338.xx_ Sprain of other parts of lumbar spine and pelvis</td>
</tr>
<tr>
<td>847.9 Unspecified site of back</td>
<td>$23.9 xx_ Sprain of unspecified parts of thorax</td>
</tr>
</tbody>
</table>
### Cervical and Head Diagnoses

#### OTHER CONDITIONS (continued)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>M50.21</td>
<td>Occipito-atlanto-axial region</td>
</tr>
<tr>
<td>M50.32</td>
<td>Mid-cervical region</td>
</tr>
<tr>
<td>M50.33</td>
<td>Cervicothoracic region</td>
</tr>
<tr>
<td>M50.81</td>
<td>Occipito-atlanto-axial region</td>
</tr>
<tr>
<td>M50.82</td>
<td>Mid-cervical region</td>
</tr>
<tr>
<td>M50.83</td>
<td>Cervicothoracic region</td>
</tr>
<tr>
<td>M50.91</td>
<td>Cervical disc disorder, unspecified, occipito-atlanto-axial region</td>
</tr>
<tr>
<td>M50.92</td>
<td>Cervical disc disorder, unspecified, mid-cervical region</td>
</tr>
<tr>
<td>M50.93</td>
<td>Cervical disc disorder, unspecified, cervicothoracic region</td>
</tr>
<tr>
<td>M53.0</td>
<td>Cerebrovascular syndrome</td>
</tr>
<tr>
<td>M53.1</td>
<td>Cervicobrachial syndrome</td>
</tr>
<tr>
<td>M53.82</td>
<td>Other specified disorders, cervical region</td>
</tr>
<tr>
<td>M54.11</td>
<td>Occipito-atlanto-axial region</td>
</tr>
<tr>
<td>M54.12</td>
<td>Cervical region</td>
</tr>
<tr>
<td>M54.13</td>
<td>Cervicothoracic region</td>
</tr>
<tr>
<td>M54.2</td>
<td>Cervicalgia</td>
</tr>
<tr>
<td>M60.9</td>
<td>Myositis, unspecified</td>
</tr>
<tr>
<td>M79.1</td>
<td>Myalgia</td>
</tr>
<tr>
<td>M79.3</td>
<td>Pancreatitis, unspecified</td>
</tr>
<tr>
<td>M79.7</td>
<td>Fibromyalgia</td>
</tr>
<tr>
<td>N94.3</td>
<td>Premenstrual tension syndrome</td>
</tr>
<tr>
<td>N95.1</td>
<td>Menopausal and female dimorphic states</td>
</tr>
<tr>
<td>Q05.5</td>
<td>Cervical spondylosis without hydrocephalus</td>
</tr>
<tr>
<td>R61</td>
<td>Headache</td>
</tr>
<tr>
<td>S03.4ec</td>
<td>Sprain of jaw</td>
</tr>
<tr>
<td>S12___</td>
<td>Fracture of cervical vertebra and other parts of neck</td>
</tr>
<tr>
<td>S13.4ec</td>
<td>Sprain of ligaments of cervical spine</td>
</tr>
<tr>
<td>S13.8ec</td>
<td>Sprain of joints and ligaments of other parts of neck</td>
</tr>
</tbody>
</table>

---

Sacroccygeal disorders, not elsewhere classified, M53.3
Sacroilitis, not elsewhere classified, M46.1
Schmorl’s nodes, M51.4
School, other institution and public administrative area as the place of occurrence of the external cause, Y92.2
Sciatic nerve, lesion of, G57.0
Sciatica, M54.3
Scleroderma, systemic [scleroderm], M64
Scoliosis, M41
Segmental and somatic dysfunction, M99.0
Separation of muscle (nontraumatic), M62.0
Sicca syndrome [Sjögren], M35.0
Sjögren’s disease [Sjögren’s syndrome, M35.0
Sjögren’s syndrome [Sjögren’s syndrome, M35.0
Skull,  R20
Skin,  R20
Skin sensation, disturbances of, R20
Skin sensation, disturbances of
Sprain of:
- acromioclavicular joint, S43.5
- ankle, S93.4
- collateral ligament of knee, S83.4
- cruciate ligament of knee, S83.5
- elbow, S53.4
- foot, S93.6
- rib and sternum, S23.4
- shoulder joint, S43.4
- spine:
  - cervical, S13.4
  - lumbar, S33.5
  - thoracic, S23.3
- sternoclavicular joint, S43.6
- sternum, S23.42
- the superior gluteal joint and ligament, S83.6
- toe, S99.5
- other, M48
- other infective, M46.5
- other inflammatory, M46
Exam findings are consistent with cervical sprain/strain and acute cephalgia. The patient was the driver in a motor vehicle accident.

In ICD-9, the codes might be:

- 847.0 Cervical sprain

These methods suggest the following options:

- S13.4xx_ Sprain of ligaments of the cervical spine

  OR

- S13.8xx_ Sprain of joints and ligaments of other parts of the neck
Exam findings are consistent with cervical sprain/strain and acute cephalgia. The patient was the driver in a motor vehicle accident.

In ICD-9, the codes might be:

- **847.0 Cervical sprain**

The excludes2 note leads us to consider in addition:

- **S16.1xx Strain of muscles, fascia and tendon at neck level**

Note: Sprain and strain are separate codes in ICD-10. GEMs crosswalks won’t tell you about this code, you need to know how to read the instructional notes.
Sample Note

“Exam findings are consistent with cervical sprain/strain and acute cephalgia. The patient was the driver in a motor vehicle accident.”

In ICD-9, the codes might be:

- **339.21 Acute post-traumatic headache**

These methods suggest:

- **G44.319 Acute post-traumatic headache, not intractable**
- **G44.3- Headache, post-traumatic**
Exam findings are consistent with cervical sprain/strain and acute cephalgia. The patient was the driver in a motor vehicle accident.

In the Tabular List, we find:

**G44.311 Acute post-traumatic headache, intractable**
- Intractable means “hard to control or deal with”
- This detail should be documented in order to support the correct code.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>G43.81</td>
<td>Other migraine, intractable</td>
</tr>
<tr>
<td></td>
<td>Other migraine, with refractory migraine</td>
</tr>
<tr>
<td>G43.811</td>
<td>Other migraine, intractable, with status migrainous</td>
</tr>
<tr>
<td>G43.819</td>
<td>Other migraine, intractable, without status migrainous</td>
</tr>
<tr>
<td>G43.82</td>
<td>Menstrual migraine, not intractable</td>
</tr>
<tr>
<td></td>
<td>Menstrual headache, not intractable</td>
</tr>
<tr>
<td></td>
<td>Menstrual migraine, without refractory migraine</td>
</tr>
<tr>
<td></td>
<td>Menstrually related migraine, not intractable</td>
</tr>
<tr>
<td></td>
<td>Pre-menstrual headache, not intractable</td>
</tr>
<tr>
<td></td>
<td>Pre-menstrual migraine, not intractable</td>
</tr>
<tr>
<td></td>
<td>Pure menstrual migraine, not intractable</td>
</tr>
<tr>
<td>Code also associated premenstrual tension syndrome (N94.3)</td>
<td></td>
</tr>
<tr>
<td>G43.821</td>
<td>Menstrual migraine, not intractable, with status migrainous</td>
</tr>
<tr>
<td>G43.829</td>
<td>Menstrual migraine, not intractable, without status migrainous</td>
</tr>
</tbody>
</table>

**G44. OTHER HEADACHE SYNDROMES**

- Headache NOS (R51)
- Excludes1: atypical facial pain (C30.1)
- Headache due to lumbar puncture (G97.1)
- Migraines (G43.-)
- Trigeminal neuralgia (G50.0)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>G44.0</td>
<td>Cluster headaches and other trigeminal autonomic cephalgias (TAC)</td>
</tr>
<tr>
<td>G44.00</td>
<td>Cluster headache syndrome, unspecified</td>
</tr>
<tr>
<td></td>
<td>Ciliary neuralgia</td>
</tr>
<tr>
<td></td>
<td>Cluster headache NOS</td>
</tr>
<tr>
<td></td>
<td>Histamine cephalgia</td>
</tr>
<tr>
<td></td>
<td>Lower half migraine</td>
</tr>
<tr>
<td></td>
<td>Migrainous neuralgia</td>
</tr>
<tr>
<td>G44.001</td>
<td>Cluster headache syndrome, unspecified, intractable</td>
</tr>
<tr>
<td>G44.009</td>
<td>Cluster headache syndrome, unspecified, not intractable</td>
</tr>
<tr>
<td></td>
<td>Cluster headache syndrome NOS</td>
</tr>
<tr>
<td>G44.01</td>
<td>Encephalitis cluster headache</td>
</tr>
</tbody>
</table>
Sample Note

“Exam findings are consistent with cervical sprain/strain and acute cephalgia. The patient was the driver in a motor vehicle accident.”

In ICD-9, the codes might be:
- 847.0 Cervical sprain
- 339.21 Acute post-traumatic headache

Documentation for ICD-10

“Initial exam findings are consistent with whiplash sprain of the ligaments of the cervical spine and strain of the muscles at the neck level. The patient also has acute post-traumatic headache, which does not respond to over the counter medications. Patient was the driver of a vehicle that collided with a pick up truck on the interstate and is now in active treatment.”

The ICD-10 codes in this case are:
- S13.4xxA Sprain of ligaments of the cervical spine, initial encounter
- S16.1xxA Strain of muscles, fascia and tendon at neck level, initial encounter
- G44.311 Acute post-traumatic headache, intractable
- V43.53xA Car driver injured in collision with pick-up truck in traffic accident, initial encounter
- Y92.411 Interstate as place of occurrence of the external cause
ICD-10 Documentation Strategy

1. Pull out a recent patient note.
2. Locate the ICD-9 codes reported for that service.
3. Search for the ICD-10 code using one of these three methods:
   a. Code mapping (i.e. GEMs tables)
   b. A commonly used ICD-10 code list for your specialty
   c. Search for the key words in the Alphabetic Index
4. Look for the final code in the Tabular List and review the information required to report that code at the highest specificity level. Is there a 4th, 5th, 6th, or 7th character required?
5. Review in-column instructions at the level of each character. Pay particular attention to inclusion, Excludes1, and Excludes2 notes.
6. Compare the required information with the detail contained in the patient note. Is there enough detail in the documentation, or is more information needed?
7. Re-create the note to ensure that it supports the newly selected ICD-10 codes.
8. The next time a patient presents with that condition, document in the new way.
## Provider Documentation Guide
(Spinal Stenosis of the Lumbar Spine)

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>What to Document</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICD-9: Spinal stenosis, lumbar region (724.02)</td>
<td>3rd and 4th Characters: Identify the type of spondylopathy as stenosis</td>
</tr>
<tr>
<td>ICD-10: Spinal stenosis, lumbar region (M48.06) Caudal stenosis</td>
<td>5th Character: Identify the spinal region(s) affected by the stenosis.</td>
</tr>
</tbody>
</table>

### 3rd Character:
- Spondylopathies (M48-M49)
- M45: Ankylosing spondylitis
- M46: Other inflammatory spondylopathies
- M47: Spondylosis
- M48: Other spondylopathies
- M49: Spondylopathies in disease classified elsewhere

### 4th Character:
- M48.0: Spinal stenosis
- M48.1: Ankylosing hyperostosis (Forestier)
- M48.2: Kissing spine
- M48.3: Traumatic spondylopathy
- M48.4: Fracture or fracture of vertebra
- M48.5: Collapsed vertebrae - not elsewhere classified
- M48.8: Other specified spondylopathies
- M48.9: Spondylopathy, unspecified

### 5th Character:
- M48.00: Site unspecified
- M48.01: Occipito-atlanto-axial region
- M48.02: Cervical region
- M48.03: Cervicothoracic region
- M48.04: Thoracic region
- M48.05: Thoracolumbar region
- M48.06: Lumbar region
- M48.07: Lumbar sacral region
- M48.08: Sacral and sacrococcygeal region

### 6th Character:
- None.

### 7th Character Extension:
- None.

**Examples:**
Patient is a 46-year white female with spinal stenosis of the L3-L4, L4-L5.

**Code:**
M48.06: Spinal stenosis, lumbar region.
### Provider Documentation Guide
**Myofascial pain syndrome/Fibromyalgia**

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>What to Document</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICD-9 729.1</td>
<td>Myofascial pain/Fibromyalgia (729.1)</td>
</tr>
<tr>
<td>ICD-10 M79.1</td>
<td>Myalgia (M79.1)</td>
</tr>
<tr>
<td></td>
<td>Fibromyalgia (M79.7)</td>
</tr>
</tbody>
</table>

729.1 GEM maps to three options (noted above):
1. Fibromyalgia is M79.7
2. Myalgia M79.1
3. Myalgia M79.1 (See Section for Details)

#### 3rd Character:
**Other Soft Tissue Disorders (M70-M79)**
- M70 Soft tissue disorders related to use, exercise and posture
- M71 Other bursopathies
- M72 Fibromatous disorders
- M73 Shoulder lesions
- M74 Enthesopathies, lower limb, excluding foot
- M75 Other enthropathies
- M76 Other and unspecified soft tissue disorders, not elsewhere classified

#### 4th Character:
- M79.0 Rheumatism, unspecified
- M79.1 Myalgia
- M79.2 Neuralgia and neuritis, unspecified
- M79.3 Panniculitis, unspecified
- M79.4 Hypertrophy of (infrapatellar) fat pad
- M79.5 Residual foreign body in soft tissue
- M79.6 Pain in limb, hand, foot, fingers and toes
- M79.7 Fibromyalgia
- M79.8 Other specified
- M79.9 Unspecified

#### 5th Character:
None.

#### 6th Character:
None.

#### 7th Character Extension:
None.

**Examples:**
- Patient is a 56-year-old white female with fibromyalgia since 2010.
- She is doing well with her diet, exercise and medications.

**Code:**
- M79.7 Fibromyalgia
## Provider Documentation Guide

**Lumbosacral Spondylosis or Lumbar Facet Arthritis**

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>What to Document</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICD-9</td>
<td>3rd/4th Character</td>
</tr>
<tr>
<td>Lumbosacral spondylosis (721.3)</td>
<td>Document type of spondylosis</td>
</tr>
<tr>
<td>Lumbar facet arthritis</td>
<td></td>
</tr>
<tr>
<td>ICD-10</td>
<td>5th Character</td>
</tr>
<tr>
<td>Spondylosis without myelopathy or radiculopathy, lumbosacral region (M47.817)</td>
<td>Document if without myelopathy or radiculopathy or if undetermined yet.</td>
</tr>
</tbody>
</table>

**Inclusion:**
- Arthritis or osteoarthritis of spine
- Degeneration of facet joints

<table>
<thead>
<tr>
<th>3rd Character</th>
<th>4th Character</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spondylopathies (M48-M49)</td>
<td>M47.0 Other spondylosis and vertebral artery compression syndromes</td>
</tr>
<tr>
<td>M45 Ankylosing spondylosis</td>
<td>M47.1 Other spondylosis with myelopathy</td>
</tr>
<tr>
<td>M46 Other inflammatory spondylopathies</td>
<td>M47.2 Other spondylosis with radiculopathy</td>
</tr>
<tr>
<td>M47 Spondylosis</td>
<td>M47.3 Other spondylosis</td>
</tr>
<tr>
<td>M48 Other spondylopathies</td>
<td>M47.8 Other spondylosis</td>
</tr>
<tr>
<td>M49 Spondylopathies as diseases classified elsewhere</td>
<td>M47.9 Other spondylopathies</td>
</tr>
</tbody>
</table>

**5th Character**
- M47.81 - Spondylosis without myelopathy or radiculopathy.
- M47.89 - Other spondylosis

**Note:** When the record doesn’t state without myelopathy or radiculopathy select M47.89. Medicare may determine one or both acceptable for certain procedures.

**6th Character**
- M47.811 occipito-atlanto-axial region
- M47.812 cervical region
- M47.813 cervicothoracic region
- M47.814 thoracic region
- M47.815 thoracolumbar region
- M47.816 lumbar region
- M47.817 lumbosacral region
- M47.818 sacral and sacrococcygeal region
- M47.819 unspecified

**7th Character Extension**

Note:

Example:


Code:

M47.816 Spondylosis without myelopathy or radiculopathy, lumbar region.
ICD-10 implementation steps

High level questions:
1. What do you already know about ICD-10?
2. Why are we changing?
3. How much do you think ICD-10 will affect your clinic?
4. Where do you plan to go for more information?

ICD-10 implementation steps

Front Desk
- System updates, training

Management
- Vendor and payer contracts
- Budgeting
- Training plan
- Compliance plan, coding guidelines
ICD-10 implementation steps

Providers
• Documentation with more specificity
• New code specific training

Back office / billers
• New patient coverage policies and LCDs
• New super bills
• Code set training
• Denials

ICD-10 implementation steps

Budgeting for ICD-10 falls into four categories:
1. Information systems upgrades
2. Education and training
3. Staffing and overtime costs
4. Auditing and monitoring documentation for ICD-10

Costs of ICD-10 implementation:
-AMA says ~$225,000
-PAHCOM says ~$8,000
ICD-10 implementation steps

Questions for your software vendors:
• Do I need to pay for an upgrade?
• Will the software have a built in crosswalk? If so, is it based only on GEMs?
• Will you provide any training or assistance?
• Will the software be able to report both ICD-9 and ICD-10 codes if necessary?
• When will you be ready to test your program?
ICD-10 implementation steps

Internal testing:
• Identify software issues
• Identify workflow issues
• Create new forms
• Revise EHR templates
• Monitor payer notices about ICD-10

External testing
• Identify issues with transactions outside the clinic
• Receive test data reports from trading partners
• Monitor clearinghouse test transaction results

ICD-10 implementation steps

Medicare: free training, Road to 10

ChiroCode: free email alerts and webinars, more training, memberships, books, chart audits, coding tools

FindACode: crosswalks and other advanced tools

ICD10Monitor: free articles

AAPC: books and expensive training

AHIMA: more expensive training
ICD-10 implementation steps

1. Review the basics- go over these notes again with your whole office
2. Buy *ChiroCode Complete and Easy ICD-10 Coding for Chiropractic* (or some other, less spectacular, comprehensive resource)
3. Dedicate a few minutes of each office meeting to ICD-10
   - Assign someone to read articles in trade journals or ICD10Monitor.com and share them at each meeting.
   - Run a report with the list of most common ICD-9 codes for your office, then create your own crosswalk
   - Take a real patient file and crosswalk it to ICD-10, then rework the documentation.

ICD-10 implementation steps

4. Administrative tasks:
   - Plan a budget for implementation expenses
   - Update all your forms
   - Contact all your vendors
   - Conduct internal and external testing

5. Have a good time!
Is ICD-10 good…. or bad?

- Researchers will have better data
- Physicians will need to work on documentation
- Billers and coders will need to get familiar with which codes are preferred by payers
- Payers will be able to reimburse more accurately
- Expect increased rejections, denials, and payment delays as both health plans and providers get used to the new codes.