ICD-10 Boot Camp for Chiropractors

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Vice President, ChiroCode

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- Education
  - Bachelor’s of Science, Accounting - Brigham Young University
  - Master’s of Business Administration - Broadview University
  - Doctor of Chiropractic, Valdostaian - 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 (CCPC)- 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

Subscribe to ChiroCode email alerts for updates that pertain to DCs

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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

Alpha [every letter except 0]

Numeric

ICD-10

Numeric or Alpha [every letter except 0]

Category, category, category, code, code, code

Note: "oh = O" and "zero = 0"

ICD-9 and ICD-10 differences

<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></td>
<td>Character 2 is numeric</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Characters 3-7 are alpha or numeric</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Decimal is used after 3 characters</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Decimal is used after 3 characters</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Character 1 used after 3 characters</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Some codes use &quot;x&quot; for characters 4-6</td>
</tr>
<tr>
<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>
</tr>
</tbody>
</table>

ICD-9 and ICD-10 differences
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

**ICD-9**

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

**ICD-10**

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

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
- Block
  - Ranges of categories (related conditions)
- Categories
  - 3 characters (more specific condition)
  - 4th or 5th characters (etiology, location, etc.)
- Subcategories
  - 4th or 7th characters (laterality, encounter, etc.)
- Codes
Chapter 13, Diseases of the Musculoskeletal System and Connective Tissue (M00 – M99)
(always white font in a black box)

Tabular list:

1. Chapter 21 of them from A to Z (body system or condition)
2. Block: Ranges of categories (related conditions)
3. Categories: 3 characters (more specific condition)
4. Subcategories: 4th or 5th characters (etiology, location, etc.)
5. Codes: 6th or 7th characters (laterality, encounter, etc.)

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 M89, 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.
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
Codes
4th or 5th characters (etiology, location, etc.)

Ranges of categories (related conditions)

Categories
3 characters (more specific condition)

Subcategories
Codes
6th or 7th characters (laterality, encounter, etc.)

Note: Codes may be complete with fewer than 6 characters. Some codes only have 3.

Tabular List

Subcategories: (not bolded)
Subcategories within the category M47 Spondylosis include:
M47.0 Anterior spinal artery compression syndromes
M47.1 Other Spondylosis with myelopathy
M47.2 Other Spondylosis with radiculopathy
M47.8 Other Spondylosis

Block
Ranges of categories (related conditions)

Categories
3 characters (more specific condition)

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

Ranges of categories (related conditions)

Categories
3 characters (more specific condition)

Subcategories
Codes
6th or 7th characters (laterality, encounter, etc.)

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

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<th>ICD-10-CM</th>
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<tbody>
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<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 Int'l Statistical Institute 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-AL adopted in Australia
- 2000 ICD-10-CM adopted in Germany
- 2001 ICD-10-CA adopted in Canada
- 2003 Testing done by AHIMA 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)
ICD-10 examples

- G44.82 Headache associated with sexual activity
- V95.42x A 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

ICD-10 examples

Migraines (see G43._._._)

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

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

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 Spondylolisthesis 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 Guidelines for DCs

1. Conventions
   (appendix, section IA)
2. General Coding Guidelines
   (appendix, section IB)
3. Chapter Specific Coding Guidelines
   (appendix, section IC)
4. The Tabular List **takes precedence
   (in-column instructions)

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
ICD-10 Conventions

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 examples

M25.652 Stiffness of left hip, not elsewhere classified

Note: this is the subcategory

ICD-10 examples

M25.65 Stiffness of hip, not elsewhere classified

Note: the exclusion notes apply to all codes that begin with M25.6
Note: the exclusion notes apply to all codes in the M25 category.

M25 Other joint disorder, not elsewhere classified

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

M20-M25 Other joint disorders

Note: the exclusion notes apply to all codes in the M20-M25 block.

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)

General Coding Guidelines

"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

General Coding Guidelines

“Signs and symptoms that are associated routinely with a disease process should not be assigned as additional codes” (section I.B.7)

- Example: R68.84 Jaw pain would not be coded with
  - 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 I.B.8)

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

General Coding Guidelines

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

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
  - 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.

General Coding Guidelines

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)

ICD-10 Guidelines for DCs
Chapter Specific Guidelines

Tabular list
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. Geriatric
15. Pregnancy
16. Perinatal
17. Congenital malformations
18. Signs and Symptoms
19. Injuries and Poisoning
20. External Causes
21. Health Status

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

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
- Y96-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 Spondylolisthesis
- 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 Spondylolisthesis
- 722 Degeneration, displaced discs
- 724 Sciatica

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### Medicare LCD for ICD-10

**Short term**
- G43 Migraines
- G44 Headaches
- M24.5 Contracture
- M47 Spondylolisthesis
- M48 DISH
- M49 Dorsalgia
- R51 Headache

**Moderate term**
- G54 Nerve root and plexus disorders
- G55 Nerve lesions
- M12-M16 Arthritis
- M25 Joint disorders
- M40, Q6.2 Spondylolisthesis
- M48 Spinal enthesiopathy
- M49 Spinal Stenosis
- M50, M51 Disc disorders
- M53 Other dorsopathies, NEC
- M54 Radiculopathies

**Long term**
- M60 Myositis
- M62 Spine
- M79 Myalgia
- M99 Strains
- S13, S23, S33 Sprain
- S16 Strain

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

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### 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*

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### 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
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:
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

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Confirm the code

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739 - segmental and somatic dysfunction
GEMS code map

739 - segmental and somatic dysfunction
GEMS code map

739 - segmental and somatic dysfunction
GEMS code map
M99.0 - Segmental and somatic dysfunction is the most likely ICD-10 replacement
  - Don’t code this if there is a better option (there isn’t)

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

S13.1 - Subluxation and dislocation of cervical vertebra backwards maps to 839. - Closed dislocations of cervical vertebra, so it is probably a better match for that ICD-9 code
  - This code has many inclusion and exclusion notes, and a seventh character to be investigated
  - 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. Excludes
   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
  o “Loin pain” or “Lumbago” would work too
• Consider these codes instead
  (Excludes1)
  o S39.012, low back strain
  o M51.2–lumbago due to intervertebral disc displacement
    • Four options
    o M54.4–lumbago with sciatica
    • Three options
• Or consider this one (Excludes1)
  o F45.41 Psychogenic dorsalgia

Summary
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

• M54.6 Pain in the thoracic spine is probably the best ICD-10 replacement code
  • Consider this category instead
    (Excludes1)
    o M51.–pain in the thoracic spine due to intervertebral disc disorder
      • 24 code options (specify type and region)
    • Or consider this one (Excludes1)
      o F45.41 Psychogenic dorsalgia

Summary
• 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 self, including “charlie horse”
    o M62.838 Other muscle spasm
  • Or consider these codes instead (Excludes1)
    o R25.1 Cramp and spasm
    o M79.1 Myalgia, myofascial pain syndrome
  • And consider adding this code (Excludes2)
    o M79.81 Nontraumatic hematoma of muscles

Summary
• 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 (M53), dozens of options
• M79.1 Myalgia suggested by GEMs
  o AKA “myofascial pain syndrome”
  • 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 fibrosis”
  • Consider instead (Excludes1):
    • F45.8 Psychogenic rheumatism
    • F45.41 Soft tissue pain syndrome
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"

Sprain of joints and ligaments of other parts of neck should be considered as well (GEMs)

Sprain of joints and ligaments of other parts of neck should be considered in addition (Excludes 2)

Code also any associated open wound

Use an external cause code, if applicable

Sprains and strains of neck hospitalization code: S13.4XX

S13.8XX – Sprain of joints and ligaments of other parts of neck

S16.1XX – Strain of muscle, fascia and tendon at neck level

Summary

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

Documentation for ICD-10

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 cephalgia 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

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.

Documentation for ICD-10

S06.0XA - Concussion with loss of consciousness of 30 minutes or less, initial encounter

G44.311 - Acute post traumatic headache, intractable

M54.2 - Cervicalgia

M99.01 - Segmental and somatic dysfunction of cervical region

W20.RXXA - Struck by falling object (accidentally), initial encounter

Y93.G3 - Activity, cooking and baking

Y92.010 - Place of occurrence, house, single family, kitchen

http://www.aapc.com/icd-10/icd-10-documentation-example.aspx
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.

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

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
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
- S13.4xx Sprain of ligaments of the cervical spine
- S13.8xx Sprain of joints and ligaments of other parts of the neck

These methods suggest the following options:
- S13.4xx Sprain of ligaments of the cervical spine
- 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 excludes 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:

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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

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.
ICD-10 Documentation Strategy

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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.xx.A Sprain of ligaments of the cervical spine, initial encounter
- S16.1xx.A Strain of muscles, fascia and tendon at neck level, initial encounter
- G44.311 Acute post-traumatic headache, intractable
- V43.1xx.A 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

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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

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

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ICD-10 implementation steps

Medicare: free training, Road to 10

ChiroCode: free email alerts and webinar, 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

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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.

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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!

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ICD-10 implementation steps

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.