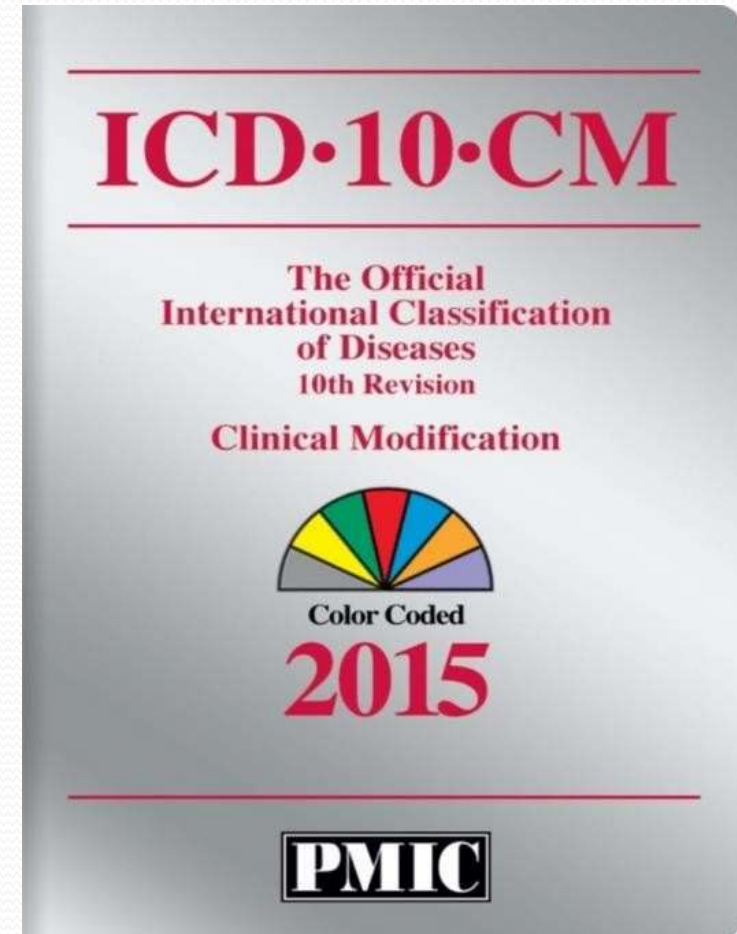


- ICD-9 ~ 14,000 Codes
- ICD-10 ~ 70,000 Codes



ICD-10

- Providers must use ICD-10 codes for all services rendered > 10/01/2015
- Providers must use ICD-9 codes for all services rendered < 10/01/2015
- Visit the CMS website to prepare:
<http://www.cms.gov/Medicare/Coding/ICD10/Index.html>
- Obtain access to ICD-10 codes: Coding books, practice management software/updates/HER (Electronic Health Records), smartphone apps.

ICD-10

Implementing ICD-10 codes effective 10/01/2015 will:

- 1. Avoid claims being rejected because of obsolete (ICD-9) coding
- 2. Avoid the need to re-submit claims using the proper ICD-10 coding
- 3. Avoid delays in receiving payment for treatment rendered

Exclude Notes

- **Excludes 1**
- A type 1 Excludes note means “**NOT CODED HERE!**”
- Excludes 1 indicates that the code excluded should never be used at the same time as the code above the Excludes 1 note.
- Excludes 1 is used when 2 conditions cannot occur at the same time (i.e. Congenital vs. Acquired)

Exclude Notes

- Excludes 2
- A type 2 Excludes note represents “**NOT INCLUDED HERE**”
- Excludes 2 note indicates 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 Excludes 2 note appears under a code, it is acceptable to use both the code and the excluded code together.

ICD-10

- Visit the CMS website to prepare:
<http://www.cms.gov/Medicare/Coding/ICD10/Index.html>
- Select 2016 ICD-10 and GEMS to download code tables & index

The screenshot displays the CMS.gov website interface. At the top, the CMS.gov logo is prominent, with the text "Centers for Medicare & Medicaid Services" below it. A navigation bar includes links for Home, About CMS, Newsroom, FAQs, Archive, and social media icons for Share, Help, and Print. A search bar is located to the right of the navigation bar. Below the navigation bar, a row of yellow buttons provides access to various CMS services: Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Private Insurance, Innovation Center, Regulations & Guidance, Research, Statistics, Data & Systems, and Outreach & Education. The main content area shows a breadcrumb trail: Home > Medicare > ICD-10 > 2016 ICD-10-CM and GEMS. On the left, a sidebar menu lists various resources under the "ICD-10" heading, including Latest News, CMS ICD-10 Industry Email Updates, CMS Implementation Planning, Provider Resources, Medicare Fee-For-Service Provider Resources, Medicaid Resources, Payer Resources, Vendor Resources, Statute and Regulations, 2016 ICD-10 PCS and GEMS, and 2016 ICD-10-CM and GEMS. The main content area features a section titled "2016 ICD-10-CM and GEMS" with a brief description: "The 2016 ICD-10-CM files below contain information on the new diagnosis coding system, ICD-10-CM, that is a replacement for ICD-9-CM, Volumes 1 and 2." Below this is a "Downloads" section listing several files for download, each with a file icon and size: 2016 Code Descriptions in Tabular Order [ZIP, 2MB], 2016 Code Tables and Index [ZIP, 16MB], 2016 ICD-10-CM Duplicate Code Numbers [ZIP, 64KB], 2016 Addendum [PDF, 79KB], 2016 General Equivalence Mappings (GEMs) – Diagnosis Codes and Guide [ZIP, 1MB], 2016 Present On Admission (POA) Exempt List [ZIP, 1MB], 2016 ICD-10-CM Guidelines [PDF, 1MB], and 2016 Reimbursement Mappings – Diagnosis Codes and Guides [ZIP, 449KB]. At the bottom of the page, it states "Page last Modified: 08/10/2015 1:33 PM".

ICD-10 (Commonly Used by Chiropractors)

- **Chapter 13**
- Diseases of the musculoskeletal system and connective tissue (**M00-M99**)

This chapter contains the following blocks:

M00-M02	<u>Infectious arthropathies</u>
M05-M14	<u>Inflammatory polyarthropathies</u>
M15-M19	<u>Osteoarthritis</u>
M20-M25	<u>Other joint disorders</u>
M26-M27	<u>Dentofacial anomalies [including malocclusion] and other disorders of jaw</u>
M30-M36	<u>Systemic connective tissue disorders</u>
M40-M43	<u>Deforming dorsopathies</u>
M45-M49	<u>Spondylopathies</u>
M50-M54	<u>Other dorsopathies</u>
M60-M63	<u>Disorders of muscles</u>
M65-M67	<u>Disorders of synovium and tendon</u>
M70-M79	<u>Other soft tissue disorders</u>
M80-M85	<u>Disorders of bone density and structure</u>
M86-M90	<u>Other osteopathies</u>
M91-M94	<u>Chondropathies</u>
M95	<u>Other disorders of the musculoskeletal system and connective tissue</u>
M96	<u>Intraoperative and postprocedural complications and disorders of musculoskeletal system, not elsewhere classified</u>
M99	<u>Biomechanical lesions, not elsewhere classified</u>

ICD-10 (Commonly Used by Chiropractors)

- **Other dorsopathies (M50-M54)**
- **Excludes1:**
- current injury - see injury of spine by body region
- **Discitis NOS (M46.4-)**
- **Discitis, unspecified**
- **Discitis = infection of the intervertebral disc space**

ICD-10 (Commonly Used by Chiropractors)

- Other dorsopathies (M50-M54)

M54.1 Radiculopathy

Brachial neuritis or radiculitis NOS
Lumbar neuritis or radiculitis NOS
Lumbosacral neuritis or radiculitis NOS
Thoracic neuritis or radiculitis NOS
Radiculitis NOS

Excludes1: neuralgia and neuritis NOS (M79.2)
radiculopathy with cervical disc disorder (M50.1)
radiculopathy with lumbar and other intervertebral disc disorder (M51.1-)
radiculopathy with spondylosis (M47.2-)

M54.10 Radiculopathy, site unspecified

M54.11 Radiculopathy, occipito-atlanto-axial region

M54.12 Radiculopathy, cervical region

M54.13 Radiculopathy, cervicothoracic region

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

ICD-10 (Commonly Used by Chiropractors)

- Other dorsopathies (M50-M54)

M54.2 Cervicalgia

Excludes1: cervicalgia due to intervertebral cervical disc disorder (M50.-)

M50.0 Cervical disc disorder with myelopathy

M50.00 Cervical disc disorder with myelopathy, unspecified cervical region

M50.01 Cervical disc disorder with myelopathy, high cervical region

C2-C3 disc disorder with myelopathy

C3-C4 disc disorder with myelopathy

M50.02 Cervical disc disorder with myelopathy, mid-cervical region

C4-C5 disc disorder with myelopathy

C5-C6 disc disorder with myelopathy

C6-C7 disc disorder with myelopathy

M50.03 Cervical disc disorder with myelopathy, cervicothoracic region

C7-T1 disc disorder with myelopathy

ICD-10 (Commonly Used by Chiropractors)

- Other dorsopathies (M50-M54)

M54.3 Sciatica

Excludes1: lesion of sciatic nerve (G57.0)
sciatica due to intervertebral disc disorder (M51.1-)
sciatica with lumbago (M54.4-)

M54.30 Sciatica, unspecified side

M54.31 Sciatica, right side

M54.32 Sciatica, left side

M54.4 Lumbago with sciatica

Excludes1: lumbago with sciatica due to intervertebral disc disorder (M51.1-)

M54.40 Lumbago with sciatica, unspecified side

M54.41 Lumbago with sciatica, right side

M54.42 Lumbago with sciatica, left side

M54.5 Low back pain

Loin pain

Lumbago NOS

Excludes1: low back strain (S39.012)

lumbago due to intervertebral disc displacement (M51.2-)

lumbago with sciatica (M54.4-)

ICD-10 (Commonly Used by Chiropractors)

- Soft tissue disorders (M60-M79)
- Disorders of muscles (M60-M63)

M62.83 Muscle spasm

M62.830 Muscle spasm of back

M62.831 Muscle spasm of calf
Charley-horse

M62.838 Other muscle spasm

ICD-10 (Commonly Used by Chiropractors)

- Other soft tissue disorders (M70-M79)
- M70 Soft tissue disorders related to use, overuse and pressure

M70.2 Olecranon bursitis

M70.20 Olecranon bursitis, unspecified elbow

M70.21 Olecranon bursitis, right elbow

M70.22 Olecranon bursitis, left elbow

M70.3 Other bursitis of elbow

M70.30 Other bursitis of elbow, unspecified elbow

M70.31 Other bursitis of elbow, right elbow

M70.32 Other bursitis of elbow, left elbow

M70.4 Prepatellar bursitis

M70.40 Prepatellar bursitis, unspecified knee

M70.41 Prepatellar bursitis, right knee

M70.42 Prepatellar bursitis, left knee

M70.5 Other bursitis of knee

M70.50 Other bursitis of knee, unspecified knee

M70.51 Other bursitis of knee, right knee

M70.52 Other bursitis of knee, left knee

ICD-10 (Commonly Used by Chiropractors)

- Other soft tissue disorders (M70-M79)
- M70 Soft tissue disorders related to use, overuse and pressure

M70.6 Trochanteric bursitis

Trochanteric tendinitis

M70.60 Trochanteric bursitis, unspecified hip

M70.61 Trochanteric bursitis, right hip

M70.62 Trochanteric bursitis, left hip

M70.7 Other bursitis of hip

Ischial bursitis

M70.70 Other bursitis of hip, unspecified hip

M70.71 Other bursitis of hip, right hip

M70.72 Other bursitis of hip, left hip

ICD-10 (Commonly Used by Chiropractors)

- **M75 Shoulder lesions**
- **Excludes2: shoulder-hand syndrome (M89.0-)**

M75.0 Adhesive capsulitis of shoulder

Frozen shoulder

Periarthritis of shoulder

M75.00 Adhesive capsulitis of unspecified shoulder

M75.01 Adhesive capsulitis of right shoulder

M75.02 Adhesive capsulitis of left shoulder

ICD-10 (Commonly Used by Chiropractors)

- **M75 Shoulder lesions**
- **NOTE: Code the correct laterality (right vs. left)**
- **Note Excludes1 code – Do not use S46.01 (strain) with M75 (non-traumatic)**

M75.1 Rotator cuff tear or rupture, not specified as traumatic

Rotator cuff syndrome

Supraspinatus tear or rupture, not specified as traumatic

Supraspinatus syndrome

Excludes1: tear of rotator cuff, traumatic (S46.01-)

S46.01 Strain of muscle(s) and tendon(s) of the rotator cuff of shoulder

S46.011 Strain of muscle(s) and tendon(s) of the rotator cuff of right shoulder

S46.012 Strain of muscle(s) and tendon(s) of the rotator cuff of left shoulder

S46.019 Strain of muscle(s) and tendon(s) of the rotator cuff of unspecified shoulder

M75.10 Unspecified rotator cuff tear or rupture, not specified as traumatic

M75.100 Unspecified rotator cuff tear or rupture of unspecified shoulder, not specified as traumatic

M75.101 Unspecified rotator cuff tear or rupture of right shoulder, not specified as traumatic

M75.102 Unspecified rotator cuff tear or rupture of left shoulder, not specified as traumatic

M75.11 Incomplete rotator cuff tear or rupture not specified as traumatic

M75.110 Incomplete rotator cuff tear or rupture of unspecified shoulder, not specified as traumatic

M75.111 Incomplete rotator cuff tear or rupture of right shoulder, not specified as traumatic

M75.112 Incomplete rotator cuff tear or rupture of left shoulder, not specified as traumatic

M75.12 Complete rotator cuff tear or rupture not specified as traumatic

M75.120 Complete rotator cuff tear or rupture of unspecified shoulder, not specified as traumatic

M75.121 Complete rotator cuff tear or rupture of right shoulder, not specified as traumatic

M75.122 Complete rotator cuff tear or rupture of left shoulder, not specified as traumatic

ICD-10 (Commonly Used by Chiropractors)

- **M77 Other enthesopathies**
- **NOTE: Code the correct laterality (right vs. left)**

M77.0 Medial epicondylitis

M77.00 Medial epicondylitis, unspecified elbow

M77.01 Medial epicondylitis, right elbow

M77.02 Medial epicondylitis, left elbow

M77.1 Lateral epicondylitis

Tennis elbow

M77.10 Lateral epicondylitis, unspecified elbow

M77.11 Lateral epicondylitis, right elbow

M77.12 Lateral epicondylitis, left elbow

ICD-10 (Commonly Used by Chiropractors)

- M79 Other and unspecified soft tissue disorders, not elsewhere classified

M79.7 Fibromyalgia

Fibromyositis

Fibrositis

Myofibrositis

M79.1 Myalgia

Myofascial pain syndrome

Excludes1: fibromyalgia (M79.7)
myositis (M60.-)

ICD-10 (Commonly Used by Chiropractors)

- **Chapter 20**
- **External causes of morbidity (V00-Y99)**

This chapter contains the following blocks:

V00-X58	Accidents
V00-V99	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 vehicle injured in transport accident
V40-V49	Car occupant injured in transport accident
V50-V59	Occupant of pick-up truck or van injured in transport accident
V60-V69	Occupant of heavy transport vehicle injured in transport accident
V70-V79	Bus occupant injured in transport accident
V80-V89	Other land transport accidents
V90-V94	Water transport accidents
V95-V97	Air and space transport accidents
V98-V99	Other and unspecified transport accidents
W00-X58	Other external causes of accidental injury
W00-W19	Slipping, tripping, stumbling and falls

ICD-10 (Commonly Used by Chiropractors)

- **Chapter 20**
- **External causes of morbidity (V00-Y99)**

V49 Car occupant injured in other and unspecified transport accidents

The appropriate 7th character is to be added to each code from category V49

- A - initial encounter
- D - subsequent encounter
- S - sequela

V53 Occupant of pick-up truck or van injured in collision with car, pick-up truck or van

The appropriate 7th character is to be added to each code from category V53

- A - initial encounter
- D - subsequent encounter
- S - sequela

V00.15 Heelies accident

Rolling shoe
Wheeled shoe
Wheelies accident

V00.151 Fall from heelies

V00.152 Heelies colliding with stationary object

V00.158 Other heelies accident

Procedural Coding/Billing

- **Common Chiropractic Treatment**
- **Procedural Coding for Billing/Reimbursement**
- **CA DWC Fee Schedule**

- **Therapeutic Procedures**
- **97530 – Therapeutic Activities**
- **\$43.59 Fee Schedule**
- Requires direct 1:1 patient contact by the provider using dynamic activities to improve functional performance
- i.e. bending, lifting, carrying, pushing, pulling, balance
- Define outcome/goals to be attained
- Each 15 minutes

Procedural Coding/Billing

- **Common Chiropractic Treatment**
- **Procedural Coding for Billing/Reimbursement**
- **CA DWC Fee Schedule**

- **Therapeutic Procedures**
- **97110 – Therapeutic Exercise**
- **\$40.10 Fee Schedule**
- 1 or more areas
- Exercises to develop strength and endurance, ROM & flexibility
- Define outcome/goals to be attained
- Each 15 minutes

Procedural Coding/Billing

- **Common Chiropractic Treatment**
- **Procedural Coding for Billing/Reimbursement**
- **CA DWC Fee Schedule**

- **Therapeutic Procedures**
- **97112 – Neuromuscular Re-Education**
- **\$41.67 Fee Schedule**
- Neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities.
- Define outcome/goals to be attained

Procedural Coding/Billing

- **Common Chiropractic Treatment**
- **Procedural Coding for Billing/Reimbursement**
- **CA DWC Fee Schedule**

- **Therapeutic Procedures**
- **97140 – Myofascial release**
- **\$37.09 Fee Schedule**
- **Manual therapy techniques**
- **i.e. mobilization, manipulation, manual lymphatic drainage, manual traction**
- **1 or more regions**
- **Define outcome/goals to be attained**
- **Each 15 minutes**

Procedural Coding/Billing

- **Common Chiropractic Treatment**
- **Procedural Coding for Billing/Reimbursement**
- **CA DWC Fee Schedule**

- **Physical Medicine & Rehabilitation**
- **Modalities (Supervised)**
- **97010 – Hot or Cold Packs**
- **\$0.00 Fee Schedule (Disallowed)**

Procedural Coding/Billing

- **Common Chiropractic Treatment**
- **Procedural Coding for Billing/Reimbursement**
- **CA DWC Fee Schedule**

- **Physical Medicine & Rehabilitation**
- **Modalities (Supervised)**
- **97012 – Traction (Mechanical)**
- **\$19.69 Fee Schedule**

- **NOTE: This code is for mechanical traction. Manual traction should use CPT 97140.**

Procedural Coding/Billing

- **Common Chiropractic Treatment**
- **Procedural Coding for Billing/Reimbursement**
- **CA DWC Fee Schedule**

- **Physical Medicine & Rehabilitation**
- **Modalities (Constant Attendance)**
- **97035 – Ultrasound**
- **\$15.67 Fee Schedule**
- **Each 15 minutes**

Procedural Coding/Billing

- **Chiropractic Adjustments (Manipulation)/CMT**

CPT	Treatment	Fee Schedule
98940	Spinal Manipulation; 1-2 regions	\$ 34.60
98941	Spinal Manipulation; 3-4 regions	\$ 50.08
98942	Spinal Manipulation; 5 regions	\$ 65.09
98943	Extraspinal; 1 or more regions	\$ 33.32

Resources

- State of California Dept. of Insurance – www.insurance.ca.gov
- UR and Causation section of FAQs: http://www.dir.ca.gov/dwc/UtilizationReview/UR_FAQ.htm
- Division of Workers' Compensation Dept. of Industrial Relations - <http://www.dir.ca.gov/DWC>
- URAC – www.urac.org
- MTUS Regulations:
http://www.dir.ca.gov/dwc/DWCPopRegs/MTUS_Regulations/MTUS_Regulations.htm.
- ACOEM-Occupational Medicine Practice Guidelines 2nd Edition 2004
- CWCI
- ICD-10 CM PMIC 2015
- CPT Plus PMIC 2012

ICD-9 vs. ICD-10

- ICD-9 is outdated – adopted since 1979
- ICD-10 is the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD), a medical classification list maintained by the World Health Organization (WHO).
- The deadline for U.S. providers to begin using Clinical Modification ICD-10-CM for diagnosis coding and Procedure Coding System ICD-10-PCS for inpatient hospital procedure coding is October 1, 2015.
- Forms affected include 5021 (Doctor's First Report of Occupational Injury or Illness), PR-2 (Primary Treating Physician's Progress Report), PR-3 and PR-4 (Primary Treating Physician's Permanent and Stationary Reports).

ICD-10-CM

- ICD-10 (uses 3 to 7 digits) vs. ICD-9 (uses 3 to 5 digits)
- Coding format is similar
- ICD-10 captures laterality, fractures, subsequent encounters...
- ICD-10 offers improved metric tracking

- Digits 1-3: Category
- Digits 4-6: Etiology, Anatomical Site, Severity
- Digit 7: Extension (Injuries & External causes)

- Digit 1: Alpha (Not U)
- Digit 2: Numeric
- Digit 3, 4, 5, 6, 7: Any combination of Alpha or Numeric values

- A: Initial encounter
- D: Subsequent encounter
- S: Sequela
- X: Dummy placeholder for future coding expansion

ICD-10-CM

- ICD-10 does not affect CPT procedural coding
- ICD-10 will affect everyone covered by the Health Insurance Portability Accountability Act (HIPAA), not just Medicare & Medicaid claims
- **ICD-10-CM Code Structure**
- ICD-10 diagnosis codes have between 3 and 7 characters
- Codes with three characters are included in ICD-10-CM as the heading of a category of codes that may be further subdivided by the use of any or all of the 4th, 5th, and 6th characters.
- Digits 4-6 provide more detail of etiology, anatomical site, and severity.
- A code using only the first three digits can only be used if it cannot be subdivided further.

ICD-10-CM

- The ICD-10 code will be invalid if you have not coded to the maximum number of characters required.
- Note: Not all ICD-10 codes must have 7 characters.
- ICD-10 coding can have a remarkable impact on your reimbursement

ICD-10-CM (GEM)

- **General Equivalency Mapping (GEM):**
- Bidirectional conversions between ICD-9 vs. ICD-10
- Not intended to be crosswalks.
- A tool to help map/code accurately
- Clinical judgement & decision making is still critical
- Read the coding instructions

- ICD10Data.com
- CMS.gov/icd10
- ICD10CODEsearch.com
- <http://www.acatoday.org/icd-10-code-conversion/>

ICD-10-CM

- What can you do immediately to take action?
- Identify common diagnoses used and compare ICD-9 vs. ICD-10.
- **Example:**
- Displacement of lumbar intervertebral disc without myelopathy
- ICD-9: 722.10
- ICD-10: M51.26 Other intervertebral disc displacement, lumbar region
- ICD-10: M51.27 Other intervertebral disc displacement, lumbosacral region

ICD-10-CM

- **Example:**
- Cervical Disc Disorders - Radiculopathy
- **ICD-9: 723.4**
- **ICD-10: M50.0** Cervical Disc Disorder with Radiculopathy (Not Billable – Must specify 5th digit)
- **ICD-10: M50.10** Unspecified Cervical Region
- **ICD-10: M50.11** High Cervical Region
- **ICD-10: M50.12** Mid-Cervical Region
- **ICD-10: M50.13** Cervicothoracic Region

ICD-9 to ICD-10 Crosswalk

Diagnosis	ICD-9	ICD-10
Cervicalgia	723.1	M54.2
Thoracic Myofascial Pain	724.1	M54.6
Lumbago	724.2	M54.5
Cervical Sprain of ligaments, initial encounter	847.0	S13.4XXA
Cervical Sprain of joints and ligaments of other parts, initial encounter	847.0	S13.8XXA
Thoracic Sprain of ligaments, initial encounter	847.1	S23.3XXA
Thoracic Sprain of other specified parts, initial encounter	847.1	S23.8XXA
Lumbar Sprain of ligaments, initial encounter	847.2	S33.5XXA
Carpal Tunnel Syndrome	354.0	G56.00
Ankle Sprain of unspecified ligament, initial encounter (unspecified ankle)	845.00	S93.409A
Ankle strain of unspecified muscle and tendon and foot, initial encounter (unspecified ankle)	845.00	S96.919A
Ankle Sprain of unspecified ligament (Right Ankle), initial encounter	845.00	S93.401A
Ankle Sprain of unspecified ligament (Left Ankle), initial encounter	845.00	S93.402A
Spasmodic Torticollis	723.5	M43.6
Cervicogenic Headache	784.0	R51
Headache Vascular, not elsewhere classified	784.0	G44.1
Concussion without LOC	850.0	S06.0X0A
De Quervain - Radial Styloid tenosynovitis	727.04	M65.4
Thoracic, Thoracolumbar, Lumbosacral intervertebral disc disorder unspecified	722.2	M51.9
Wrist pain unspecified	719.4	M25.539
Elbow - Lateral Epicondylitis, unspecified elbow	726.32	M77.10
Elbow - Medial Epicondylitis, unspecified elbow	726.31	M77.00
Headache - Post-Traumatic, unspecified	339.20	G44.309
MVA - Driver	E812.0	V49.88XA
MVA - Passenger	E812.1	V49.59XA

ICD-9 to ICD-10 Crosswalk

Cervical Radiculopathy	723.40	M54.12
Thoracic Radiculopathy	724.4	M54.14
Lumbar Radiculopathy	724.4	M54.16
Lumbosacral Radiculopathy	724.4	M54.17

ICD-9 to ICD-10 Crosswalk

Head Segmental Dysfunction	739.0	M99.00
Cervical Segmental Dysfunction	739.1	M99.01
Thoracic Segmental Dysfunction	739.2	M99.02
Lumbar Segmental Dysfunction	739.3	M99.03
Sacral Segmental Dysfunction	739.4	M99.04
Pelvic Segmental Dysfunction	739.5	M99.05
Lower Extremity Segmental Dysfunction	739.6	M99.06
Upper Extremity Segmental Dysfunction	739.7	M99.07
Rib Cage Segmental Dysfunction	739.8	M99.08

ICD-10 Grace Period

- The DWC amended draft regulations to implement the transition to the 10th edition of the International Classification of Disease to provide a one-year grace period.
- Payers are directed to disregard minor errors caused solely by the more detailed billing codes in ICD-10.
- The DWC followed the lead of Medicare and Medicaid services.
- Coding the wrong laterality should be fine within the first year, but coding the wrong body part (i.e. knee vs. elbow), would not be acceptable.

ICD•10•CM

**The Official
International Classification
of Diseases
10th Revision**

Clinical Modification



Color Coded

2015

PMIC

ICD-10-CM

● 21 Chapters



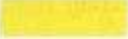


- **Chiropractors will typically use ~5 chapters**
- Chapter 6: Diseases of the Nervous System (G00-G99)
- Chapter 13: Diseases of the Musculoskeletal System & Connective Tissue (M00-MM99)
- Chapter 18: Symptoms, Signs and Abnormal Clinical & Laboratory Findings Not Elsewhere Classified (R00-R99)
- Chapter 19: Injury, Poisoning & Certain Other Consequences of External Causes (S00-T88)
- Chapter 20: External Causes of Morbidity (V00-Y99)

Dummy Placeholder “x” is used for Future Coding Expansion

Letter	Number or Letter						
1 ST Digit	2 nd Digit	3 rd Digit		4 th Digit	5 th Digit	6 th Digit	7 th Digit
S	3	2	.	0	1	0	A
Category				Etiology, anatomic site, severity			Added code extensions for obstetrics, injuries and external causes of injury

- Length:** 3-7 digits
- First character:** Letter only (all letters except U are used)
- Character 2:** Number only
- Characters 3-7:** Numbers or letter
- Decimal:** After 3rd character
- Placeholder:** Use of “x” as a dummy placeholder
- Letter format:** Letters are case-sensitive

Color Coding

-  Three digit code that requires the addition of 4th – 7th digits. Coding to higher level of specificity is required.
-  Three digit code that may be reported without additional digits.
-  Unspecified code. Descriptions include the term “unspecified.” Use only if a more specific diagnosis is not known or available.
-  Nonspecific code. Descriptions include the term “nonspecific, unspecified, other specified or other.” A report *may* be required by insurance carriers.
-  Manifestation codes. Used only to code the manifestation of an underlying disease. Code the underlying disease first.

Document

- Good documentation allows tracking of care rendered
- Document which treatment services were successful (which were not)
- Records **MUST** be **legible**
- Include presenting problems & examinations
- Include **Plan & Goals**
- Use **SOAP** format
- Include **Clinical Rationale** leading to your diagnosis

Alphabetical vs. Tabular ICD-10 List

- **Alphabetical List:**

- Use the alphabetical list to locate possible range of conditions to match your diagnosis
- There is not a 1:1 match between ICD-9:ICD-10
- Start with alphabetical list, but will need to code to highest specificity (i.e. laterality)

- **Tabular List:**

- Contains the ICD-10 codes to use based on your diagnosis
- Note Excludes 1 & Excludes 2

ICD-10-CM

- **Example:**
- Cervical Disc Disorders - Radiculopathy
- **ICD-9: 723.4**
- **ICD-10: M50.0** Cervical Disc Disorder with Radiculopathy (Not Billable – Must specify 5th digit)
- **ICD-10: M50.10** Unspecified Cervical Region
- **ICD-10: M50.11** High Cervical Region
- **ICD-10: M50.12** Mid-Cervical Region
- **ICD-10: M50.13** Cervicothoracic Region

ICD-9 to ICD-10 Crosswalk Radiculopathy

Cervical Radiculopathy	72340	M54.12
Thoracic Radiculopathy	7244	M54.14
Lumbar Radiculopathy	7244	M54.16
Lumbosacral Radiculopathy	7244	M54.17

ICD-10-CM

Transition from ICD-9 E Codes to ICD-10

MVA - Driver (A = Initial Encounter)	E812.0	V49.88XA
MVA - Passenger (A = Initial Encounter)	E812.1	V49.59XA
MVA - Injuring Motorcyclist (A = Initial Encounter)	E812.2	V29.49XA
MVA - Injuring Pedal Cyclist (A = Initial Encounter)	E812.6	V13.9XXA
MVA - Injuring Pedestrian (A = Initial Encounter)	E812.7	V03.10XA

ICD-9 to ICD-10 Elbow Diagnoses

Elbow Pain - unspecified	719.43	M25.529
Elbow Pain (Right)	719.43	M25.521
Elbow Pain (Left)	719.43	M25.522
Elbow - Lateral Epicondylitis, unspecified elbow	726.32	M77.10
Elbow - Medial Epicondylitis, unspecified elbow	726.31	M77.00

ICD-9 to ICD-10

Knee Diagnoses

Knee - Pain (Unspecified)	719.46	M25.569
<i>Knee - Pain (Right)</i>	719.46	M25.561
<i>Knee - Pain (Left)</i>	719.46	M25.562
Knee - ACL Sprain (Unspecified)	844.2	S83.519A
<i>Knee - ACL Sprain (Right) Initial Encounter</i>	844.2	S83.511A
<i>Knee - ACL Sprain (Left) Initial Encounter</i>	844.2	S83.512A
<i>Knee - ACL Sprain (Right) Sequela</i>	905.7	S83.511S
<i>Knee - ACL Sprain (Left) Sequela</i>	905.7	S83.512S
Knee - MCL Sprain (Unspecified)	844.1	S83.419A
<i>Knee - MCL Sprain (Right) Initial Encounter</i>	844.1	S83.411A
<i>Knee - MCL Sprain (Left) Initial Encounter</i>	844.1	S83.412A
<i>Knee - MCL Sprain (Right) Sequela</i>	905.7	S83.411S
<i>Knee - MCL Sprain (Left) Sequela</i>	905.7	S83.412S
Knee - Meniscus Tear (Unspecified)	836.2	S83.209A
<i>Knee - Meniscus Tear (Right) Initial Encounter</i>	836.2	S83.206A
<i>Knee - Meniscus Tear (Left) Initial Encounter</i>	836.2	S83.207A
<i>Knee - Meniscus Tear (Right) Sequela</i>	905.7	S83.206S
<i>Knee - Meniscus Tear (Left) Sequela</i>	905.7	S83.207S

Sprain vs. Strain

S13 vs. S16

- **S13 Codes (Sprain)**
- Dislocation and Sprain of joints & ligaments @ Neck
- Includes:
- Avulsion, Laceration, Sprain, Traumatic Tear
- **Excludes2:** Strain of muscle or tendon @ Neck

- **S16 Codes (Strain)**
- Injury of muscle, fascia, tendon @ Neck
- **Excludes2:** Sprain of joint or ligament @ Neck

ICD-9 to ICD-10 Crosswalk

Diagnosis	ICD-9	ICD-10
Cervicalgia	723.1	M54.2
Thoracic Myofascial Pain	724.1	M54.6
Lumbago	724.2	M54.5
Cervical Sprain of ligaments, initial encounter	847.0	S13.4XXA
Cervical Sprain of joints and ligaments of other parts, initial encounter	847.0	S13.8XXA
Cervical Strain (A = Initial Encounter)	847.0	S16.1XXA
Cervical Strain (D = Subsequent Encounter)	847.0	S16.1XXD
Cervical Strain (S = Sequela)	847.0	S16.1XXS
Thoracic Sprain of ligaments, initial encounter	847.1	S23.3XXA
Thoracic Sprain of other specified parts, initial encounter	847.1	S23.8XXA
Lumbar Sprain of ligaments, initial encounter	847.2	S33.5XXA
Lumbar Strain (A = Initial Encounter)	847.2	S39.012A
Lumbar Strain (D = Subsequent Encounter)	847.2	S39.012D
Lumbar Strain (S = Sequela)	847.2	S39.012S

Exclude Notes

- **Excludes 1**
- A type 1 Excludes note means “**NOT CODED HERE!**”
- Excludes 1 indicates that the code excluded should never be used at the same time as the code above the Excludes 1 note.
- Excludes 1 is used when 2 conditions cannot occur at the same time (i.e. Congenital vs. Acquired)

Exclude Notes

● Example: Excludes 1

M54.2 Cervicalgia

Excludes 1: cervicalgia due to intervertebral cervical disc disorder (M50.-)

Do not code M54.2 with any other M50.- codes
M50.- codes include cervicalgia

OTHER DORSOPATHIES (M50-M54)

Excludes 1: current injury - see injury of spine by body region discitis NOS (M46.4-)

M50 Cervical disc disorders

Note: code to the most superior level of disorder

Includes: cervicothoracic disc disorders with cervicalgia cervicothoracic disc disorders

M50.0 Cervical disc disorder with myelopathy

M50.00 Cervical disc disorder with myelopathy, unspecified cervical region

M50.01 Cervical disc disorder with myelopathy, high cervical region

M50.02 Cervical disc disorder with myelopathy, mid-cervical region

M50.03 Cervical disc disorder with myelopathy, cervicothoracic region

M50.1 Cervical disc disorder with radiculopathy

Excludes 2: brachial radiculitis NOS (M54.13)

M50.10 Cervical disc disorder with radiculopathy, unspecified cervical region

M50.11 Cervical disc disorder with radiculopathy, high cervical region

M50.12 Cervical disc disorder with radiculopathy, mid-cervical region

M50.13 Cervical disc disorder with radiculopathy, cervicothoracic region

M50.2 Other cervical disc displacement

M50.20 Other cervical disc displacement, unspecified cervical region

M50.21 Other cervical disc displacement, high cervical region

M50.22 Other cervical disc displacement, mid-cervical region

M50.23 Other cervical disc displacement, cervicothoracic region

Exclude Notes

- Excludes 2
- A type 2 Excludes note represents “**NOT INCLUDED HERE**”
- Excludes 2 note indicates 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 Excludes 2 note appears under a code, it is acceptable to use both the code and the excluded code together.

Exclude Notes

● Example: Excludes 2

M50.1 Cervical disc disorder with radiculopathy

Excludes 2: brachial radiculitis NOS (M54.13)

M50.10 Cervical disc disorder with radiculopathy, unspecified cervical region

M50.11 Cervical disc disorder with radiculopathy, high cervical region

M50.12 Cervical disc disorder with radiculopathy, mid-cervical region

M50.13 Cervical disc disorder with radiculopathy, cervicothoracic region

It is allowable to code M50.1 (Cervical disc disorder with radiculopathy) –AND– M54.13 (Brachial Radiculitis NOS)

Both conditions may be present at the same time and distinct.

NOTE: Code the cervical disc disorder by level of the cervical spine.

Verify Payer Guidelines

- Check payer guidelines to ensure which codes are allowable and reimbursable
- Check preemptively to avoid delays in receiving payment

Updated DWC Forms for ICD-10

- Doctor's First Report
- PR-2
- PR-3
- PR-4