ICD-10: Are You Ready

ICD-10 Mastery Series
Rebecca Walter, MCS-P

Our Plan for Today

• Your ICD-10 Action Plan: Quick Catch-up
• Map Your Codes: ICD-9 to ICD-10 the Easy Way
• Find the Codes: FAST!
• Documentation Requirements in ICD-10
• Master the Tabular List for Pinpoint Accuracy
• Make Your Case: Real World Practice with Real Case Studies

Why Do We Need ICD-10?

In ICD-10, as with ICD-9, a disease name includes a digit that indicates the specific region(s) of the body the code describes. The following key clarifies the anatomical regions denoted by the corresponding number.

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body Location</td>
<td></td>
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</tr>
<tr>
<td>Head</td>
<td></td>
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<tr>
<td>Neck</td>
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<tr>
<td>Upper Limbs</td>
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<tr>
<td>Lower Limbs</td>
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<tr>
<td>Genitalia</td>
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<td>Respiratory</td>
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<td>Cardiovascular</td>
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<tr>
<td>Peripheral</td>
<td></td>
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<tr>
<td>Endocrine</td>
<td></td>
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</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Got a Book??

ChiroCode Complete & Easy
ICD-10 Coding for Chiropractic

Should be Completed by Now

- Determine and designate the team member who will serve as your ICD-10 Project Manager.
- See the reading list for the ICD-10 Industry Week update from CMS by registering here:
- Create an ICD-10 Transition: electronic and/or paper file system to serve as a repository for all your ICD-9 training and transition materials.
- At this point, your software should have been upgraded to version 4014 or electronic transactions. If not, do it now.
- Contact your practice management software vendor and find out their plans and timelines for ICD-10 transition.
- Contact your EHR vendor and find out their plans and timelines for ICD-10 transition.
- Map all of your non-electronic-based clinical records, e.g., patient chart, to ICD-10.
- Make sure your software vendor is also mapping these clinical records, or you can continue using your non-electronic-based clinical records.
- Contact your EHR vendor and find out their plans and timelines for ICD-10 transition.
- Based on your timelines so far, update and review your transition budget for ICD-10. Be sure you have allowed for additional data and staff training, software options, coding guides purchases, and other expenses associated with your transition.
- Continue to review and update your ICD-10 plan to keep everyone informed of your progress.

(855) 832-6562
Testing Anyone?

- Clearinghouse
- Test Claim
- Check with PI/WC carriers
- Will they still accept testing?

Who's In Charge?

- Have you selected an ICD-10 project manager?
- Point Person
- Continue after deadline
- Measure where you are

ICD-9 to ICD-10 Mapping Possibilities

- Exact Match: One ICD-9 Code = One ICD-10 Code
- Approximate Match: One ICD-9 Code = Similar ICD-10 Codes
- Combination Match: Two ICD-9 Codes = One ICD-10 Code

* Difference in more specificity in ICD-10
** In combination indicates ICD-9 and ICD-10 codes

GEMS Code Map
Can We Just Crosswalk from ICD-9?

- General Equivalence Mappings (GEMs)
- Some pointing based on the initial set up
- Three possible ways to define subluxation: M99.01, M99.11, or S13.11
- Now we know

One-to-one Mapping

723.1 Cervicalgia → 723.1 Cervicalgia

M54.2 Cervicalgia → M54.2 Cervicalgia

One-to-Five Mapping

724.4 Thoracic or lumbosacral neuritis (radicular syndrome of the lower limbs)

ICD-10 – M54.14, M54.15, M54.16, M54.17, M54.18 Radiculopathy

- M54.14 Radiculopathy, thoracic region
- M54.15 Radiculopathy, thoracolumbar region
- M54.16 Radiculopathy, lumbar region
- M54.17 Radiculopathy, lumbosacral region
- M54.18 Radiculopathy, sacral and sacrococcygeal region

Confirmation Required

M62.83 Muscle spasm
M62.830 Muscle spasm of back
M62.831 Muscle spasm of calf
Charley-horse
M62.838 Other muscle spasm
M62.89 Other specified disorders of muscle
M62.890 Other specified disorders of muscle
Muscle (sheath) hernia
M62.8 Other disorders of muscle
M62.9 Disorder of muscle, unspecified

Conversion Tools
Conversion Tools

ICD10Data.com

Medicare’s GEM Guide

GEMS FAQ

Why do we need the GEMs?
We need the GEMS because:
• ICD-9 is much more specific.
• For diagnoses, there were 14,507 ICD-9-CM codes and 6,652 ICD-10-CM codes;
• For procedures, there were 3,583 ICD-9-CM codes and 7,191 ICD-10-PCS codes (in the 2015 versions of ICD-9-CM, ICD-10-CM, and ICD-10-PCS).

Is there a one-to-one match between ICD-9-CM and ICD-10?
No, there is not a one-to-one match between ICD-9-CM and ICD-10, and the reasons for such include:
• There are two concepts in ICD-10 that are not present in ICD-9-CM;
• For a small number of codes, there is no matching code in the ICD-10;
• There may be multiple ICD-9-CM codes for a single ICD-10 code, and
• There may be multiple ICD-10 codes for a single ICD-9-CM code.

Are there instances when it is not necessary to use the GEMS?
In the following instances, it may not be necessary to use the GEMS:
• When a small number of ICD-9-CM codes are being converted to ICD-10-CM and ICD-10-PCS codes,
• If the acuity, severity, and other criteria are being used to determine the code, and
• When ICD-10-PCS is implemented on October 1, 2015, codes will use coding books or encoder systems to code rather than using the GEMS.

Combination Mapping

• 724.3 Sciatica
  • M54.30 Sciatica, unspecified side
  • M54.31 Sciatica, right side
  • M54.32 Sciatica, left side
  • M54.40 Sciatica with lumbago, unspecified side
  • M54.41 Sciatica with lumbago, right side
  • M54.42 Sciatica with lumbago, left side

Exercise: Review your most commonly used codes

Let’s Review

www.KMCUniversity.com
ICD-10: The Magic 7th Digit
A, D or S??

Why the 7th Digit?

• Most categories in chapter 19 have seventh character extensions
• Required for each applicable code, and most categories have three extensions
• A, Initial encounter
• D, Subsequent encounter
• S, Sequela

What’s an Encounter?

We can see from the aforementioned statement that the term “encounter” in ICD-10 is not the same as an offical visit. An encounter refers to the treatment phase — not the type of patient (e.g., new patient, established patient). It is important to look at this from the perspective of the patient’s condition when choosing the most appropriate 7 digit character rather than from the provider’s perspective of type of visit.

In regard to the subsequent encounter, the guidelines state: “Subsequent encounter is used for encounters after the patient has received active treatment, e.g., active treatment for the condition is new or evolving. Examples of active treatment are: evaluation and continuing treatment by the same or a different physician.”

A vs. D

So sayeth ACA, Chiro Code, and KMC University

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>847.0</td>
<td>Sprains and strains; Neck (whiplash injury)</td>
</tr>
<tr>
<td>$13.4xx</td>
<td>Sprain of ligaments of cervical spine ** §</td>
</tr>
<tr>
<td>$13.8xx</td>
<td>Sprain of joints and ligaments of other part of neck ** §</td>
</tr>
<tr>
<td>$16.1xx</td>
<td>Strain of muscle, fascia, and tendon at neck level ** §</td>
</tr>
</tbody>
</table>

A D or S
### What Does Mac Daddy Medicare Say?

**Sprain and Strain Codes:**
- Initial encounter only?
- Subsequent encounters listed as part of initial encounter
- Noridian, National Gov’t Services, and others ONLY list the A
- A seems to be for “active treatment only”

### Could the “D” Be Appropriate?

- What about the rehab phase of care?
- What if the patient was referred out and came back to finish treatment?
- What if the patient returned for an exacerbation?
Would the “S” Ever Be Appropriate?

- Extension S, sequela of “late effects”
- Complications or conditions that arise as a direct result of an injury, such as scar formation after a burn
- The scars are sequela of the burn
- When using extension S, use both the injury code that precipitated the sequela and the code for the sequela itself
- The S is added only to the injury code, not the sequela code
- Sequence the sequela first, then injury code

Key Takeaways

- This information may not be final
- Clarity will come as we encounter implementation...or after implementation
- Follow Medicare guidance using “A”
- Stay Tuned!

So What is “Excludes 1” or “Excludes 2”?

- Similar to Correct Coding Initiative Edits for CPT Codes
- Dictates when certain codes can be used together and when not
- The explanation will be helpful in the long run

What’s the Difference?

- **Excludes 1**
  A type 1 Excludes note is a pure excludes note. It means “NOT CODED HERE!” An Excludes 1 note indicates that the code excluded should never be used at the same time as the code above the Excludes 1 note. An Excludes 1 is used when two conditions cannot occur together, such as a congenital form versus an acquired form of the same condition.

- **Excludes 2**
  A type 2 Excludes note represents “Not included here”. An Excludes 2 note indicates that the condition excluded is not part of the condition represented by the code, but a patient may have both conditions at the same time. When an Excludes 2 note appears under a code, it is acceptable to use both the code and the excluded code together, when appropriate.

Read the Instructions!
Using Excludes 1 and 2 as Helpers

- Question your decision
- Explore the codes in the excludes list
- Support your choice
- Add in for Excludes 2

More Significant than Cervicalgia Alone

M50 Cervical disc disorders

Notes: code to the most superior level of disorder cervical, thoracic, and thoracolumbar disc disorders

<table>
<thead>
<tr>
<th>Code(s)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>M50.00 - M50.93</td>
<td>Cervical disc disorder with myelopathy</td>
</tr>
<tr>
<td>M50.10 - M50.13</td>
<td>Cervical disc disorder with radiculopathy</td>
</tr>
<tr>
<td>M50.20 - M50.23</td>
<td>Other cervical disc displacement</td>
</tr>
<tr>
<td>M50.30 - M50.33</td>
<td>Other cervical disc degeneration</td>
</tr>
<tr>
<td>M50.80 - M50.83</td>
<td>Other cervical disc disorders</td>
</tr>
<tr>
<td>M50.90 - M50.93</td>
<td>Cervical disc disorder, unspecified</td>
</tr>
</tbody>
</table>

S16.1 = Strain

S16 Strain, sprain, fascia and tendon at neck level

Excludes: sprain of joint or ligament at neck level (S1.3)

<table>
<thead>
<tr>
<th>Code(s)</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>S16.1XX</td>
<td>Strain of muscle, fascia and tendon at neck level, initial encounter</td>
</tr>
<tr>
<td>S16.1XS</td>
<td>Strain of muscle, fascia and tendon at neck level, subsequent</td>
</tr>
<tr>
<td>S16.1XZ</td>
<td>Strain of muscle, fascia and tendon at neck level, unspecified</td>
</tr>
</tbody>
</table>

723.1 Cervicalgia = M54.2

Excludes: cervicalgia due to intervertebral disc disorder (M50)

847.0 = S13.4XX_

S13.4XXA - Sprain of ligaments of cervical spine, initial encounter

- Sprain of anterior longitudinal (ligament), cervical
- Sprain of anterior longitudinal (ligament), thoracic
- Sprain of atlanto-axial (joints)

Excludes: any associated open wound

<table>
<thead>
<tr>
<th>Code(s)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>S13.4XXA</td>
<td>Sprain of ligaments of cervical spine, initial encounter</td>
</tr>
<tr>
<td>S13.4XXB</td>
<td>Sprain of ligaments of cervical spine, subsequent encounter</td>
</tr>
<tr>
<td>S13.4XXC</td>
<td>Sprain of ligaments of cervical spine, unspecified</td>
</tr>
</tbody>
</table>

847.2 = S33.5XX_

S33.5XXA - Sprain of ligaments of lumbar spine, initial encounter

Excludes: nontraumatic rupture or displacement of lumbar intervertebral disc NOS (M51)

<table>
<thead>
<tr>
<th>Code(s)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>S33.5XXA</td>
<td>Sprain of ligaments of lumbar spine, initial encounter</td>
</tr>
<tr>
<td>S33.5XXB</td>
<td>Sprain of ligaments of lumbar spine, subsequent encounter</td>
</tr>
<tr>
<td>S33.5XXC</td>
<td>Sprain of ligaments of lumbar spine, unspecified</td>
</tr>
</tbody>
</table>

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724.4 - Lumbosacral JVD, w/Radiculopathy

Other List Terms
- AND
- With
- See/see also
- And/or
- Associated/due to
- You might want to be sure you have the right code

Alphabetic List Challenges
- Could be grouped by words like “syndrome”
- Might be body areas
- Could be broad categories – “muscle”
- Expand your thinking

Symptomology Diagnosis Codes
- 723.1 Cervicalgia
- M54.2 Cervicalgia

Cervico = Neck - Algia = Pain
Cervicalgia = Neck Pain

Key Takeaways
- Code to the highest degree of specificity
- Consult your tabular list until you are familiar with the codes
- Avoid redundancy
- ENGLISH vs. Numbers
- Smooth Sailing!

Coding Whiplash
- Sprain VS. Strain
  - 847.0: Sprain of Neck
    (Includes strain of joint capsule, ligament, muscle, tendon)
- S13.4 Sprain of ligaments of the cervical spine
- S16.1xxA STRAIN of muscle, fascia and tendon at neck level, initial encounter
### Cervical Diagnosis in ICD-10

**Cervical and Head Diagnoses**

**SUBLUXATION**

- M99.00: Segmental and spondylotic dysfunction of head region
- M99.01: Segmental and spondylotic dysfunction of cervical region
- M99.02: Segmental and spondylotic dysfunction of thoracic region
- M99.03: Segmental and spondylotic dysfunction of lumbar region
- M99.30: Subluxation of C1/C2 cervical vertebra
- M99.31: Subluxation of C2/C3 cervical vertebra
- M99.32: Subluxation of C3/C4 cervical vertebra
- M99.33: Subluxation of C4/C5 cervical vertebra
- M99.34: Subluxation of C5/C6 cervical vertebra
- M99.35: Subluxation of C6/C7 cervical vertebra
- M99.36: Subluxation of C7/T1 cervical vertebra
- S17.00: Subluxation of unspecified cervical vertebra
- S17.01: Subluxation of unspecified thoracic vertebra
- S17.02: Subluxation of unspecified lumbar vertebra
- S17.03: Subluxation of unspecified sacral vertebra

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### Other Conditions

- M44.7: Congenital syringomyelia
- M44.9: Myelodysplasia, unspecified
- M70.1: Thoracic kyphosis
- M70.3: Lumbar lordosis
- M70.7: Herniated disk
- N31.0: thoracic scoliosis
- N31.5: lumbar scoliosis
- N31.6: thoracolumbar scoliosis
- N31.8: other specified scoliosis
- N31.9: unspecified scoliosis
- N85.1: Cervical spondylosis
- N85.2: Cervical radiculopathy
- N85.3: Cervical myelopathy
- N85.4: Cervical dystrophy
- N85.5: Cervical dislocation
- N85.6: Cervical fracture
- N85.7: Cervical sprain
- N85.8: Cervical subluxation
- N85.9: Cervical dislocation
- R43.7: Cervicalgia
- R43.8: Myalgia
- R43.9: Radiculopathy
- S01.0: Cervical fracture
- S01.00: Cervical fracture, unspecified
- S01.01: Cervical fracture, odontoid process
- S01.02: Cervical fracture, body of vertebra
- S01.03: Cervical fracture, pedicle
- S01.04: Cervical fracture, spinous process
- S01.05: Cervical fracture, transverse process
- S01.06: Cervical fracture, lamina
- S01.07: Cervical fracture, facet joint
- S01.08: Cervical fracture, other specified vertebra
- S01.09: Cervical fracture, unspecified
- S01.10: Cervical disk herniation
- S01.11: Cervical disk protrusion
- S01.12: Cervical disk extrusion
- S01.13: Cervical disk impingement
- S01.14: Cervical disk degeneration
- S01.15: Cervical disk herniation
- S01.16: Cervical disk protrusion
- S01.17: Cervical disk extrusion
- S01.18: Cervical disk impingement
- S01.19: Cervical disk degeneration
- S01.20: Cervical disk herniation
- S01.21: Cervical disk protrusion
- S01.22: Cervical disk extrusion
- S01.23: Cervical disk impingement
- S01.24: Cervical disk degeneration
- S01.25: Cervical disk herniation
- S01.26: Cervical disk protrusion
- S01.27: Cervical disk extrusion
- S01.28: Cervical disk impingement
- S01.29: Cervical disk degeneration
- S01.30: Cervical disk herniation
- S01.31: Cervical disk protrusion
- S01.32: Cervical disk extrusion
- S01.33: Cervical disk impingement
- S01.34: Cervical disk degeneration
- S01.35: Cervical disk herniation
- S01.36: Cervical disk protrusion
- S01.37: Cervical disk extrusion
- S01.38: Cervical disk impingement
- S01.39: Cervical disk degeneration
- S01.40: Cervical disk herniation
- S01.41: Cervical disk protrusion
- S01.42: Cervical disk extrusion
- S01.43: Cervical disk impingement
- S01.44: Cervical disk degeneration
- S01.45: Cervical disk herniation
- S01.46: Cervical disk protrusion
- S01.47: Cervical disk extrusion
- S01.48: Cervical disk impingement
- S01.49: Cervical disk degeneration
- S01.50: Cervical disk herniation
- S01.51: Cervical disk protrusion
- S01.52: Cervical disk extrusion
- S01.53: Cervical disk impingement
- S01.54: Cervical disk degeneration
- S01.55: Cervical disk herniation
- S01.56: Cervical disk protrusion
- S01.57: Cervical disk extrusion
- S01.58: Cervical disk impingement
- S01.59: Cervical disk degeneration
- S01.60: Cervical disk herniation
- S01.61: Cervical disk protrusion
- S01.62: Cervical disk extrusion
- S01.63: Cervical disk impingement
- S01.64: Cervical disk degeneration
- S01.65: Cervical disk herniation
- S01.66: Cervical disk protrusion
- S01.67: Cervical disk extrusion
- S01.68: Cervical disk impingement
- S01.69: Cervical disk degeneration
- S01.70: Cervical disk herniation
- S01.71: Cervical disk protrusion
- S01.72: Cervical disk extrusion
- S01.73: Cervical disk impingement
- S01.74: Cervical disk degeneration
- S01.75: Cervical disk herniation
- S01.76: Cervical disk protrusion
- S01.77: Cervical disk extrusion
- S01.78: Cervical disk impingement
- S01.79: Cervical disk degeneration
- S01.80: Cervical disk herniation
- S01.81: Cervical disk protrusion
- S01.82: Cervical disk extrusion
- S01.83: Cervical disk impingement
- S01.84: Cervical disk degeneration
- S01.85: Cervical disk herniation
- S01.86: Cervical disk protrusion
- S01.87: Cervical disk extrusion
- S01.88: Cervical disk impingement
- S01.89: Cervical disk degeneration
- S01.90: Cervical disk herniation
- S01.91: Cervical disk protrusion
- S01.92: Cervical disk extrusion
- S01.93: Cervical disk impingement
- S01.94: Cervical disk degeneration
- S01.95: Cervical disk herniation
- S01.96: Cervical disk protrusion
- S01.97: Cervical disk extrusion
- S01.98: Cervical disk impingement
- S01.99: Cervical disk degeneration

### Cervicothoracic Junction

- Sit at a desk much?
- Text much?
- Look at your phone much?
- Patients have more and more challenges with forward head carriage

### Upper Crossed Syndrome

- Responds well to active care
- Excellent DX when proving medical necessity for 97110
- Inhibited vs. tight
- Also lower crossed syndrome
Know Your Anatomy

• ICD-10 divides up the areas of focus
• Upper, mid, lower
• Occipital, Occipito-Cervical, Cervical, Cervico-Thoracic, andThoracic

An Example of Specificity

$43.31  Subluxation and dislocation of scapula
$43.311  Subluxation of right scapula
$43.312  Subluxation of left scapula
$43.313  Subluxation of unspecified scapula
$43.314  Dislocation of right scapula
$43.315  Dislocation of left scapula
$43.316  Dislocation of unspecified scapula

Unspecified—Use Sparingly

$43.00  Unspecified subluxation and dislocation of shoulder joint
$43.001  Dislocation of humerus NOS
$43.002  Subluxation of humerus NOS
$43.003  Unspecified subluxation of right shoulder joint
$43.004  Unspecified dislocation of right shoulder joint
$43.005  Unspecified dislocation of left shoulder joint
$43.006  Unspecified dislocation of unspecified shoulder joint

Treatment of the Wrist and Hands

Upper Extremity Diagnosis Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>250.8</td>
<td>Anemia, other iron deficiency</td>
<td>684.2</td>
<td>Hypertrophic osteoarthropathy</td>
</tr>
<tr>
<td>250.9</td>
<td>Anemia, unspecified</td>
<td>684.3</td>
<td>Hypertrophic osteoarthropathy, unspecified</td>
</tr>
<tr>
<td>G56.0</td>
<td>Carpal tunnel syndrome</td>
<td>G04.4</td>
<td>Carpal tunnel syndrome</td>
</tr>
<tr>
<td>G56.1</td>
<td>Other compression neuropathy of hand and wrist</td>
<td>G04.5</td>
<td>Compression neuropathy of hand and wrist</td>
</tr>
<tr>
<td>G56.2</td>
<td>Other compression neuropathy of hand and wrist</td>
<td>G04.6</td>
<td>Compression neuropathy of hand and wrist</td>
</tr>
<tr>
<td>G56.3</td>
<td>Other compression neuropathy of hand and wrist</td>
<td>G04.7</td>
<td>Compression neuropathy of hand and wrist</td>
</tr>
<tr>
<td>G56.8</td>
<td>Intermittent claudication *</td>
<td>G04.8</td>
<td>Compression neuropathy of hand and wrist</td>
</tr>
<tr>
<td>G56.9</td>
<td>Other entrapment neuropathy of hand and wrist</td>
<td>G04.9</td>
<td>Compression neuropathy of hand and wrist</td>
</tr>
</tbody>
</table>

More Specificity

$43.03  Inferior subluxation and dislocation of humerus
$43.031  Inferior subluxation of right humerus
$43.032  Inferior subluxation of left humerus
$43.033  Inferior subluxation of unspecified humerus
$43.034  Inferior dislocation of right humerus
$43.035  Inferior dislocation of left humerus
$43.036  Inferior dislocation of unspecified humerus

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Laterality Plus 7th Digit

S53.42  Ununomeral (joint) sprain
S53.421  Ununomeral (joint) sprain of right elbow
S53.422  Ununomeral (joint) sprain of left elbow
S53.429  Ununomeral (joint) sprain of unspecified elbow

Upper Extremity Diagnosis Options

Upper Extremity Diagnosis Codes

Upper Extremity Subluxation Codes

Laterality, Subluxation, Dislocation, 7th Digit

S63.02  Subluxation and dislocation of radiocarpal joint
S63.021  Subluxation of radiocarpal joint of right wrist
S63.022  Subluxation of radiocarpal joint of left wrist
S63.023  Dislocation of radiocarpal joint of unspecified wrist
S63.024  Dislocation of radiocarpal joint of right wrist
S63.025  Dislocation of radiocarpal joint of left wrist
S63.026  Dislocation of radiocarpal joint of unspecified wrist

Upper Extremity Diagnosis Codes (Extra-Spinal)

OTHER CONDITIONS (continued)

Injury of:
S44....... nerves at shoulder and upper arm level
S46....... muscle, fascia and tendon at shoulder and upper arm level
S53.4...... sprain of elbow
Traumatic rupture of
S63.1201  right radiocarpal ligament
S63.1202  left radiocarpal ligament
S63.3...... Osseous and unspecified: sprain of wrist
Spinal of other part of
S63.81...... right wrist and hand
S63.82...... left wrist and hand

FACT SHEET

ICD-10 Documentation Reference Tool

ICD-10 diagnostic codes will be driven by higher-level documentation than ICD-9, making it important to begin incorporating the more detailed descriptions found in ICD-10 now instead of later. This new coding process uses a very particular vocabulary to describe specific anatomical sites and regions, especially in reference to the regions of the spine most commonly referenced in chiropractic documentation. If you familiarize yourself with и begins using ICD-10’s specific language in your documentation now, it will be second nature to you by October 1, 2015.

The ICD-10 diagnostic process will not tolerate vagueness or lack of specificity precisely because your documentation drives the ICD-10 codes selected. Replaced or generic documentation will force you to use non-specific, undifferentiated, and unspecified codes that could act as red flags and negatively affect your billing and reimbursement.

First, use the reference tool and post it in conspicuous locations where documentation takes place, such as treatment rooms, main rooms, or doctors’ work areas. The terms below are taken directly from commonly used chiropractic ICD-10 codes, and should be incorporated into your documentation area.

Note: The following terms are used to clarify spinal subluxations. Many, though not all, ICD-10 diagnostic codes are derived from these specific areas, and must be noted specifically in your documentation. Where applicable, use

(855) 832-6562
What Can You Do Now?

- Work as a team
- Use a GEM list to start
- Staff meeting time for conversions
- Practice auditing some files
- Review with team
- Look at new cases and learn, learn
- Prepare for claim delays

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

Tabular list layout

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

Block
Ranges of categories
(related conditions)

Categories
3 characters
(more specific
category)

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

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

What is the Tabular List?

Tabular list is the ONLY index where ALL code information is found

Contains specific and complete code detail necessary to code correctly

Allows for coding to the highest level of specificity

Final codes to be selected will be identified in this list

Left
Right

Site

Laterality: The following coding terms are used for diagnoses that could be present on one side of the body or bilaterally. When there is no bilateral code, you are required to select both a right and left diagnosis.

Skel: The following terms are used to clarify spinal sites/regions. Many, though not all, ICD-10 diagnosis codes are divided into these site-specific areas, and require this much specificity in your documentation. Where applicable, your documentation should relate to a specific site with this amount of detail to accommodate your selected ICD-10 code.

<table>
<thead>
<tr>
<th>Database/Atlanto-Axial</th>
<th>Upper Cervical</th>
<th>Mid-Cervical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower Cervical</td>
<td>Cervico-Thoracic</td>
<td>Thoracic</td>
</tr>
<tr>
<td>Thoracic-Lumbar</td>
<td>Lumbar</td>
<td>Lumbar-Sacral</td>
</tr>
<tr>
<td>Sacral</td>
<td>Sacro-Coccygeal</td>
<td>Coccygeal</td>
</tr>
</tbody>
</table>
Tabular List

**Chapter:** 13, Diseases of the Musculoskeletal System and Connective Tissue (M00 – M99) (always white font in a black box)

**Tabular list layout**

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

Block: Categories

Ranges of categories (related conditions)

Subcategories

3 characters (more specific condition)

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

Codes

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

Block: Spondylopathies

(M45 – M49) (Always bold CAPS, lined above and below)

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.
<table>
<thead>
<tr>
<th>Chapter</th>
<th>21 of them from A to Z (body system or condition)</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>Subcategories</td>
<td>4th or 5th characters (etiology, location, etc.)</td>
</tr>
<tr>
<td>Codes</td>
<td>6th or 7th characters (laterality, encounter, etc.)</td>
</tr>
</tbody>
</table>

**Tabular List**

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

**Codes:** (always bold)

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

**ICD-10 examples**

**M25.652 Stiffness of left hip, not elsewhere classified**

**M25.65 Stiffness of hip, not elsewhere classified**

Note: this is the subcategory
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

M25.6 Stiffness of joint, not elsewhere classified

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

ICD-10 examples

M20-M25 Other joint disorders

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

ICD-10 examples

M25.652 Stiffness of left hip, not elsewhere classified

Note: the exclusion notes apply to all codes that begin with M25.652

Tabular List Tips

- Read the complete definition of a code before determining if it is appropriate
- Reference instructions in each Block, Category and Subcategory
- Do NOT code directly from the Alphabetic Index or GEMS
  - These indexes are intended as a beginning reference point to direct you to the appropriate code
  - Final code determination should be confirmed in the Tabular List
- Never guess or assume

Coding tip: start with the specific code and work backwards to find the relevant instructional notes.
Mechanism of Injury (MOI)

- The manner in which a physical injury occurred, such as a fall from a height, ground-level fall, high or low speed MVA, etc.

Documentation in History

- Best to record a mechanism of trauma for every new patient or new episode.
- Ask leading questions of your patient to elicit a specific incident that precipitated the pain that the patient is experiencing.
- “Prior to experiencing your low back pain, did you slip or fall? Were you doing any unusual activity? When did you first experience the pain? Can you recall anything unusual that happened prior to experiencing the pain?”
- Record any incident that the patient can relate that ties to the pain that brought them into your office.

V – Y Codes

Chapter 20: Guidelines for external causes of morbidity (V00-Y99)

- Never sequenced first
- Provide data about the cause, intent, place, activity, or status of the accident or patient
- 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 an initial encounter, in conjunction with Y93

Y93 Activity code should be used only once, at initial encounter.
Do You Use E Codes Now?

• E codes are intended to identify how a poisoning or injury occurred, the cause; whether the injury was accidental or intentional, the intent; and the place where the accident or event took place, i.e., place of occurrence. E codes identifying the “place of occurrence,” E849.x, are to be used in conjunction with E codes from ranges E850-E869 and E880-E928.

E Codes in ICD-9 Expanded

• External Cause Codes
• Do you use them?

E844.8
• Sucked up into a jet without damage to the airplane; ground crew

ICD-10-CM Increased Specificity

Updated Code V97.33
Sucked into a jet without damage to the airplane

V00-V09 Transport accidents (V00-V09)
V00: V099 Vehicle accident due to collision (V00-V09)
V01: V099 Vehicular accident after collision (V01-V09)
V02: V099 Motor vehicle accident (V02-V09)
V03: V099 Aircraft accident (V03-V09)
V04: V099 Air transport accident (V04-V09)
V05: V099 Vehicular accident in transport accident (V05-V09)
V06: V099 Other transport accidents (V06-V09)
V07: V099 Other transport accidents (V07-V09)
V08: V099 Other transport accidents (V08-V09)
V09: V099 Other transportation accident (V09-V09)

V00-V099 Transport accidents (V00-V099) More Guidelines

W00-X98 Accidents (W00-X98)
W00: W099 Other external causes of accidental injury (W00-X98)
W00: W099 Other external causes of accidental injury (W00-X98)
W00: W099 Other external causes of accidental injury (W00-X98)
W00: W099 Other external causes of accidental injury (W00-X98)
W00: W099 Other external causes of accidental injury (W00-X98)
W00: W099 Other external causes of accidental injury (W00-X98)
Intention Clarified

Y21-Y33 Event of undetermined intent (Y21-Y33)  Show Guidelines

<table>
<thead>
<tr>
<th>Code(s)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y21.0XX</td>
<td>Y21.0 Non-institutional (private) residence as the place of occurrence of the external cause</td>
</tr>
<tr>
<td>Y21.1XX</td>
<td>Y21.1 Institutional (nonprivate) residence as the place of occurrence of the external cause</td>
</tr>
<tr>
<td>Y21.2XX</td>
<td>Y21.2 School, other institution and public administrative area as the place of occurrence of the external cause</td>
</tr>
<tr>
<td>Y21.3XX</td>
<td>Y21.3 Sports and athletic area as the place of occurrence of the external cause</td>
</tr>
<tr>
<td>Y21.4XX</td>
<td>Y21.4 Street, highway and other paved roadways as the place of occurrence of the external cause</td>
</tr>
<tr>
<td>Y21.5XX</td>
<td>Y21.5 Trade and service area as the place of occurrence of the external cause</td>
</tr>
<tr>
<td>Y21.6XX</td>
<td>Y21.6 Industrial and construction area as the place of occurrence of the external cause</td>
</tr>
<tr>
<td>Y21.7XX</td>
<td>Y21.7 Farm as the place of occurrence of the external cause</td>
</tr>
<tr>
<td>Y21.8XX</td>
<td>Y21.8 Other places as the place of occurrence of the external cause</td>
</tr>
<tr>
<td>Y21.9XX</td>
<td>Unspecified place of occurence</td>
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</tbody>
</table>

Y-92 Series: Place of Occurrence

Y92 Place of occurrence of the external cause  Show Guidelines

<table>
<thead>
<tr>
<th>Code(s)</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Y92.0XX</td>
<td>Y92.0 Non-institutional (private) residence as the place of occurrence of the external cause</td>
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<td>Y92.1XX</td>
<td>Y92.1 Institutional (nonprivate) residence as the place of occurrence of the external cause</td>
</tr>
<tr>
<td>Y92.2XX</td>
<td>Y92.2 School, other institution and public administrative area as the place of occurrence of the external cause</td>
</tr>
<tr>
<td>Y92.3XX</td>
<td>Y92.3 Sports and athletic area as the place of occurrence of the external cause</td>
</tr>
<tr>
<td>Y92.4XX</td>
<td>Y92.4 Street, highway and other paved roadways as the place of occurrence of the external cause</td>
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<tr>
<td>Y92.5XX</td>
<td>Y92.5 Trade and service area as the place of occurrence of the external cause</td>
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<td>Y92.6XX</td>
<td>Y92.6 Industrial and construction area as the place of occurrence of the external cause</td>
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<td>Y92.7XX</td>
<td>Y92.7 Farm as the place of occurrence of the external cause</td>
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<td>Y92.8 Other places as the place of occurrence of the external cause</td>
</tr>
<tr>
<td>Y92.9XX</td>
<td>Unspecified place of occurence</td>
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</tbody>
</table>

Y92-Y08 Assault (Y92-Y08)  Show Guidelines

<table>
<thead>
<tr>
<th>Code(s)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y92.0XX</td>
<td>Y92 Assault by drowning and submersion</td>
</tr>
<tr>
<td>Y93.XXX</td>
<td>Y93 Assault by hand gunshot</td>
</tr>
<tr>
<td>Y94.0XX</td>
<td>Y94 Assault by rifle, shotgun and larger firearm discharge</td>
</tr>
<tr>
<td>Y95.0XX</td>
<td>Y95 Assault by other and unspecified firearm and gun discharge</td>
</tr>
<tr>
<td>Y96.0XX</td>
<td>Y96 Assault by explosive material</td>
</tr>
<tr>
<td>Y97.XXX</td>
<td>Y97 Assault by smoke, fire and flames</td>
</tr>
<tr>
<td>Y98.0XX</td>
<td>Y98 Assault by steam, hot vapors and hot objects</td>
</tr>
<tr>
<td>Y99.XXX</td>
<td>Y99 Assault by other specified means</td>
</tr>
</tbody>
</table>

Y35-Y38 Legal intervention, operations of war, military operations, and terrorism (Y35-Y38)  Show Guidelines

<table>
<thead>
<tr>
<th>Code(s)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y35.0XX</td>
<td>Y35.0 Legal intervention</td>
</tr>
<tr>
<td>Y36.0XX</td>
<td>Y36.0 Operations of war</td>
</tr>
<tr>
<td>Y37.0XX</td>
<td>Y37.0 Military operations</td>
</tr>
<tr>
<td>Y38.0XX</td>
<td>Y38.0 Terrorism</td>
</tr>
</tbody>
</table>

Y62-Y84 Complications of medical and surgical care (Y62-Y84)  Show Guidelines

<table>
<thead>
<tr>
<th>Code(s)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y62.0</td>
<td>Y62.0 Medical complications during surgical procedures</td>
</tr>
<tr>
<td>Y62.1</td>
<td>Y62.1 Medical complications during obstetrical procedures</td>
</tr>
<tr>
<td>Y63.0</td>
<td>Y63.0 Complications of medical and surgical procedures as the cause of abnormal reaction or death in a patient, not resulting from the surgical procedure</td>
</tr>
</tbody>
</table>

V3 Activity codes  Show Guidelines

<table>
<thead>
<tr>
<th>Code(s)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>V3.1XX</td>
<td>V3.1 Activities involving riding and running</td>
</tr>
<tr>
<td>V3.2XX</td>
<td>V3.2 Activities involving water and wet activities, snow and ice activities, and snow and ice conditions</td>
</tr>
<tr>
<td>V3.3XX</td>
<td>V3.3 Activities involving sports and athletic activities</td>
</tr>
<tr>
<td>V3.4XX</td>
<td>V3.4 Activities involving other physical training and exercise programs</td>
</tr>
<tr>
<td>V3.5XX</td>
<td>V3.5 Activities involving other hobbies and leisure activities</td>
</tr>
<tr>
<td>V3.6XX</td>
<td>V3.6 Activities involving personal hygiene and interior property and clothing maintenance</td>
</tr>
<tr>
<td>V3.7XX</td>
<td>V3.7 Activities involving personal grooming and personal hygiene services</td>
</tr>
<tr>
<td>V3.8XX</td>
<td>V3.8 Activities involving household services and home maintenance</td>
</tr>
<tr>
<td>V3.9XX</td>
<td>V3.9 Activities involving other unspecified sports and athletic activities</td>
</tr>
</tbody>
</table>

(855) 832-6562
V, W, X, Y Codes
For Fun

• Bus Occupant V79.9 (collision with) Animal in traffic being ridden
• Bus Occupant V70.3 (collision with) animal, non-traffic
• Bus Occupant V70.4 (collision with) animal, while boarding or alighting

Golf Anyone?

I Wouldn’t Like it Either!

Idiot? You Decide!

Don’t Mess with the Bird!

Slippery Suckers!
Hmmm??

Bless her Heart!

I Totally Get It!

Z63.1--Problems in relationship with in-laws

Look Up Several Common Codes


Case Example

- While playing tennis in a tournament at the Clay Court Country Club, a male player sprained his right wrist and was treated by his Chiropractor close to the courts.
  - S63.501A  Unspecified sprain of right wrist, initial encounter
  - Y93.73  Activity, racquet and hand sports
  - Y92.312  Tennis Court (place of occurrence for external cause)
Case 4 Answers and Rationale

- **M51.15** Intervertebral Disc Disorder with radiculopathy, Thoracolumbar Region
  - Would not use M54.15 Radiculopathy, Thoracolumbar Region because of the Excludes1)
- **R26.2** Difficulty walking, not otherwise classified
- **Y93.H2** Activity, gardening and landscaping

**ICD-10**

T24.6 Thoracic or Lumbar/Sacral Neurotis or Radiculitis, Unspecified
T22.1 Displacement of Thoracic or Umbra Intervertebral Disc without Myelopathy
T12.1 Difficulty Walking

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Case 7 Answers and Rationale

- **M47.812** Spondylosis w/o myelopathy or radiculopathy, cervical region
- **M99.01** Segmental and somatic dysfunction of the cervical region
- **Y92.009** Unspecified place in an unspecified non-institutional (private) residence as the place of occurrence of the external cause
- **Y93.E5** Activity involving personal hygiene and household maintenance, floor mopping and cleaning

**ICD-10**

Y93.H2 Activity, gardening and landscaping

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Documentation Principles

Drive ICD-10

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Case 4

The patient states she woke up this morning with a stiff neck. She states she woke up this morning with a constant pain in the back of her neck that she rated as a 7/10. She denies any upper extremity or radiating pain. She said that she had been mopping and cleaning her house the day before but didn’t recall injuring her neck. She states she was in a rear-end collision several years ago and her only injury was whiplash that was treated with physical therapy and neck brace. Patient denies any recent injury. Exam findings reveal tenderness in mid cervical region involving the C3-5 region. Active and passive ROM doesn’t reproduce or exacerbate her cervical spine pain. X-rays reveal degenerative joint changes in the mid and lower cervical spine, as would be expected from an old whiplash injury.
The KMCU Way

• Documentation systems based on lots of audits and findings
• Basics are often the most missing items
• Training is the foundation
• Same as 1983 — Not!!!
• What are we up against?

Ch-Ch-Ch-Ch-Changes

• Healthcare has been changing for a while
• The changes are getting more rapid and are hitting closer to home
• This event is about awareness

Chiropractic and the OIG

• For the first time since May 2010, the Office of Inspector General, of the Dept. of Health and Human Services, has published a report specifically about chiropractic...or rather, one chiropractor in particular.

OIG Report Facts

• This fellow chiropractor’s dire situation represents the current state of risk that most chiropractors are not even aware they face on a daily basis.
• Is this you?

And so it goes....

March 2015

CMS and HHS Announce New Data to Monitor Joint Efforts to Combat Health Care Fraud.

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February 2015

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And so it goes....

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This fellow chiropractor’s dire situation represents the current state of risk that most chiropractors are not even aware they face on a daily basis.

Is this you?
And Literally Last Month

Job Openings

**Experienced Litigation Attorney**

- ACSO seeks experienced litigators to represent OIG in the litigation and settlement of administrative litigation matters involving OIG’s administrative sanctions (i.e., civil monetary penalties and exclusions) for false claims, kickbacks, sub-standard quality of care, and other conduct. During the last fiscal year, OIG recovered more than $57 million through 123 administrative cases. OIG is building a team of attorneys to focus on OIG-initiated administrative enforcement, and is seeking experienced litigators to fill the team. The candidate may also represent OIG in civil litigation and settlement, appeals of program exclusions, monitoring of Corporate Integrity Agreements, and resolution of self-discovered conduct. Application deadline is August 15, 2015.

- Announcement: Experienced Litigation Attorney

Audit: Efficiency Check; A systematic check or assessment, especially of the efficiency or effectiveness of an organization or process, typically carried out by an independent assessor.

They Look For...

- Coding Errors and Patterns
- Review Outliers
- Review of high dollar codes-BCBSIL SO’s
- Identify Fraud and Abuse
- This is JOB ONE!

What Might Be the Trigger?

- Overutilization
- New carrier—pre-existing condition
- Unusual codes
- Unusual errors
- Billing errors, like lack of Box 14 changing
- Your number came up

if you’re making mistakes it means you’re out there doing something

Neil Gaiman
Good Documentation Tells a Story

Medical Review Policies

Aetna

BCBS

Medicare Guidelines
Assessment = Dr. Thinking

Assessment = Diagnosis

Medicare Documentation Guidelines

Initial Visit
• History
• Description of Present Illness
• Physical Exam
• Diagnosis
• Treatment Plan
• Date of initial treatment

Subsequent Visits
• History
• Review of chief complaint
• Physical Exam
• Document daily treatment
• Progress related to treatment goals/plan

Impeccable Initial Visit/Episode Documentation

Job 1--Dr. Listening

• Patient history, written and spoken
• Ask thoughtful questions about paperwork
• Chief and additional complaints
• HPI, ROS, and PFSH
• Begin to formulate thoughts about Examination
Job 2--Dr. Finding

- Must be driven by history
- Include tests and measurements to quantify history
- Distinguish between important nuances
- Record everything in the patient’s record
- Determine whether additional diagnostic testing rationale exists

Job 3--Dr. Thinking

- This is initial assessment (S+O)
- H + E = D => Tx Plan
- Diagnosis for each region you plan to treat
- Treatment plan is obvious based on DX
- DX and plan for each component service

Job 4--Dr. Fixing

- Clarify and execute your plan
- Goals are associated with the plan
- Medical necessity is clear, if necessary
- It’s logical to expect to see the treatment coded that you chose

Don’t You Agree??

“Lumbago” sounds so much more interesting than “lower back pain.”

When Using Exam Findings

- You must be able to defend your diagnosis
- Kemp’s test is positive in most facet syndromes, but in some facet syndromes are not
- Be able to tell a third party what your thought process was using what’s written in your patient record
Novitas Future LCD - Diagnosis

ICD-9 DX Coding

Novitas Medicare LCD Diagnosis List

Short Term (approximately 12 treatments)
• 723-724 Back Pain
• 728.85- Spasm of Muscle

Moderate Term (approximately 18-24 treatments)
• 720.1 Enthesopathy
• 721 Cervical Spondylosis
• 846-7 Sprains
• 723.0 Stenosis
• 353 Nerve Root and Plexus Disorders

Long Term (approximately 30 treatments)
• 722 Degeneration of Intervertebral disc
• 724.3 Sciatica

EHR DX and Assessment Samples

DIAGNOSIS:
Upon consideration of the information available I have diagnosed Lily Aslan with: (839.03) Cervical Subluxation, (728.9) Breshol neuritis, (728.8) Cervical myositis.

ASSESSMENT:
Lily is of good health and is expected to make good progress and recovery with few residuals. Based on her history of no complicating factors and nothing as contraindications to chiropractic care, it is reasonable to believe that her recovery may take about the same time as an average patient with an uncomplicated case.

Why Is Documentation So Important?

• Ensures quality patient care
• Meets licensure requirements to protect the public
• Guards against malpractice action
• Secures appropriate reimbursement
• Because...if it wasn’t written down, it didn’t happen!
Know your Audience

- Another health care provider
- Your board
- A malpractice attorney
- Third party payer’s medical necessity auditor
- Each has different, but necessary requirements of your documentation

What Dr. Diep Didn’t Know That He Didn’t Know!

- The $708,000 recoupment finding to Medicare:
  - Ignorance of the rules
  - Upcoding charges
  - Billing Medicare inappropriately
  - Poor documentation
  - No Policies and SOP
  - Ignored help when notified of OIG concerns

Problem #1: Stick Out Like a Sore Thumb!

So? I’m a Full Spine Adjuster!

- Medical necessity definition dictates that you must prioritize each area of complaint
- Every visit:
  - S + O (P + ART) for every region treated
  - 2 DX codes for each region (Medicare)
  - Treatment plan for each/short and long term goals

Why It LOOKS Fishy...

And Just Last Month...
The Guideline and Expectation

"The patient must have a significant health problem in the form of a neuromusculoskeletal condition necessitating treatment, and the manipulative services rendered must have a direct therapeutic relationship to the patient's condition and provide reasonable expectation of recovery or improvement of function."

Subjective?? NOT!

Objective?? Really?

Can You Tell What's Up?

Subjective:
The patient said that overall she is feeling the same since her last visit.

Objective:
I reviewed the recent testing and diagnostic results with the patient, 30 minutes.

Multiple subluxations with spasm, hypomobility, and end point tenderness were found and adjusted at the following levels: right C1, left C4, right T2, T5, right T10, right L3 and left pelvis. An extremely subluxation was discovered and adjusted in the right eg and left eg.

Palpation of the muscles revealed spasm in the following areas: right cervical dorsal area, right upper thoracic area, left upper thoracic area, right lower thoracic area, left upper lumbar area, right lower lumbar area and left lower lumbar area.

The posture evaluation revealed the following: a head tilt to the left, right high pelvis, high left shoulder and rotation of the trunk to the left.

Active trigger points were discovered in the cervical musculature, suboccipital, subocapital, lumbar paraspinal, gluteus medius and minimus and perinerveus regions.

The part of a muscle fiber that actually does the contracting is a microscopic unit called a sarcometer.

Contraction occurs in a sarcometer when future parts come together and interlock like fingers. Millions of sarcometers have to contract in your muscles to make even the smallest movement. A trigger point exists when over stimulated sarcometers are chemically prevented from releasing from their interlaced state.

Normally, when a muscle is working, its sarcometers act like tiny pumps, contracting and relaxing to circulate blood through the capillaries that supply their metabolic needs. When sarcometers in a trigger point hold their contraction, blood flow essentially stops in the immediate area. The resulting oxygen starvation and accumulation of the waste products of metabolism irritates the trigger point. The trigger point responds to this emergency by sending out pain signals.

What About This One? Daily Subjective?

Patient: CR
Provider: [Redacted]

Date: 09/09/2014

Chief Complaint:
Left SI, left buttock, IL, lumbar and left posterior thigh to I

Pain Assessment (NRS): 10/10.

Diet 1 month. Cover: [Redacted].

Chronic or progressing: worse.

Prior episode: yes 4-5 months.

Frequency: constant.

Quality: sharp, shooting, cramping and tingling.

Radiation: L leg pain shooting to knee.

Painful: O/T Osis (Open).

Provocative: standing 5 minute max or walking 2 minute max.

CATS baseline (FPSQ): 10/10. All are Affected.

Work: Cook, Cut up Onion, Dress, Sleep and Bathe.

Chats vs treatment: mildly improved and 20% subjective. Sleeping better and range of motion has been better last 2 days. exercises everyday since last visit.

Spiral Palpation:

Spinal Palpation:

Digital palpation of the patient’s spine and extremities revealed the following areas of subluxations: lumbar and sacral region.

Palpation revealed areas of spasm, hypomobility and end point tenderness indicative of subluxation at L1, L2 and L3.

Palpation of the muscles revealed hypertonicity in the following areas: right sacralis, left sacralis, left lumbar, right lumbar and right buttock.

Yeoman’s Test:

Yeoman’s Test was positive on the right. This test is done with the patient in a prone position. The examiner leans downward pressure on the suspected sacralis joint, while maximally flexing the ipsilateral knee. Then the thigh is hyperextended while holding down the pelvis. Drop pain in both sacralis joints from the above action indicates a strain of the anterior sacroiliac ligaments. An increased in pain was noted in the right sacral region that was rated as a grade 2. Moderate pain observed and reported.

Lumbar extension was recorded at 10 degrees.

An increase in pain was noted in the left sacralis, right sacralis and lumbar region that was rated as a grade 2. Moderate pain observed and reported. Her movement was observed to be painful.
Assessment?? Guarded?

Assessment:

The prognosis is guarded and uncertain at this time. There was no change after the assessment. This means that there is a 60% chance of a need for long-term treatment. It also means that there is a 60 to 80% chance of long-term residuals of Natalie's primary presenting musculoskeletal, orthopedic and neurological complaints.

Or This One?

Assessment:
The following is a list of diagnostic impressions for Natalie's current condition: (739.3) Nonalcoholic Liver Disease, (722.52) Degenerative Lumbosacral Syndrome, Lumbosacral 739.3, Lumbosacral 722.52, (739.4) Nonspecific Lesions, Sacral 730.4, (724.3) Skull Fracture 724.3.

What to Do Now: Forge Ahead

Brainstorm Operational Impact

What Should I Do Now?

• Concentrate on perfecting documentation
• Learn the subtle nuances in your current diagnosis protocols
• Begin to discern what each means to you

• Computers, software, memory, other IT concerns
• Upgrades to software and testing for billing—both paper and electronic
• Super Bills, Diagnosis Sheets, Existing SOP and Training Materials
Brainstorm Operational Impact

- What changes will need to be made?
- Do they have available upgrades?
- When can I get on the upgrades installation schedule?
- Will they continue to provide support?
- Parallel coding available?
- How long will my system be down?

ICD-10 Organization

- Address and prioritize tasks
- Ensure your software vendor is compatible
- Upgrade schedules
- Readiness and testing schedules
- Training triage for
  - Physicians
  - Office Staff

Managed Care Contracts

- Identify all your payers
- Review the policies related to ICD-9
- Reimbursements tied to diagnosis
- Modify agreements
- Determine timelines for testing

Managed Care Contracts

- Payer policy changes = Payment impact
- Review new payment policies
- Improve coding and documentation
- Communicate changes to staff
- Dual coding
- Know important dates

ICD-10 in My Practice

- Medicare: Free training
- Chirocode.com: free email alerts and webinars, more training, memberships, chart audits, and coding tools
- FindACode.com: Crosswalks and other advanced tools
- ICD10Monitor.com: Free Articles
- AAPC.com and AHIMA.org
Recommended Tools

FindACode.com

www.findacode.com

The Finish Line Looks Good From Here!

The ICD-10 Training You Have Time For!