Chiropractic & ICD-10
How to Make the Transition
Presented by Evan M. Gwilliam, DC CPC CCPC NCICS CCCPC CPC-I MCS-P CPMA
Sponsored by ChiroCode

Objectives
• Gain a basic understanding of ICD-10
• Understand the reason for the transition
• Identify the similarities and differences from ICD-9
• Learn how to select the right codes
• Learn how to document properly
• Minimize the impact of the change
• Know how to implement ICD-10
• Reduce ICD-10 related anxiety

Introduction
• Education
  • Bachelor’s of Science, Accounting - Brigham Young University
  • Master’s of Business Administration - Broadview University
  • Doctor of Chiropractic, Valedictorian - Palmer College of Chiropractic
• Certifications
  • Certified Professional Coder (CPC) - AAPC
  • Nationally Certified Insurance Coding Specialist (NCICS) - NCCT
  • Certified Chiropractic Professional Coder (CCPC) - AAPC
  • ChiroCode Certified Chiropractic Professional Coder (CCPC) - ChiroCode
  • Certified Professional Coder – Instructor (CPC-I) - AAPC
  • Medical Compliance Specialist – Physician (MCS-P) - MCS
  • Certified Professional Medical Auditor (CPMA) – AAPC, NAMAS
  • Certified ICD-10 Trainer - AAPC

Affiliations / Experience
• Chiropractic Practice – in Washington and Utah
• Executive Director of Education and Consulting – ChiroCode Institute
• Coding Instructor - Broadview University, Mountainland Applied Technology College
• Editorial Board Member - ICD10Monitor.com
• Speaker/Instructor – Cross Country Education, ChiroCode, Target Coding, AAPC, multiple state associations
• Contributor – Chiropractic Economics, ACANews, AAPC Cutting Edge, The American Chiropractor

Disclaimer
A coding book will be necessary to get the full benefit of this workshop
• ChiroCode’s Complete and Easy ICD-10 Coding for Chiropractic is recommended

Disclaimer
A coding book will be necessary to get the full benefit of this workshop
• You could also use the complete code set, available from multiple publishers
Disclaimer

• Every attempt has been made to make this presentation as current as possible, but things change

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

• Subscribe to ChiroCode alerts or follow ChiroCode on Twitter for updates that pertain to DCs

The Landscape

Components of Chiropractic Practice (2009)

- Business Management
- Direct patient care & education
- Documentation of Care

The Landscape


- Private Insurance
- Cash
- Managed Care
- Personal Injury
- Medicare
- Worker’s Compensation
- Pro Bono
- Medicaid

CMS-1500 Claim form

Revision 02/12

• Changed to match the electronic format (5010) and ICD-10 codes
• Adds space for eight more diagnosis codes in box 21.
• January 6th, 2014 - Health plans and clearinghouses must accept the form.
• April 1st, 2014 - Providers must use the new form

CMS-1500 Claim form

• Approved for official use 08/05
• www.nucc.org for official instructions
Why do we have diagnosis codes?

- HIPAA requirement
- Establish medical necessity
- Process claims
- Translate written terminology into common language
- Provide data for statistical analysis
- Identify fraud, set healthcare policy, measure quality

Where did they come from?

- ICD-9 was developed by the World Health Organization for public health and statistical analysis
- First revision 1893, ninth revision 1979
- Shifted focus from mortality to morbidity
- “ICD-9-CM” means Clinical Modification - for use with health care claims in the U.S.
- ICD-9-CM was mandated by CMS in 1988 under the Medicare Catastrophic Coverage Act

How do I know which codes to use?

Diagnosis code hierarchy:
1. Neurological
2. Structural
3. Functional
4. Soft tissue
   - For example, sciatica (724.3) will carry more weight than DDD (722.4) or other structural diagnoses
   - Soft tissue such as spasm (728.85) or myalgia (729.1) are the least significant when establishing medical necessity
   - Rumor has it that some software only looks at the first diagnosis when adjudicating a claim

How do I know which codes to use?

Short term (6-12 treatments)
- 721s Spondylitis
- 723-724s Back Pain
Moderate term (12-24 treatments)
- 353s Root lesions
- 722.9s Unspecified disc disorders
- 724s Stenosis
- 846-7s Sprains
Long term (more than 24 treatments)
- 722s Degeneration, displaced discs

How do I know which codes to use?

Do not code the “kitchen sink”. Example:
- 847.0 Sprain of neck
- 723.8 Brachial neuritis or radiculitis NOS
- 739.1 Nonallopathic lesions, cervical region
- 728.4 Laxity of ligament (cervical)
- 728.85 Spasm of muscle (cervical)
- 729.1 Myalgia and myositis, unspecified
- 847.1 Sprain of thoracic
- 724.4 Thoracic or lumbarcal neuritis or radiculitis, unspecified
- 739.2 Nonallopathic lesions, thoracic region
- 726.6 Laxity of ligament (thoracic)
- 728.85 Spasm of muscle (thoracic)
- 719.7 Difficulty in walking
- 784.0 Headache
- 780.3 Sleep disturbances

How do I know which codes to use?

- Are all of these codes medically indicated by the patient's records?
- Are any of the rendered codes merely symptoms of other codes?
- Are the rendered codes as accurate and precise as possible, given the supporting medical documentation?
**Why can’t we keep using ICD-9?**

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

**Why can’t we keep using ICD-9?**

- Requires excessive reliance on supporting paper documentation
- Hampers the ability to compare costs and outcomes

**Where did ICD-10 come from?**

- ICD-10 was introduced by the WHO
  - Used since 1999 to report mortality data on death certificates
- ICD-10-CM was developed by the National Center for Health Statistics
  - Ready in 1994
  - Public comments 1997-1998
  - Tested in 2003 by AHA and AHIMA
  - Final rule for implementation published 2009
  - Postponed in 2012
  - Implementation October 1, 2014 (for sure, maybe)

**Won’t they just postpone it again?**

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**News Release**

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To: Medical Community

From: HHS

Subject: ICD-10 Compliance Date

The Centers for Medicare & Medicaid Services (CMS) has announced that the implementation date for ICD-10-CM and ICD-10-PCS will be delayed until October 1, 2014. This decision was made after careful consideration of the potential impacts on the healthcare industry and the importance of ensuring a smooth transition.

The ICD-10-CM and ICD-10-PCS codes are critical for accurate and precise data collection and reporting in the healthcare sector. They provide a more comprehensive and detailed classification of diagnoses and procedures, which is essential for healthcare providers, policymakers, and researchers.

The delay in the implementation date will allow for additional time for providers and payers to prepare and ensure that they are ready to use the new codes. This will help in minimizing any potential disruptions to patient care and billing processes.

CMS recognizes the importance of these codes for improving patient care and the efficiency of healthcare systems. The agency is committed to working with the medical community to ensure a successful transition to ICD-10.

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**News Release**

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The release dated February 14, 2012, highlighted the necessity of preparing for the ICD-10 implementation. It emphasized the importance of accurate coding for improved patient care and health outcomes. The delay of implementation was aimed at reducing the risk of errors and ensuring a smoother transition for healthcare providers and stakeholders.
Won’t they just postpone it again?

- Jan. 2013, the AMA asked CMS to abandon ICD-10
- Feb. 6, 2013, CMS Acting Administrator, Marilyn Tavenner said no
  - Too much work has already been done to turn back now
  - The old system won’t work with new technologies
  - It is necessary for health care reform

Will Oct. 1, 2014 be the end of the world?

How are ICD-9 and ICD-10 similar?

- Still a tabular list divided into chapters based on body system or condition
- Similar hierarchy
- Still an index with main terms and subterms
- Conventions are mostly the same
  - Exception: Excludes1 and Excludes2
- Must code to the highest level of specificity
- ICD-10 is mandated under HIPAA

How are ICD-9 and ICD-10 similar?

- I. Official Guidelines (about 30 pages)
- II. Indexes
  - I. Diseases and Injuries (340 pages)
    - I. Includes Neoplasms (20 pages)
    - II. Drugs and Chemicals (50 pages)
  - III. External Causes (35 pages)

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How are ICD-9 and ICD-10 similar?

III. Tabular list (600 pages)
1. Infectious Diseases
2. Neoplasms
3. Blood
4. Endocrine
5. Mental
6. Nervous
7. Eye
8. Ear
9. Circulatory
10. Respiratory
11. Digestive
12. Skin
13. Musculoskeletal
14. Genitourinary
15. Pregnancy
16. Perinatal
17. Congenital malformations
18. Signs and Symptoms
19. Injuries and Poisoning
20. External Causes
21. Health Status

How are ICD-9 and ICD-10 different?

- ICD-10’s alphanumeric structure provides more specific information, which creates a more descriptive clinical picture of the patient
- Increased codes and categories allow for more accurate representation of diagnoses

How are ICD-9 and ICD-10 different?

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

How are ICD-9 and ICD-10 different?

<table>
<thead>
<tr>
<th>Feature</th>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expansion</td>
<td>Very limited</td>
<td>Has significant ability to expand without a structural change</td>
</tr>
<tr>
<td>Detail</td>
<td>Lacks detail</td>
<td>Very specific</td>
</tr>
<tr>
<td>Laterality</td>
<td>Lacks laterality</td>
<td>Includes laterality when appropriate</td>
</tr>
<tr>
<td>Encounters</td>
<td>Initial and subsequent encounters are not defined</td>
<td>Initial and subsequent encounters are defined</td>
</tr>
<tr>
<td>Combination Codes</td>
<td>Limited</td>
<td>Frequent</td>
</tr>
</tbody>
</table>

What are some ICD-10 examples?

ICD-10 code for chronic gout due to renal impairment, left shoulder, without tophus.
What are some ICD-10 examples?

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

What are some ICD-10 examples?

V97.2  Sucked into a jet without damage to airplane;

What are some ICD-10 examples?

V97.29  Sucked into a jet without damage to airplane; luggage cart driver

What are some ICD-10 examples?

V97.29X  Sucked into a jet without damage to airplane; luggage cart driver; male

What are some ICD-10 examples?

V97.29XA  Sucked into a jet without damage to airplane; luggage cart driver; male; under 5'5” in height; slightly bald;
What are some ICD-10 examples?

**V97.29XA2G** Sucked into a jet without damage to airplane; luggage cart driver; male; under 5'5" in height; slightly bald; wearing a tank top

• **V95.42XA**: Spacecraft crash injuring occupant, initial encounter.
• **W59.22XA**: Struck by a turtle
• **G44.82**: Headache associated with sexual activity
• **V91.07XA**: Burn due to water-skis on fire, initial encounter (search for this one on YouTube)
• **T75.01XD**: Shock due to being struck by lightning, subsequent encounter
• **Y34**: Unspecified event, undetermined intent

What are some ICD-10 examples?

**Look up:**

- **Kissing Spine**

<table>
<thead>
<tr>
<th>In ICD-9</th>
<th>In ICD-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kissing Spine</td>
<td>M48.20</td>
</tr>
<tr>
<td>Osteophyte</td>
<td>M48.21</td>
</tr>
<tr>
<td>Spine</td>
<td>M48.22</td>
</tr>
<tr>
<td>Vertebra</td>
<td>M48.23</td>
</tr>
</tbody>
</table>

How do I find the ICD-10 code?

Three methods using the ChiroCode ICD-10 book:

1. GEMs code map (but don't stop there!)
2. Alphabetic index (don't stop here either!)
3. Commonly used code list (this is not safe either!)

All of these methods require you to end up in the tabular list. It is only there where you can find the right code.

How do I find the ICD-10 code?

The General Equivalence Mappings (GEMs) - created by the National Center for Health Statistics - free FindACode app for Android and iOS
How do I find the ICD-10 code?

One-to-one mapping:
723.1 Cervicalgia → M54.2 Cervicalgia

One-to-four mapping:
724.4 Thoracic or lumbosacral neuritis (radicular syndrome of the lower limbs) → M54.14, M54.15, M54.16, M54.17 Radiculopathy
(How do these four codes differ?) (page 207)

How do I find the ICD-10 code?

Combination mapping:
724.3 Sciatica → M54.30 Sciatica, unspecified side
(M54.31 and M54.32 right or left)
OR
M54.40 Sciatica with lumbago
(M54.41 and M54.42 right or left)

How do I find the ICD-10 code?

One-to-two mapping:
728.85 Spasm of muscle → M62.40 Contracture of muscle, unspecified site M62.838 Other muscle spasm

But is that the whole story?

How do I find the ICD-10 code?

One-to-many mapping:
733.82 Other disorders of bone and cartilage, nonunion of fracture → S02.91XK through S92.919K
(for a total of 2530 corresponding ICD-10-CM possibilities)

How do I find the ICD-10 code?

Look up 724.3 in the “Code Map” section (this is using GEMs-page 82)
-M54.30
Look up “sciatica” in the ICD-10 index (page 455)
-M54.3
Now find it in the tabular list (page 207)
-unspecified codes need to be investigated
-at least five characters required to code to the highest level of specificity

How do I find the ICD-10 code?

Look up these codes in the tabular list (page 215) and you’ll find:
728.85 Spasm of muscle →
How do I code for a subluxation?

739.1 - Nonallopathic lesions, Not Elsewhere Classified; cervical region, cervicothoracic region

Includes “Somatic” and “Segmental” Dysfunction
Note: The word “subluxation” does not appear in ICD-9-CM in the 739 codes.

Fifth character gives the specific vertebral level:

- S13.1 _ Subluxation and dislocation of unspecified cervical vertebrae
- S13.10 _ Subluxation and dislocation of C0/C1 cervical vertebrae
- S13.11 _ Subluxation and dislocation of C1/C2 cervical vertebrae
- S13.12 _ Subluxation and dislocation of C2/C3 cervical vertebrae
- S13.13 _ Subluxation and dislocation of C3/C4 cervical vertebrae
- S13.14 _ Subluxation and dislocation of C4/C5 cervical vertebrae
- S13.15 _ Subluxation and dislocation of C5/C6 cervical vertebrae
- S13.16 _ Subluxation and dislocation of C6/C7 cervical vertebrae
- S13.17 _ Subluxation and dislocation of C7/T1 cervical vertebrae
- S13.18 _ Subluxation and dislocation of C/T cervical vertebrae

Sixth character differentiates between a subluxation and a dislocation:

0 = subluxation  1 = dislocation

- S13.110 _ Subluxation of C0/C1 cervical vertebrae
- S13.111 _ Dislocation of C0/C1 cervical vertebrae
How do I code for a subluxation?

Seventh character identifies the encounter:

- S13.110A Subluxation of C0/C1 cervical vertebrae, initial encounter
- S13.110D Subluxation of C0/C1 cervical vertebrae, subsequent encounter
- S13.110S Subluxation of C0/C1 cervical vertebrae, sequela

Seventh characters:
- A = initial encounter (great for E/M visits)
- D = subsequent encounter (aftercare or follow-up)
- S = sequela (complications as a result of an injury)
  (ex: scar due to burns)

How do I code for a subluxation?

- S13.110A Subluxation of C0/C1 cervical vertebrae, initial encounter
- S13.110D Subluxation of C0/C1 cervical vertebrae, subsequent encounter
- S13.110S Subluxation of C0/C1 cervical vertebrae, sequela

How do I code for whiplash?

847.0: Sprain of neck

The Alphabetic index (sprain of spine cervical):

- S13.4 sprain of ligaments of the cervical spine

Note that there must be seven characters for the code to be complete. (See page 265)

How do I code for whiplash?

- S13.4xxA sprain of ligaments of the cervical spine
- S13.8xxA sprain of joints and ligaments of other parts of the neck

This represents six possible codes, depending on the encounter (A: initial, D: subsequent, or S: sequela)

How do I code for whiplash?

847.0: Sprain of neck

Two GEMs / code map possibilities:

- S13.4xxA sprain of ligaments of the cervical spine
- S13.8xxA sprain of joints and ligaments of other parts of the neck

This represents six possible codes, depending on the encounter (A: initial, D: subsequent, or S: sequela)

How do I code for whiplash?

847.0: Sprain of neck

S13.4xxA specifies the anterior longitudinal ligament, atlanto-axial joints, atlanto-occipital joints, and whiplash injury
S13.8xxA just says “other parts of the neck”
Documentation should match these descriptions.

How do I code for whiplash?

847.0: Sprain of neck

Which code will be acceptable? Both? Neither?
Contact the payer to be sure
Note the use of the placeholder “x”
Note the seventh character

How do I code for DDD?

722.4: degeneration of a cervical intervertebral disc

One possibility using GEMs / code map:

- M50.30 other cervical disc degeneration, unspecified cervical region

Unspecified codes should be avoided, if possible
S06.0x1A Concussion
Y93.g3 Activity,
W20.8xxA Struck
M99.01 Segmental
M54.2 Cervicalgia
Y92.010 Place
G44.311 Acute post
no Acute
G44.319 S13.8XXA
encounter
• Sprain
S13.4XXA acute
• headache, intractable
of Cervical
E813.0
S13.4 XXA
E722.4: degeneration of a cervical intervertebral disc
On our own, we find:
- M50.31 other cervical disc degeneration, occipito-atlanto-axial region
- M50.32 other cervical disc degeneration, mid-cervical region
- M50.33 other cervical disc degeneration, cervico-thoracic region

What does the documentation look like?

Mrs. Finley presents today after having a new cabinet fall on her last week, suffering a concussion, as well as some pain in her neck. She was cooking dinner at the home she shares with her husband. She did not seek treatment at that time. She stated that the people that put in the cabinet had knocked the stud by about two inches. Her husband, who was home with her at the time told her she was "out cold" for about two minutes. She continued to have headaches since it happened, primarily occipital, extending up into the bilateral occipital and parietal regions. The headaches come on suddenly, last for long periods of time, and occur every day. They are not relieved by Advil. She denies any vision changes, any taste changes, any smell changes. She states that the people that put in the cabinet had moved the cabinet fall on her kitchen floor, which is about two inches. Her husband, who was home with her at the time.

The patient has a marked amount of headache, intractable cephalgia due to motor vehicle accident.

What does the documentation look like?

The plan at this time is to send her for physical therapy, three times a week for four weeks for cervical soft tissue muscle massage, as well as upper dorsal.

What does the documentation look like?

Three times a week for cervical soft tissue muscle massage, as well as upper dorsal.

What does the documentation look like?

Do not hallucinate.

What does the documentation look like?

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What does the documentation look like?

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What does the documentation look like?

Do not hallucinate.
What does the documentation look like?

"Exam findings are consistent with sprain of the ligaments of the cervical spine and acute traumatic headache, which does not respond to over the counter medications. Patient was the driver of a vehicle that collided with another motor vehicle on the interstate. He was not treated at the scene."

The ICD-10 codes in this case are:
- S13.4XXA Sprain of ligaments of the cervical spine, initial encounter
- G44.311 Acute post-traumatic headache, intractable
- Y92.411 Interstate as place of occurrence of the external cause

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Quiz

#9. You diagnose a patient with the ICD-9 code 723.3 Cervicobraclial syndrome. Cervicobraclial syndrome is a term used to indicate a collection of symptoms that result due to the anterior (inside) neck muscles compressing the nerve root known as the brachial plexus, which controls movement of and sensation from the nerves of the shoulder and arm. How would you present this patient?

a.) The code map (pages 55-131) says that the ICD-10 code could be:
b.) The alphabetic index (pages 441-457) says that the ICD-10 code could be:
c.) The tabular list confirms that the code is:
d.) Would documentation need to change?

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Quiz

#10. Patient presents with pain, weakness, numbness, and tingling in both legs. The final diagnosis is bilateral sciatica.

a) M54.41, M54.42
b) M54.31, M54.32
c) M54.5
d) M54.9

What method did you use to find the answer?

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Quiz

#11. A patient presents with weakness of the left arm and numbness of the left hand. The final diagnosis is C8 root compression syndrome.

a) M52.32, M52.34
b) M54.32, M54.35
c) M57.9

What is the most likely diagnosis?

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How do I implement ICD-10 in my practice?
How do I implement ICD-10 in my practice?

According to CMS, 1 in 5 physician practices will see Medicare denials double within 6 months because they weren’t prepared for ICD-10 by Oct. 1, 2014.

How do I implement ICD-10 in my practice?

Readiness Survey:
1. What do you already know about ICD-10?
2. Why are we changing?
3. How much do you think ICD-10 will affect your clinic?
4. Does anything concern you about ICD-10 implementation?
5. What specific questions would you like answered on ICD-10?
6. Where do you plan to go for more information?

How do I implement ICD-10 in my practice?

ICD-10 Myths
• October 1, 2014 will be the end of the world
• The date will be delayed
• Worker’s Comp and Auto insurance will still use ICD-9
• The number of codes make ICD-10 impossible to use
• Documentation requirements will make ICD-10 impossible to use
• ICD-10 is already out of date
• ICD-10 will replace CPT


How do I implement ICD-10 in my practice?

Questions for your software vendors:
• What implementation plans do you have in place?
• What software changes will be needed (if any)?
• What products and services will be available?
• When will you be ready to test your program?
• What guidance and assistance will you provide during the rollout?
• Is your clearinghouse ready?

How do I implement ICD-10 in my practice?

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

According to a RAND corporation study, it could cost as much as $40,000 on average, but small clinics may be closer to just $4,000.

How do I implement ICD-10 in my practice?

Places to update your ICD-9 codes:
• EHR/EMR
• Software – allow time for updates and training.
• Forms – charting forms, internal forms, etc.
• Documents – ex. ABN form
• Website
• Contracts
• Policy & Procedure Manuals
• Inter-departmental documents
How do I implement ICD-10 in my practice?

Update the list of ICD-9 codes you use most often.
Create a new superbill with your specific ICD-10 mapping!
Start with GEMs code maps, the common code list, and the alphabetic index, but recognize the need to dig deeper.

How do I implement ICD-10 in my practice?

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How do I implement ICD-10 in my practice?

ChiroCode.com: free email alerts, more training
Medicare: free training
• www.cms.gov/Medicare/Coding/ICD10/ICD10_Coding_Industry_Email_Updates.html
FindACode.com: Crosswalks and other tools
ICD10Monitor.com: free articles
AAPC.com and AHIMA.org

How do I implement ICD-10 in my practice?

1. Learn the basics—review these notes again with your whole office
2. Buy ChiroCode Complete and Easy ICD-10 Coding for Chiropractic or some other comprehensive resource
3. Run a report with the list of most common ICD-9 codes
4. Dedicate a few minutes of each office meeting to ICD-10
   1. Assign someone to read ten pages from the book, then report on what they learned (only 50 intro pages).
   2. Find articles in Chiropractic trade journals and share them at each meeting.
   3. Take a completed case and crosswalk it to ICD-10, then rework the documentation.

5. Use the checklist in the book to keep on track. You will:
   1. Plan a budget for implementation expenses
   2. Create an internal crosswalk
   3. Update all your forms
   4. Contact all your vendors
   5. Conduct internal testing
   6. Use ChiroCode Consulting services if you need help.
   7. Have a good time!
Which parts of a practice will be affected?

Front Desk
• System updates, training
• Management
• Vendor and payer contracts
• Budgeting
• Training plan
• Compliance plan, coding guidelines

Providers
• Documentation with more specificity
• New code specific training

Which parts of a practice will be affected?

Clinical areas
• New patient coverage policies
• New super bills
• New ABNs based on new LCDs
• Code set training
• Reimbursement policies (more denials?)

Is ICD-10 good…. or bad?

• It will compel DCs to improve the way they document, which may be hard for some
• It will compel coders to learn anatomy better
• It will improve data collection for studies
• It will increase the accuracy of reimbursement
• Payers may process things incorrectly at first

Recommendation: don’t procrastinate.

Quiz

#11. a. What is the appropriate diagnosis code for a patient with polymyositis with myopathy (inflammation of multiple voluntary muscles and muscle disease)?

b. Create the proper documentation for 729.1, then

c. Find the ICD-10 code using whichever method you think is best.

d. Create the documentation for the ICD-10 code you selected.

Quiz

#12. An 81 year old patient presents with spinal stenosis in the lumbar region. What is the appropriate ICD-10 code?

#13. A 32 year old female presents with low back pain at L4/L5. The pain worsens with extension and with exercise. The patient complains of tight hamstrings and some numbness in the right leg. An x-ray reveals a grade II spondylolisthesis at L5. On September 30, 2014, the diagnosis is 738.4. On October 1, 2014, it is:

Quiz

#14. a. Use the commonly used ICD-10-CM codes for Chiropractic section to find idiopathic thoracic scoliosis. (pages 45-53).

b. Now look it up in the alphabetic index (pages 441-457)

c. Now look up 737.30 in the code map section (pages 55-131)

d. Now go to the tabular list. What do you need to know to choose a code that is not unspecified?
Quiz

#15. Suzie Derkins reports to the office today after falling at home out of her bed. She appears to suffer from thoracolumbar radiculopathy as a result. She states that she was previously diagnosed with neuralgia.

a. The coder selects M54.15 and M79.2. This is wrong. Why?

b. Use the index to find the appropriate External Cause codes for this scenario. (hint: one describes the place of the accident and the other explains the cause of the injury)

Quiz

16. Find the ICD-10 code for Rheumatoid arthritis:

17. Find the ICD-10 Code for pain in the neck:

Quiz

21. Mr. Smith presents with a sprained ankle. What questions need to be asked in order to find the complete ICD-10 code?

22. Create the proper documentation for S43.211D

23. a. Create the proper documentation for M41.124.

b. Is this code appropriate for congenital scoliosis?

Quiz

24. After an MRI, Mr. Hobbes is diagnosed with L4/5 disc herniation with right-sided sciatica. How many codes are necessary? One or two?

25. Calvin complains of numbness in his right hand as well as neck pain. An x-ray reveals spondylosis all throughout the cervical spine.

Procrastination