



# ICD-10 for the Chiropractic Procrastinator

**Presented By**

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## Introduction

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You have put it off long enough. It is time to become proficient with ICD-10 or face the risk of claims not being paid for dates of service beginning October 1, 2015. The following pages contain tips and suggestions on how to get started with the new coding approach. However, remember that learning ICD-10 is a bit like learning to speak a new language - it cannot be taught in a few pages. Be sure to also check out additional resources at the end of this Guide to support you over the ICD-10 hurdles.

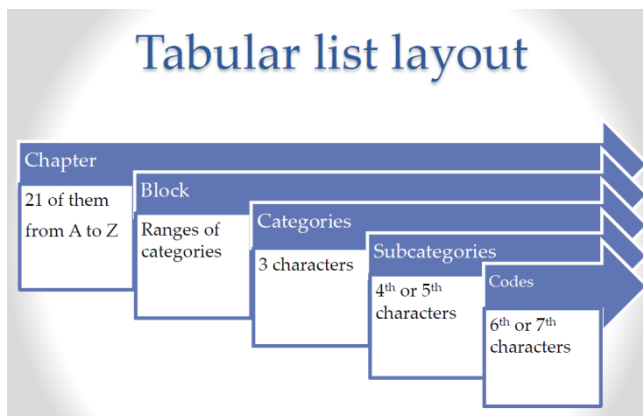


## Table of Contents

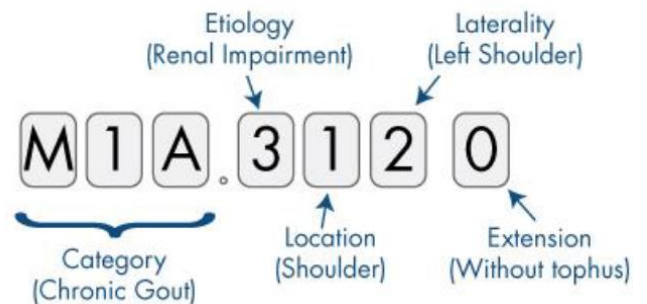
ICD-10 Structure & Fundamentals .....	2-3
ICD-10 Terminology & Definitions.....	3-5
General Tips .....	6
Strategies for Finding the Right Codes.....	6-7
How to Use the <i>ICD-10 Coding for Chiropractic Book</i> .....	7
Where to Find More Information .....	7

## ICD-10 Structure & Fundamentals

ICD-10 codes are organized into chapters, separated by body system or condition, just like ICD-9. Chiropractors will mostly use codes from the following chapters of the official Tabular List, which is abridged in ChiroCode's *ICD-10 Coding for Chiropractic* book: **Chapter 6** (G Codes – Diseases of the Nervous system), **Chapter 13** (M Codes – Diseases of the Musculoskeletal System and Connective Tissue), **Chapter 18** (R Codes – Symptoms, Signs and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified), **Chapter 19** (S Codes - Injury), and maybe **Chapter 20** (V, W, X, and Y Codes – External Causes of Morbidity).



## ICD-10 examples



ICD-10 codes contain up to seven characters and they contain numbers as well as letters.

- The **first three characters** are the category; all codes in the same category are a related condition (i.e. M47 is the category for Spondylosis).

- The **next three characters** provide detail about things like the anatomical site and severity; in some cases, they may be replaced by the “x” to ensure that the seventh character remains in the seventh position.
- Be careful about specifying the difference between the number zero “0” and the letter “O”. The same is true of “1”, “L”, and “I.”
- The **sixth character** frequently denotes laterality (1=right; 2=left). When there is no bilateral code, you need to list the right and left code separately.
- The **seventh character** for certain injury codes (encounter or episode of care) will usually only be used by chiropractors for sprain and strain codes (i.e. S23.3xx\_ Sprain of Ligaments of Thoracic Spine.) The “\_” underscore indicates that a seventh character is required. They usually include the following three options.
  - **A – Initial encounter:** patient is receiving active treatment. Payers may recognize this as a phase of care, rather than a single visit. It may be required when establishing medical necessity for chiropractic care.
  - **D- Subsequent encounter:** routine care during the healing or recovery phase/support care. This may be considered appropriate for all visits after the initial visit, or it may be viewed as maintenance care.
  - **S – Sequela:** complications or conditions that arise as a direct result of the condition. This would be applied to a condition which is no longer present, but it led to another problem, which is the primary reason for the encounter.

## ICD-10 Terminology & Definitions

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- **Acute Conditions** - The medical conditions characterized by sudden onset, severe change, and/or short duration.
- **Additional Diagnosis** - The secondary diagnosis code used, if available, to provide a more complete picture of the primary diagnosis.
- **And** - Means "and/or" when it appears in a title or narrative statement. Example: S33 says “Dislocation and sprain”, which can mean either sprain and/or dislocation.
- **Bilateral** - For bilateral sites, the final character of the codes in the ICD-10-CM indicates laterality. An unspecified side code is also provided should the side not be identified in the medical record. If no bilateral code is provided and the condition is bilateral, assign separate codes for both the left and right side.
- **Brackets [ ]** - Punctuation found in both the Tabular List and the Alphabetic Index surrounding manifestation codes to indicate that the manifestation should be sequenced after the disease code.
- **Chronic Conditions** - Medical conditions characterized by long duration, frequent recurrence over a long period of time, and/or slow progression over time.

- **Code Also** - Instruction that tells the coder that more than one code could be assigned, but it does not imply any sequencing guidance. Generally the most serious condition should be listed first.
- **Code First** - Instructs the coder to assign the code for the underlying disease before the code for the manifestation of the disease and generally accompanies a manifestation code. This note is not common for musculoskeletal codes.
- **Colon** : - Punctuation found in the Tabular List when a term must be modified by the addition of another term in order to qualify it for assignment of a specific code or to a category.
- **Combination Codes** - A single code used to classify any of the following: two diagnoses; a diagnosis with an associated secondary process (manifestation); or a diagnosis with an associated complication.
- **Crosswalk/mapping** - Moving from one code set to another. This is generally done with GEMs, but can be customized.
- **Excludes** - "Excludes" as used in ICD-9-CM indicates that the code should not be used, because another code may be more appropriate. "Excludes" notes usually include suggestions of more appropriate codes or code ranges. ICD-10-CM introduces two types of excludes: "Excludes1" and "Excludes2".
  - Codes/conditions listed in the "**Excludes1**" notes should not be used because the two conditions do not occur together. It may be helpful to think of the "Excludes1" list to be codes that might be suggested *instead*.
  - Codes/conditions listed in the "**Excludes2**" notes indicate that the conditions being excluded are not considered part of the subject condition, but that another code should also be assigned. It may be helpful to think of "Excludes2" codes to those that might need *to be added* to provide full detail.
  - Codes may have both, either or neither Excludes1 and Excludes2 notes.
- **GEMs** - Generated by the National Center for Health Statistics, this reference mapping attempts to include all valid relationships between the codes in the ICD-9-CM diagnosis classification and the ICD-10-CM diagnosis classification. CMS warns not to code directly from GEMs, as they only provide approximations. Note that GEMs frequently point to "unspecified" ICD-10 codes, which may lead to denied claims.
- **Includes** - Term that is accompanied by conditions that are examples of what may be included in a specific category.
- **NEC** - "Not elsewhere classified" or "other specified" is used when the information in the medical record provides detail for which a specific codes does not exist. Example M53.86 *Other specified dorsopathies, lumbar region* might be used for "facet syndrome". The code does not name the condition, but the documentation does.
- **Nonessential Modifiers** - Terms that may coexist with the main term but do not change the code assignment for the condition. These are generally contained within parentheses.

- **NOS** - “Not otherwise specified” or “unspecified” is used when the information in the medical record is insufficient to assign a more specific code. Example: M54.9 *Dorsalgia unspecified*. The code is vague, but so is the documentation.
- **Manifestation Codes** - Certain conditions have both an underlying etiology and multiple body system manifestations due to the underlying etiology. For such conditions, the ICD-10-CM has a coding convention that requires the underlying condition be sequenced first followed by the manifestation. Wherever such a combination exists, there is a "use additional code" note at the etiology code, and a "code first" note at the manifestation code. These instructional notes indicate the proper sequencing order of the codes, etiology followed by manifestation. However, these are uncommon for musculoskeletal diagnoses that are most likely to be used by chiropractors.
- **Medical Necessity** - Services or supplies that: are proper and needed for the diagnosis or treatment of a medical condition; are provided for the diagnosis, direct care, and treatment of a medical condition; meet the standards of good medical practice in the local area; and are not mainly for the convenience of the patient or doctor. Diagnosis codes convey this information.
- **Parentheses ( )** - Punctuation found in both the Tabular List and the Alphabetic Index that surrounds nonessential modifiers. Example: M99.1- subluxation complex (vertebral). The word “vertebral” is not essential to the code description.
- **Principle Diagnosis** - First-listed/primary diagnosis code. The code sequenced first on a medical record defines the primary reason for the visit as determined at the end of the encounter.
- **Signs/Symptoms** - Codes that describe symptoms and signs, as opposed to diagnoses, are acceptable for reporting purposes when a related definitive diagnosis has not been established (confirmed) by the provider.
- **See** - Term used in the Alphabetic Index to instruct the coder to refer to another term.
- **See Also** - Term used in the Alphabetic Index to instruct the coder to refer to another term if desired.
- **Sequelae** - A late effect is the residual effect (condition produced) after the acute phase of an illness or injury has terminated. There is no time limit on when a late effect code can be used. The residual may be apparent early, such as in cerebral infarction, or it may occur months or years later, such as that due to a previous injury.
- **With** - Term used in the alphabetic index immediately following the main term, but not necessarily in alphabetic order in the Alphabetic Index. It is defined as “associated with” or “due to”. If not specified in the documentation, the default is “without”.

## General ICD-10 Tips

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- Claims for dates of service prior to October 1, 2015 must use ICD-9 codes. Claims for dates of service after October 1, 2015 must use ICD-10 codes.
- The ICD-10 code set was last updated in 2012, and will not change again until 2016
- Personal Injury insurance policies and workers compensation plans are not required to adopt ICD-10 codes, but it is expected that they will. You are encouraged to contact them directly to make sure.
- Do not code diagnoses documented as 'probable', 'suspected', 'questionable', 'rule out', or 'working diagnosis' or other terms indicating uncertainty. Example: if you suspect a disc herniation, you may need MRI to confirm before using a disc related diagnosis code.
- Signs and symptoms (mostly Chapter 18, R codes) should only be coded if a more definitive diagnosis has not been identified, or if they are not routinely associated with other codes assigned to the encounter. External Cause codes (Chapter 20, V, W, X, and Y)
  - Do not provide a diagnosis, rather they provide data about the location, activity, or circumstances of an injury or poisoning
  - Are not mandatory, but voluntary reporting is encouraged
  - May be used by chiropractors with acute injuries, such as auto accidents or worker's comp claims
  - Are always listed last on a claim form

## Strategies for Finding the Right Codes

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### General Strategies

1. Use GEMs mapping in the ChiroCode book (pages 56-137) or your EMR software. Then confirm the choice in the Tabular List. Be wary of unspecified codes.
2. Use the Common Codes list in the ChiroCode book (pages 44-56). Then confirm the choice in the Tabular List. Be sure to review all the instructional notes within the Tabular List.
3. Look up the key terms from the provider documentation in the Alphabetic Index (pages 455-472). Then confirm the code(s) in the Tabular List. Consider synonyms if you can't find the term you are looking for.

### Improving ICD-10 documentation

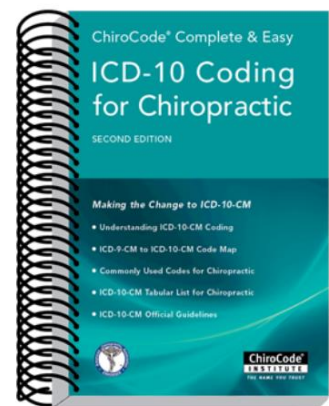
1. Find ICD-10 codes for existing records in your office.
2. Compare the existing documentation to the new codes.
3. If inadequate, add details to a practice record.
4. For every patient that presents in the future with that condition, include the new details in your documentation.

## Administrative steps

- Be prepared for the possibility of delayed payments due to issues regarding processing and payer policies for new codes. Consider securing financing to allow you to meet obligations should revenue temporarily decline.
- Reach out to payers and your clearinghouse and ask if they will accept test claims prior to October 1, 2015.
- Plan to train your entire office a little each week. Consider using articles from trade journals or reading the first 43 pages of the ChiroCode ICD-10 book.

## How to use the “ICD-10 Coding for Chiropractic Book”

- The first 43 pages summarize all you need to know about ICD-10: detailed explanations of the terms identified in this guide.
- The “Commonly Used Codes” (about 12 pages) section provides you with a shortcut list sorted by anatomical region. Note that this list is only a best guess, since ICD-10 has not actually been used yet.
- The “Code Mapping” (about 90 pages) section provides you with GEMs tables to translate from ICD-9 to ICD-10 codes. Watch out for unspecified codes.
- The “Tabular List” (about 300 pages) contains an abridged version of the full code set. Most of the codes included are musculoskeletal conditions and acute injury codes (sprains and strains).
  - An arrow at the bottom of a page means highest specificity and if the code is bold, it means it is complete (right number of characters).
  - Pay particular attention to instructional notes at the level of each code character.
- The “Alphabetic Index” (about 20 pages) can be used to find codes by key terms that are included in the documentation. Beware that the index usually only provides the first three or four characters of a code.
- The “Appendix” (about 40 pages) contains an abbreviated version of the official guidelines for ICD-10 coding.



## Where to Find More Information

- Visit CCMI’s [ICD-10 Transition Support](#) web page for articles and other resources
- Go to [ChiroCode.com](#) and use coupon code **CCMI20** to get \$20 off ChiroCode’s “ICD-10 Coding for Chiropractic” book. It contains everything you need to make the transition. *(Please contact ChiroCode directly with any questions regarding your order or the coupon code at (602) 944-9877 and allow one week for delivery.)*
- Visit CMS’ [Road to 10](#) web page for free ICD-10 resources from Medicare

