

2015



ACUPUNCTURE INSURANCE & BILLING SEMINAR

WELCOME

歡迎

SEMINAR RULES!

- Please turn off your phone or put on vibration
- No recording!
- If you have questions, please write down and ask during Q & A which will be end of each session
- No food allow in lecture room except candy or light snack



United Integrated
Healthcare Center

Dr. George C Win
CEO
趙志信醫生
Doctor of Chiropractic
Chiropractic Neurology
Functional Medicine

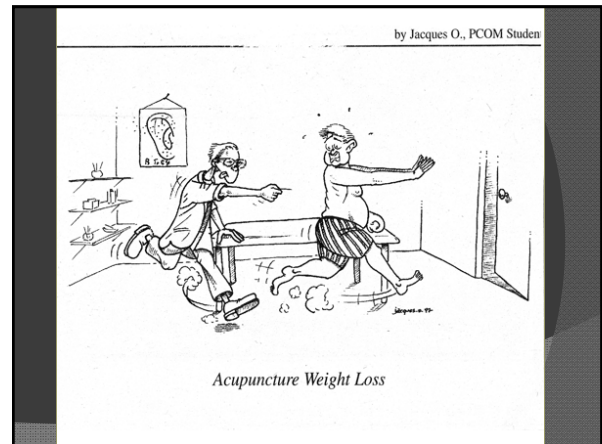
Presentation

- ◉ Slides in English, Why?
- ◉ Speak in Chinese, Mandarin but also can speak Cantonese and Burmese

- ◉ Provide a full-service with over 20 combined years of experience.
- ◉ Offer billing solutions that are designed to immediately reduce your overhead and eliminate 97% of all paperwork in your office.
- ◉ Provide medical billing consulting services for Physicians, Chiropractors, Physical Therapists, Massage Therapists, Acupuncturists, and many other Specialties.
- ◉ Train you and your staffs the most up to date practice management protocol so that you can run your practice like a true business.

Agenda

- 2015 Obamacare and Law update
- 2015 Acupuncture CPT & ICD 9 conversion to ICD 10 Coding update
- Claim Processing
- Documentation
- Personal Injury/Work Comp
- MD/DC/ACU Corp
- Practice Management
- Nutrition and Herb Practice – ALL CASH!
- Cash Practice and Social Media Marketing



Today you will learn

- How to prepare for ICD10 for Acupuncture practice, learn the best way
- What are the correct 2015 CPT and ICD10 codes for acupuncture and how to use them correctly for specific insurance company
- New CMS1500 Forms (Version 02/12), How to use it correctly? Are your claim software ANSI 5010 updated and ready for it?
- What to do when insurance deny your bill or ask for medical necessarily documents
- When lawyer reduce my bill or do not want to pay, what can I do? New way to guarantee get payment!! What is UCC lien?
- CASH PRACTICE!! How to make it legal for two fee schedules
- How to form a legal, MD/DC/ACU Multi-Discipline Practice
- Bottom-line, how to make more profit and have a successful practice?

New for 2015

- Functional Base nutrition and herbs practice – ALL CASH!
- How do you get pay for service ahead with payment credit and payment plan?
- How to get patient to pay cash \$3000 average !!
- Social Media Marketing – how?
- How to approach MD to get referral?

We all have different level. So please be patience with each other for learning.

Why you want to learn to bill?

- Economic factor
- By 2016, if the law pass and sustain, most American will have some form of health insurance – “OBAMA CARE”
- OBAMA CARE is good for Acupuncture
- All employers (over 100 employees) are require to get health insurance for their 70% employees, if not penalty
- Do not just practice one way, do all – Cash, Insurance, PI, WC

“BE DIVERSIFIED 多元化”

Scope of Practice in CA

- Can use the title “Dr”? “Physician” ?
- Primary care doctor?
- Can perform Physical Therapy?
- Can diagnose disease?
- Can cure disease?
- Can treat cancer?
- Can order blood test/X-ray?
- Can prescribe nutrition supplements
- Can prescribe herbs? Herbal Medicine?

Acupuncture CA Scope of Practice

Detail Scope of Practice

Acupuncture Practice Problems

- Disadvantage due to language problem (maybe)
- No budget for billing software and hiring a medical biller with good knowledge (Average \$5000 with setup)
- Doctors have no clue about common Insurance, PI and WC laws and insurance regulations
- No time or don't want to learn
- No proper office protocols and procedures
- Lack of documentations (will get worse with ICD10) reports to proof medical necessity for acupuncture care
- And more.....

How much are you loosing?

- The American Medical Association (AMA) reports (2013) that the average clinic spends \$25.50 on each medical claim processed with no guarantee of acceptance or payment.
- Staff waste average 15 - 25 minutes on the phone for insurance verification. Can they use the time for something else? Obamacare ??
- Every claim that delay or rejected due to mistake will cost you triple.
- Outside biller – pay average 6% of collection!

Electronic Claims & Medical record

- By 2016, 95% of all medical practice will use Electronic Healthcare Record (EHR)
- Since 2012, all Medicare claims in America have to be electronic format in order to get paid. If not you will charge for paper claim. All other insurance will follow.
- All healthcare provider or “Entity” in America must have a National Provider Identification (NPI) in order to practice, especially for Medicare. <https://nppes.cms.hhs.gov>

Important Dates

10/1/2015

ICD10 will be mandatory for all diagnosis for date of service after 10/1/2015
There will be over 70,000 codes and will become very specific.

01/01/2016

OBAMACARE WILL BE 100% IMPLEMENT if no one in politic fight.

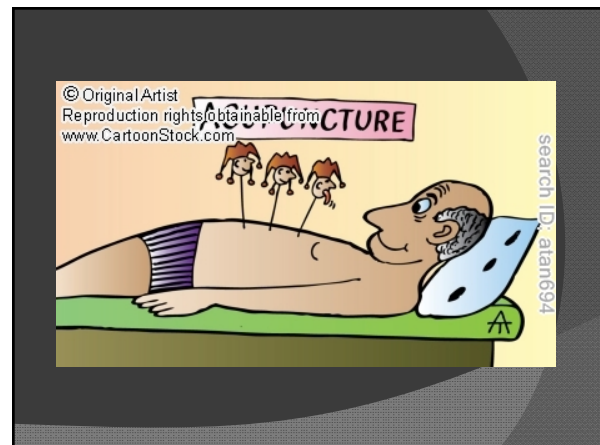
Malpractice Insurance

- How many of you have one??
- Must have 1million/3million coverage to join any insurance network

American Acupuncture Council

News For 2015

- As of 04/1/2014, you need to use ANSI 5010 certified claim software and CMS 1500 (02/12 version) to bill Medicare and insurance. Your Claim will not be accepted.
- Medicare and most insurance require all provider to have an online data account for credentialing purpose. Without it, you can not apply to become a provider. All insurance will follow. www.cagq.org
- All submitted CMS-1500 forms must include an NPI number for individual provider and Entity.
- Start from 10/1/2015, ICD10 require to use for claims.
- Make sure your billing software is or will be prepared for these changes before 08/30/2015 and that if you are required to update or upgrade, you do it as far ahead of the deadline as possible



PPACA – Patient Protection & Affordable Care Act

- Essential Health Benefits – 2707
- Non-Discrimination – 2706, Service is not limit to MD only
- In CA, Acupuncture is part of Essential Health Benefit. Treatment has no **SET LIMIT!**
- Mainly for Nausea or Pain Management**
- Outpatient Rehabilitation**
- Weight Loss Programs**

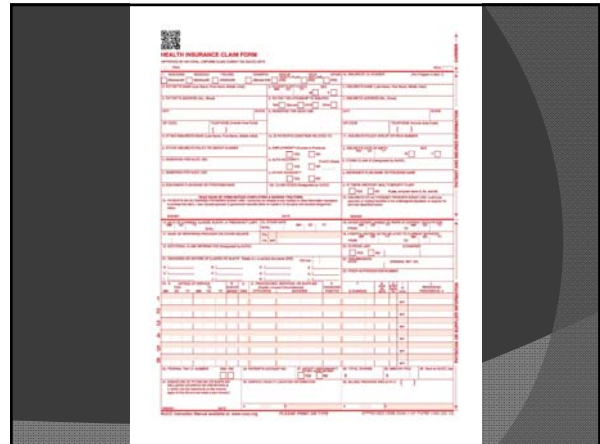
Health Exchange – California Care

- Anthem Blue Cross 855-238-0095
 - Blue Shield of CA 800-258-3091
 - Kaiser Permanente 800-972-4226
 - Health Net 800-641-7761
- Small One in Southern California:
- LA Care 888-452-2273
 - Molina Healthcare 888-665-462

"MUST BE IN NETWORK" to have Acupuncture Benefits and Coverage

What is new for CMS 1500 02-12 version

- **Box 14 & 15 Qualifier**
 - 304 Latest visit or consultation
 - 431 Onset of current symptoms/illness (Anthem)
 - 439 Accident
 - 453 Acute manifestation of a chronic condition
 - 454 Initial Tx
 - 484 Last Menstrual Period (Anthem)
- **Box 21** 12 position for Diagnosis Codes, Use 9 for ICD 9 and 0 for ICD 10



CMS -1500 Manual For 02/12 version

Insurance Billing 2015 CPT Codes: Which One Should I Use for Acupuncture?

The acupuncture codes are:

- 97810:** Acupuncture, one or more needles, without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
- 97811:** Each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needles
- 97813:** Acupuncture, one or more needles, with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient
- 97814:** Each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needles

ACU Code Proper Usage

- The add-on codes of 97811 or 97814 actually are better understood by realizing they are to be used to indicate a new set-up or set of needles being applied, not the time the needles are retained.

In the June issue of cpt Assistant an article entitled "Coding Clarification: Acupuncture Coding" corrected the error that appears in the 2005 CPT Code book regarding whether you can use codes 97810 and 97811 in the same session as you report codes 97813 or code 97814. This correction makes it clear that the intent of the CPT Committee was to permit mixing of the codes within one session, provided that only one "initial" period code was reported for each session.

The article also provides additional information clarifying that each code is used to report a treatment involving 15 minutes of face-to-face time with the physician, not 15 minutes of time that the needles are inserted. In order for a second code to be reported for the same session, a new insertion of needles must take place.

New Patient

- How to decide who is a new patient?
- If there is multiple providers in a practice, how to decide patient is new to who?

Rule 1: 3 YEARS

Rule 2: SINGLE TAX ID

For WC: NP = New Injury

E/M Code

- Evaluation and management services may be reported separately, using modifier 25, if the patient's condition requires a significantly separately identifiable E/M service, above and beyond the usual pre-service and post-service work associated with acupuncture services. The time of the E/M service is not included in the time of the acupuncture service.**

E/M Codes

- History
- Examination
- Medical Decision Making
- COUNSELING (Very Important)**
- Coordination of care
- Nature of presenting problem
- Time (Not the main Factor)
- 99205 99215 can be 10 minutes, why?

E/M Code Proper Utilization

Office or Other Outpatient Services New Patient	Total Time of Face-to-Face Encounter
99201	Typically 10 minutes
99202	Typically 20 minutes
99203	Typically 30 minutes
99204	Typically 45 minutes
99205	Typically 60 minutes
Office or Other Outpatient Services Established Patient	Total Time of Face-to-Face Encounter
99211	Typically 5 minutes
99212	Typically 10 minutes
99213	Typically 15 minutes
99214	Typically 25 minutes
99215	Typically 40 minutes

E/M Code Usage (Not for WC)

- New patient (have not seen by you or your clinic for last three years) 9920__
- Established patient you or your clinic have seen them within last three years. 9921__

Use 9921__ when:

- New Complaints
- Re-Exam
- Every 6 or 12 visits
- Change in condition and require assessment
- Final Exam

ACU CPT CODE USAGE

97810 97811
97813 97814

CPT Code Usage

97810
97811 x 2

CPT Code Usage

99203
97810
97814 x 2

Anything Wrong??

99213
97810
97813 X 2

Anything Wrong??

99212 -25
97813
97811 X 2
97140
97026

5 Minutes Break

Additional Codes (Modalities)

- 97014 Electrical Stim (\$25)
- G0283 Electrical Stim (United Healthcare)
- 97010 Heat/Cold Pad (most ins will not pay) (\$20)
- 97026 Infrared Therapy (\$20)
- 97035 Ultrasound Therapy (\$25)
- [More in CD-ROM](#)

97140 update for 2015

- Effective January 5, 2015, Medicare (insurance will follow soon) required new modifiers to replace modifier 59 when billing for non-covered service 97140. The modifier GY will still be in effect, but in place of the 59, one of the following X codes should be used:
- **XE Separate Encounter:** A service that is distinct because it occurred during a separate encounter.
- **XS Separate Structure:** A service that is distinct because it was performed on a separate organ/structure.
- **XP Separate Practitioner:** A service that is distinct because it was performed by a different practitioner.
- **XU Unusual No-Overlapping Service:** The use of a service that is distinct because it does not overlap usual components of the main service.

Therapeutic Procedures

- 97140 Manual Therapy (Moving Cup) (\$50)
- 97110 Therapeutic Exercise (\$50)
- 97124 Massage Therapy (\$25)
- 97112 Neuromuscular Re-education (Tai Chi)
- 97116 Gait Training (Posture)
- 97530 Therapeutic Activity

www.webexercises.com

The Importance of Home Care and Exercise

<http://www.webexercises.com/index.lasso>

Get a Free Basic Account
Patient/Client Login =
Practitioner Login =

Home Home 15 Weeks Web Version Desktop Version Printouts/Forms

Personalized Exercise Instruction
Prescription Your Patient's Prescription

Step 1 prescribe exercises
Step 2 send via email in just seconds
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Exercise Prescriptions Made Easy™
Finally, healthcare providers can harness the power of the web to reduce costs, increase service efficiency and significantly improve patient exercise compliance by using this state-of-the-art rehabilitation technology. Imagine creating and sending personalized video exercise prescriptions in just seconds!

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"Web health prescribes would benefit from greater testing and experience in exercise prescription for chronic illnesses."
- British Journal of Sports Medicine
- Postural Rehabilitation Partners and Clients

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Simplify your life and do more for our environment. The Eco-Friendly email feature saves an average costs by sending exercise programs or creating electronic Rx's for your EHR. We invite you to join the effort to be eco-friendly and save time.

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- Lily Huang, MD
- Exercise of The Day

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Whiplash Rehab Exercises to document and justify care

Exercise Rx Software
Free 30 Day Trial

Modalities and Procedure 8 minutes rules

- For Procedures, only direct face to face time is count
- 7 minutes or less of a single service is not billable
- 8 or more is billable
 - 8 - 22 minutes = 1 unit
 - 23 - 37 minutes = 2 units
 - 38 - 52 minutes = 3 units

Cupping/Moxabustion

- Maybe coded with 97039/97799 as unlisted modalities and send documents with explanation

Prolong Service

Prolonged Doctor Service with Direct (Face to Face) patient contact

99354 - Face to face at least one hour
99355 – each additional 30 minutes
30-74 min 99354
75 – 104 min 99354 & 99355

\$245

ONLY USE 3% - 5% of patients

House call/Work place

- 99056 - provide service at patient's home, Put **12** in 1500 form [block 24b](#)
- At job site put **18**
- E/M at patient's house:
NP 99341 – 99345
EP 99347- 99350
- 99050 – service provided not during office hours
- 99358 – Review records (30 min)
- **99406 – spend 6 minutes with patient talk about stop smoking**

Bill for phone consult

- 99441, 99442, 99443
- Only for establish patient
- Patient or guardian has to call you
- Cannot see you within 24 hour after the call
- Video Medicine is coming, check out:
<https://videomedicine.com/>

If Insurance Deny Physical Medicine Code
Use [this letter](#)



Different insurance requirement

Aetna:

- Post Surgery/ post cancer therapy
- Nausea/pregnancy
- TMJ disorder
- Migraine headache (No Regular Headache)
- Pain due to OA of knee and hip
- Fetal breech presentation
- Chronic low back pain

ICD 9
346.00 – 346.93
524.60 – 524.69
525.9
715.15 – 715.96
724.2
787.01

Blue Cross/Blue Shield

- Nausea, vomiting
- Headache
- Neck, low back, menstrual pain
- Stroke
- Bone an joint pain, especially Knee and Hip
- The special plan called **Value Added Program** cover more

Empire BC/BS

- Osteoarthritis pain of knee and hip
- Must show OA on x-ray
- No other conditions, no pacemaker, no bleeding disorder, no plan for joint surgery
- Pain significantly affecting daily activity and function

CIGNA

- Nausea and vomiting related to pregnancy, chemotherapy, post surgery
- Migraine headache, OA pain of knee
- Neck and low back pain
- Dental pain
- Stroke, fibromyalgia, tennis elbow, Carpal tunnel syndrome
- Asthma, drug addiction

ICD 9
307.81
338.18
338.28
339.10-339.12
346.00-346.93
353.2
353.4
564.3
643.00 -643.90
715.06-715.36
721.0-724.9
787.01-787.03

Insurance Payment for Acu

United Healthcare Cigna \$80 - \$130/ visit
97810 \$48 Blue Shield \$52.5/visit (you must get provider
97811 \$24 # before able to bill. Recommend get money
97813 \$57 from patient first). Best is school district!
97814 \$24 National Elevator Union \$180

Motion Picture Health
20 visit \$94.50 (70%) plus Co-pay \$15
Blue Cross
12 – 24 visit \$25 plus \$15 co-pay in network
ASHP (American Specialty Health Plan)
Tx \$42 Exam \$75 12 visit average \$600/year
Aetna \$85 - \$150/ visit
Long Beach Port Unions \$200 - \$400 per visit

HealthPartners

- Getting better
- Pay for PMS
- Need Authorization and approve 12/year
- More visit can approve with show of medical necessity and improvement

Covered CA (OBAMA CARE)

Blue Shield: Depend on plans
Copay \$3 to \$5
Co-Ins 25% to 50%
No treatment limit

Average collect \$95 include patient payment

Weight Loss (Must be in network) Optum (United Healthcare)

- If the ins plan cover, need to follow this rule: BMI (Body Mass Index) is equal or greater than 30. http://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmicalc.htm
- One face to face visit every week for first month (4 visits)
- One face to face visit every other week for 2 – 6 months (10 visits)
- If the patient loose at least 6lbs in 6 months, can continue to see once a month for 7 -12 months (12 visits) **TOTAL VISITS 26**

Weight Loss CPT Code

- Obesity screening and counseling
99401 – 15 minutes (\$50)
99402 – 30 minutes (\$80)

Typical Patient 99402 X 2 = \$160
99401 X 22 = \$1100
Total = \$1260

HOW MANY FAT PEOPLE IN USA??

OBESITY SCREENING FORM

Other Assessment Form
In CD

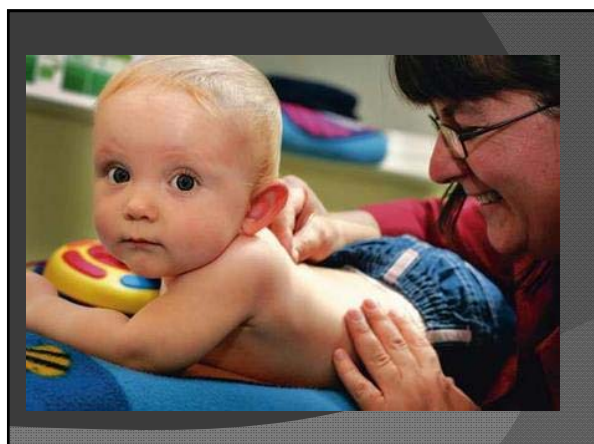
Best Collection

The best insurance
pay \$150 -\$250
per visit! **EOB**

Blue Cross, Labor Union, PHCS,
WORKCOMP, Long Beach Labor union,
National Elevator Union

HOW DO YOU RECORD WHAT YOU DO?????

Acupuncture Charge Slip



5 MINUTES BREAK
or LUNCH

ICD 10

QUICKPOLL

Are you ready for ICD-10?

Please select one:

- I'm totally relaxed
- I'm going to be ok
- I'm freaking out

Your poll answers have been submitted.

DX Code ICD-10

- HOW TO USE ICD-10 Code Correctly?
- What is the correct order for Diagnosis?
- What code should we use??

ICD 10

- Take Effect 10/1/2015 – CHANGE AGAIN??
- Increase ICD and CT from 14,000 to 70,000 codes
- More precise and accurate for better DX
- Completely different
- Make sure your billing system can update
- What are the [changes](#)

Diagnosis Code Rules

- Code to highest level of specificity (7 digit for ICD 10)
- Pain **MUST** be part of the diagnosis
- Use the Dx code that report signs/symptoms (pain)
- The **First Dx Code** is very important!
- Chronic Condition must be reported
- Never** report rule out, possible, probable or suspected conditions as a diagnosis.
- Diagnosis **no need** to depend on lab test or imaging studies.



Why can't we keep using ICD-9?

<p>ICD-9 14,567 codes</p>		<p>ICD-10 69,832 codes</p>
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What Do I Need to Know?

- What is ICD-10?
- How is it different from ICD-9?
- How will I know which codes to use?
- What steps do I take along the way?

ICD-10 Delay

- Delay could cost between \$1 and \$6 billion
- Prepared? Relax and refresh in time for 2015
- Not prepared?
 - Be proactive now
 - Review and adjustment documentation quality
 - Delay allows for attention to coding and billing procedures

Why in the World Do We Have to Change?

- WHO says so!
- US is the only civilized country NOT on ICD-10
- Too much complaining about costs and time

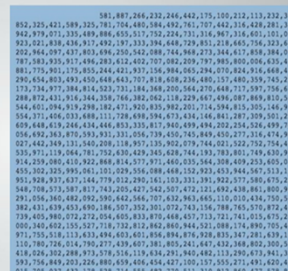
What's Wrong with ICD-9?



- ICD-9 is 30 years old
- ICD-9 lacks specificity
- ICD-9 does not reflect new services
- ICD-9 does not compare costs and outcomes
- ICD-9 is limited (13,000 codes)

What Can I Expect with ICD-10?

- ICD-10 will encompass more precise documentation
- ICD-10 will allow for more accuracy when determining medical necessity for the services rendered
- ICD-10 will allow providers to code more accurately which will contribute to the health care quality improvement initiatives



The Difference

ICD-9	ICD-10
1) 3 – 5 characters	3 – 7 characters
2) Expansion restricted	Expansion increased ("x" added)
3) Lacks laterality	Includes laterality
4) Lacks comorbidity	Includes comorbidity
5) 13,000 codes	68,000 codes
6) 17 chapters	21 chapters
7) Encounter type unavailable	Encounter type available
8) E & V codes are supplemental chapters – optional	E & V codes are dedicated chapters 20 & 21 – often required
9) Lacks detail	Detailed and specific

Similarities? Not!

- 3-7 characters in length – each added digit adds specificity to the code
- 7th character can represent visit encounters (initial, subsequent or sequelae for injuries and external causes)
- 7th character is used only for certain sections (e.g. musculoskeletal, injuries and external causes of injury)
- Some codes will use "x" as a place holder for characters 4-6 when needed



Steps Toward Implementation

- Awareness
- Planning
- Operations
- Testing
- Transition

The Tabular List

CHAPTER	TITLE	CODE RANGE
1	Certain Infectious and Parasitic Diseases	A00-B99
2	Neoplasms	C00-D49
3	Diseases of the Blood and Blood-forming Organs and Certain Disorders Involving the Immune Mechanism	D50-D89
4	Endocrine, Nutritional and Metabolic Diseases	E00-E89
5	Mental and Behavioral Disorders	F01-F99
6	Diseases of the Nervous System	G00-G99

Chapters 7-13

CHAPTER	TITLE	CODE RANGE
7	Diseases of the Eye and Adnexa	H00-H59
8	Diseases of the Ear and Mastoid Process	H60-H95
9	Diseases of the Circulatory System	I00-I99
10	Diseases of the Respiratory System	J00-J99
11	Diseases of the Digestive System	K00-K94
12	Diseases of the Skin and Subcutaneous Tissue	L00-L99
13	Diseases of the Musculoskeletal System and Connective Tissue	M00-M99

Chapters 14-18

CHAPTER	TITLE	CODE RANGE
14	Diseases of the Genitourinary System	N00-N99
15	Pregnancy, Childbirth and the Puerperium	O00-O9a
16	Certain Conditions Originating in the Perinatal Period	P00-P96
17	Congenital Malformations, Deformations and Chromosomal Abnormalities	Q00-Q99
18	Symptoms, Signs and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified	R00-R99

Chapters 19-21

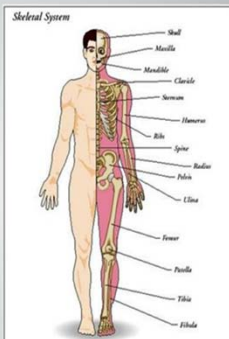
CHAPTER	TITLE	CODE RANGE
19	Injury, Poisoning and Certain Other Consequences of External Causes	S00-T98
20	External Causes of Morbidity	V00-Y99
21	Factors Influencing Health Status and Contact with Health Services	Z00-Z99

Remember:

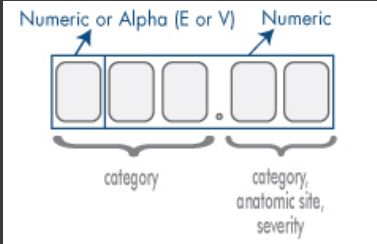
G.R.O.M.N.

ICD-10 Coding and Documentation

- Site
- Laterality
 - 5th or 6th digit - Sciatica
 - Left – M54.31
 - Right – M54.32
- Episodes of care
 - 7th digit
 - A D S
- Injuries



In ICD-9-CM, codes are three to five digits. The first digit is either numeric or alpha (the letters E or V only) and all other digits are numeric.



Structure of ICD-10-CM

Characters 1-3 Category
Characters 4-6 Etiology, anatomic site, severity, or other clinical detail
Character 7 Extension

Myths or Fact?

- ICD-10 will replace CPT
- The number of codes make ICD-10 impossible to use
- ICD-10 is already out of date
- Workers comp and Auto insurance will still use ICD-9

ICD-10 is replacing ICD-9 as part of the HIPAA-named code set; therefore, covered entities, defined in HIPAA as health care providers, including physicians, payers, and clearinghouses, are required to comply with this regulation. Although HIPAA requirements specifically apply to the HIPAA-named electronic transactions, payers are expected to require ICD-10 codes on transactions submitted using other methods, such as on paper (e.g., 1500 claim form), through a dedicated fax machine, or via the phone.

ICD-10-CM, codes can be up to seven digits. The first digit is always alpha (it can be any letter except U), the second digit is always numeric, and the remaining five digits can be any combination.

ICD9 – 274.02 Gout Arthritis

ICD10

The 7th Character

- **A** – Initial encounter, while patient is receiving active treatment such as surgery, ER, or evaluation and treatment by a new physician.
- **D** – Subsequent encounter, routine care during the healing or recovery phase, such a cast change, medication adjustment, aftercare and follow up.
- **S** – Sequela, complications or conditions that arise as a direct result of a condition, such as a degenerative disc disease a year after a neck sprain. Sequela code (i.e. DDD) is first, then the injury code.

Placeholder “x” character

Placeholder character “x” in positions 4, 5, and/or 6 in certain codes to allow for future expansion.

7th Characters
 The 7th character must always be the 7th character in the data field. If a code that requires a 7th character is not 6 characters, a placeholder “x” must be used to fill in the empty characters

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



Remember the CCI Edits?

Excludes 1 - is used when two conditions cannot occur together or "NOT CODED HERE!" Mutually exclusive codes; two conditions that cannot be reported together (A condition may be acquired OR congenital but not both!)



Remember the CCI Edits?



Excludes 2 - Indicates "NOT INCLUDED HERE." Although the excluded condition is not part of condition, it is excluded from, a patient may have both conditions at the same time. The excluded code and the code above the excludes can be used together if the documentation supports them.

Read the Instructions!

<p>INCLUDES "What this code covers." This further defines, or give examples of, the content of the category.</p>	<p>553 DISLOCATION AND SPRAIN OF JOINTS AND LIGAMENTS OF ELBOW</p> <p><i>Includes:</i></p> <ul style="list-style-type: none"> avulsion of joint or ligament of elbow lacunations of cartilage, joint or ligament of elbow sprain of cartilage, joint or ligament of elbow traumatic hemarthrosis of joint or ligament of elbow traumatic rupture of joint or ligament of elbow traumatic stabilization of joint or ligament of elbow traumatic tear of joint or ligament of elbow 	<p>INSTRUCTIONAL NOTATIONS "Read these first." Read all of the instructional notations before assigning a code. These instructions apply to all the subclassifications under this code.</p>
<p>EXCLUDES2 "Not included here." The condition excluded is not part of the condition represented by this code, but the patient may have both conditions at the same time.</p>	<p><i>Excludes2:</i></p> <ul style="list-style-type: none"> strain of muscle, fascia and tendon at forearm level (S56.-) Code also any associated open wound <p>Add the appropriate 7th character to each code from category 553</p> <ul style="list-style-type: none"> A - initial encounter D - subsequent encounter S - sequela <p>Example: 553.001A</p>	<p>7TH CHARACTER "Code extensions." These provide additional detail regarding visit encounters or sequelae for injuries and external causes</p>

Read the Instructions!

<p>EXCLUDES1 "Not coded here." The code(s) excluded cannot be used at the same time as this code.</p>	<p>553.0 Subluxation and dislocation of radial head Dislocation of radiohumeral joint Subluxation of radiohumeral joint</p> <p><i>Excludes1:</i></p> <ul style="list-style-type: none"> Monteggia's fracture-dislocation (S52.27-) <p>553.00 Unspecified subluxation and dislocation of radial head</p> <p>553.001_ Unspecified subluxation of right radial head</p> <p>553.002_ Unspecified subluxation of left radial head</p> <p>553.003_ Unspecified subluxation of unspecified radial head</p> <p>553.004_ Unspecified dislocation of right radial head</p> <p>553.005_ Unspecified dislocation of left radial head</p> <p>553.006_ Unspecified dislocation of unspecified radial head</p>	<p>A DASH "-" indicates that this code is not specific and additional digits are required.</p> <p>An UNDERSCORE "_" indicates that a 7th character is required.</p>
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CMS-1500 Claim Form

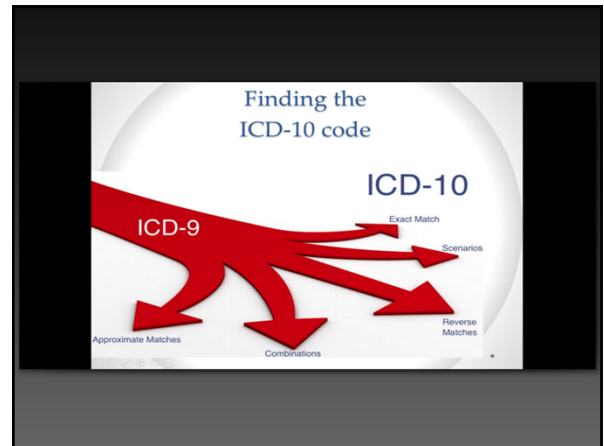
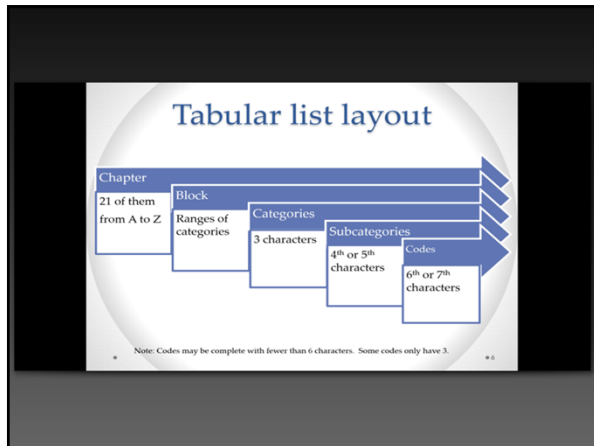
• Revision 02/12

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

to service line below (24E)

C ₁	_____	B ₁	_____
G ₁	_____	H ₁	_____
K ₁	_____	L ₁	_____

ICD-10 Ind. | |



Chapter 13-Diseases of the Musculoskeletal System and Soft Tissue

- Our Wheelhouse
- M-00 through M-99 series

Finding the ICD-10 code

Three methods using the ChiroCode ICD-10 book:

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

Always confirm the code using the tabular list

Tabular List

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

Tabular List

Block: Spondylopathies (M45 - M49)
(Always bold CAPS, lined above and below)

Tabular list: blocks

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 Chondroopathies (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.

How to Find a Code

- Alphabetical List or GEMs
- Tabular List
- Follow code instructions
- Code to the right, using 4-7 characters

1. Common Codes

Lumbar Diagnoses

SUBLUXATION			
M99.0	Segmental and somatic dysfunction of lumbar region	S33.01	Subluxation of L1/L2 lumbar vertebrae
		S33.02	Subluxation of L2/L3 lumbar vertebrae
M99.1	Subluxation complex (vertebrae of lumbar region)	S33.03	Subluxation of L3/L4 lumbar vertebrae
S33.00	Subluxation of unspecified lumbar vertebrae	S33.04	Subluxation of L4/L5 lumbar vertebrae

OTHER CONDITIONS			
G44.1	Lumbar spondylosis disorder	M91.26	Other intervertebral disc displacement, lumbar region
G44.4	Lumbar spondylosis disorder, not elsewhere classified	M91.27	Intervertebral disc degeneration, lumbar region
G44.8	Other spondylosis disorder, not elsewhere classified	M91.28	Other intervertebral disc degeneration, lumbar region
M91.0	Contracture, unspecified joint	M91.29	Other intervertebral disc disorder, lumbar region
M91.60	Stiffness of unspecified joint, not elsewhere classified	M91.30	Other intervertebral disc displacement, lumbar region
M91.84	Neuraxonal radiculopathy, lumbar region	M91.31	Intervertebral disc degeneration, lumbar region
M91.87	Spinal stenosis, lumbar region	M91.32	Intervertebral disc displacement, lumbar region
M91.88	Spinal stenosis, lumbar region	M91.33	Intervertebral disc degeneration, lumbar region
M91.89	Spinal stenosis, lumbar region	M91.34	Intervertebral disc displacement, lumbar region
M91.90	Spinal stenosis, lumbar region	M91.35	Intervertebral disc degeneration, lumbar region
M91.91	Spinal stenosis, lumbar region	M91.36	Intervertebral disc displacement, lumbar region
M91.92	Spinal stenosis, lumbar region	M91.37	Intervertebral disc degeneration, lumbar region
M91.93	Spinal stenosis, lumbar region	M91.38	Intervertebral disc displacement, lumbar region
M91.94	Spinal stenosis, lumbar region	M91.39	Intervertebral disc degeneration, lumbar region
M91.95	Spinal stenosis, lumbar region	M91.40	Intervertebral disc displacement, lumbar region
M91.96	Spinal stenosis, lumbar region	M91.41	Intervertebral disc degeneration, lumbar region
M91.97	Spinal stenosis, lumbar region	M91.42	Intervertebral disc displacement, lumbar region
M91.98	Spinal stenosis, lumbar region	M91.43	Intervertebral disc degeneration, lumbar region
M91.99	Spinal stenosis, lumbar region	M91.44	Intervertebral disc displacement, lumbar region

2. GEMs

737	Curvature of spine		
737.8	Other curvatures of spine	M43.B09	Other specified deforming dorsopathies, site unspecified
737.9	Unspecified curvature of spine	M43.B09	Other specified deforming dorsopathies, site unspecified
738	OTHER ACQUIRED DEFORMITY		
738.2	Acquired deformity of neck	M95.3	Acquired deformity of neck
738.3	Acquired deformity of chest and ribs	M95.4	Acquired deformity of chest and ribs
738.4	Acquired spondylolisthesis	M41.10	Spondylolysis, site unspecified
738.5	Other acquired deformity of back or spine	M41.11	Spondylolisthesis, site unspecified
738.6	Acquired deformity of pelvis	M95.6	Other biomechanical lesions of lumbar region
738.8	Acquired deformity of other specified site	M95.8	Other biomechanical lesions of sacral region
738.9	Acquired deformity of unspecified site	M95.9	Acquired deformity of musculoskeletal system, unspecified
739	NONALLOPATHIC LESIONS, NOT ELSEWHERE CLASSIFIED		
739.0	Head region	M99.00	Segmental and somatic dysfunction of head region
739.1	Cervical region	M99.01	Segmental and somatic dysfunction of cervical region
739.2	Thoracic region	M99.02	Segmental and somatic dysfunction of thoracic region
739.3	Lumbar region	M99.03	Segmental and somatic dysfunction of lumbar region

3. Alphabetic index

S

related to use, exercise and pressure, M70

Somatiform disorders, F45

Spondylosis, G24.3

Spina bifida, Q05

occulta, Q76.0

Spinal cord, other congenital malformations of, Q05

orthopedic, M46.0

instabilities, M53.2

muscular atrophy and related syndromes, G12

osteochondrosis, M42

stenosis, M48.0

Spondylitis, ankylosing, M45

Spondylolysis, M45.0

470

Strains or sprains, NON EXERCISE CLASSIFIED, M24.0

SIB's disease

M25, M26.2

adult-onset, M26.1

Strain - see injuries of, muscles, tendons, and fascia

Street, highway and other paved roadways as the place of occurrence of the external cause, Y92.4

Streptococcal arthritis and polyarthritis, M00.2

Stress fracture, M84.3

of vertebra, M84.4

Striking against or struck by automobile, trolley, W22.1

other objects, W22

other objects, W22

M41: OTHER DEFORMING DORSOPATHIES

Excludes1:

congenital spondylolisthesis and spondylolysis (Q76.2)

lumbar spondylolisthesis (Q76.4)

Alford-Hill syndrome (Q76.1)

lumbarization and sacralization (Q76.4)

polyosteoarthritis (Q76.4)

spina bifida occulta (Q76.0)

spinal curvature in anemias (M85.3)

spinal curvature in Paget's disease of bone (osteitis deformans) (M88.1)

M43.0 Spondylolysis

Excludes1:

congenital spondylolisthesis (Q76.2)

spondylolysis (M43.1)

M43.00 Spondylolysis, site unspecified

M43.01 Spondylolysis, occipito-atlantal region

M43.02 Spondylolysis, cervical region

M43.03 Spondylolysis, cervicothoracic region

M43.04 Spondylolysis, thoracic region

M43.05 Spondylolysis, thoracolumbar region

M43.06 Spondylolysis, lumbar region

M43.07 Spondylolysis, lumbosacral region

M43.08 Spondylolysis, sacral and sacrococcygeal region

M43.09 Spondylolysis, multiple sites in spine

M43.1 Spondylolysis

Excludes1:

acute traumatic of lumbosacral region (S33.1)

acute traumatic of site other than lumbosacral code to Fracture, vertebrae, by region

congenital spondylolisthesis (Q76.2)

M43.10 Spondylolysis, site unspecified

M43.11 Spondylolysis, occipito-atlantal region

M43.12 Spondylolysis, cervical region

M43.13 Spondylolysis, cervicothoracic region

M43.14 Spondylolysis, thoracic region

M43.15 Spondylolysis, thoracolumbar region

M43.16 Spondylolysis, lumbar region

M43.17 Spondylolysis, lumbosacral region

M43.18 Spondylolysis, sacral and sacrococcygeal region

M43.19 Spondylolysis, multiple sites in spine

M43.2 Fusion of spine

Arthrolysis of spinal joint

Excludes1:

arthrolysis of spine (S45.0)

arthrolysis of spine (Q76.4)

Excludes2:

arthrolysis status (Z98.1)

postarthrolysis after fusion or arthrodesis (S46.0)

M43.20 Fusion of spine, site unspecified

M43.21 Fusion of spine, occipito-atlantal region

M43.22 Fusion of spine, cervical region

Example

A 32 year old female presents with low back pain at L4/L5. The pain worsens with extension and with exercise. The patient complains of tight hamstrings and pain in the low back. An x-ray reveals a grade II spondylolisthesis at L4. On September 30, 2015, the diagnosis is 738.4 *Acquired Spondylolisthesis*. On October 1, 2015, it is:

M43.16 Spondylolisthesis, lumbar region

Note:
Common codes gave two options
GEMs was unspecified

- Alphabetic Index only gave the category

Finding the ICD-10 code

One-to-one mapping:
723.1 Cervicalgia →
M54.2 Cervicalgia
(Note: Excludes1 in the tabular list)


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
(Note: alternative wording and Excludes1 in tabular list)

Kissing Spine-Comparison


ICD-9		ICD-10	
Kissing		Kissing Spine, unspecified	M48.20
Osteophyte	721.5	Occipito-atlanto region	M48.21
Spine	721.5	Cervical region	M48.22
Vertebra	721.5	Cervicothoracic region	M48.23
		Thoracic region	M48.24
		Thoracolumbar region	M48.25
		Lumbar region	M48.26
		Lumbosacral region	M48.27

Finding the ICD-10 code

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




Talk About Detail!



- Take 847.0 Cervical Sprain
 - Could be S13.4xxA
 - Could be S13.8xxA
- Much more detail is possible in ICD-10
- Item one: sprain of ligaments of the cervical spine
- Item two: sprain of joints and ligaments of other parts of the neck

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



Sprain Vs. Strain

“Exam findings are consistent with the strain and sprain of the ligaments and muscles 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.”

- S13.4xxA **Sprain** of ligaments of the cervical spine, initial encounter
- S16.1xxA **Strain** of muscles, fascia and tendon at neck level, initial encounter
- G44.311 Acute post-traumatic headache, intractable
- V49.40xA Driver injured in collision with unspecified motor vehicle, traffic accident, initial encounter
- Y92.411 Interstate as place of occurrence external cause

Headaches

- In ICD-9, the codes might be:
 - 339.21 Acute post-traumatic headache
- GEMs suggest:
 - G44.319 Acute post-traumatic headache, not intractable

NOTE: in the index, G44.319 is next to G44.311 which is the intractable version of this condition.

Intractable means “hard to control or deal with” This must be documented in order to select the correct code

G44.3 Post-traumatic headache

G44.31 Acute post-traumatic headache

Code(s) Description

G44.311	Acute post-traumatic headache, intractable
G44.319	Acute post-traumatic headache, not intractable

M79	OTHER AND UNSPECIFIED SOFT TISSUE DISORDERS, NOT ELSEWHERE CLASSIFIED
	Excludes1:
	psychogenic rheumatism (F45.8)
	soft tissue pain, psychogenic (R45.4)
M79.6	Pain in limb, hand, foot, fingers and toes
	Excludes2:
	joint in joint (M25.5)
M79.62	Pain in upper arm
	Pain in axillary region
M79.621	Pain in right upper arm
M79.622	Pain in left upper arm
M79.629	Pain in unspecified upper arm
M79.63	Pain in forearm
M79.631	Pain in right forearm
M79.632	Pain in left forearm
M79.639	Pain in unspecified forearm
M79.64	Pain in hand and fingers
M79.641	Pain in right hand
M79.642	Pain in left hand
M79.643	Pain in unspecified hand
M79.644	Pain in right finger(s)
M79.645	Pain in left finger(s)
M79.646	Pain in unspecified finger(s)
M79.65	Pain in thigh
M79.651	Pain in right thigh
M79.652	Pain in left thigh
M79.659	Pain in unspecified thigh
M79.66	Pain in lower leg
M79.661	Pain in right lower leg
M79.662	Pain in left lower leg
M79.669	Pain in unspecified lower leg
M79.67	Pain in foot and toes

Migraines: 44 Choices

Documentation must include:

Code(s)	Description
G43.001 - G43.019	G43.0 Migraine without aura
G43.101 - G43.119	G43.1 Migraine with aura
G43.401 - G43.419	G43.4 Hemiplegic migraine
G43.501 - G43.519	G43.5 Persistent migraine aura without cerebral infarction
G43.601 - G43.619	G43.6 Persistent migraine aura with cerebral infarction
G43.701 - G43.719	G43.7 Chronic migraine without aura
G43.801 - G43.839	G43.8 Other migraine
G43.901 - G43.919	G43.9 Migraine, unspecified
G43.A0 - G43.A1	G43.A Cyclical vomiting
G43.B0 - G43.B1	G43.B Ophthalmoplegic migraine
G43.C0 - G43.C1	G43.C Periodic headache syndromes in child or adult
G43.D0 - G43.D1	G43.D Abdominal migraine

- With or without aura
- Intractable or not intractable
- With or without status migrainosus
- Persistent or chronic
- With or without vomiting
- With or without ophthalmoplegic, menstrual, etc.
- Induced by ICD-10 training ☺

OTHER CONDITIONS

G43.001	Migraine without aura, not intractable with status migrainosus	M45.1	Ankylosing spondylitis of occipito-atlanto-axial region
G43.009	without status migrainosus	M45.2	cervical region
	Migraine with aura, not intractable	M45.3	cervicothoracic region
G43.101	with status migrainosus		Other spondylosis with myelopathy
G43.109	without status migrainosus	M47.11	occipito-atlanto-axial region
G44.209	Tension-type headache, unspecified, not intractable	M47.12	cervical region
		M47.13	cervicothoracic region
G44.219	Episodic tension-type headache, not intractable		Facet joint with or without myelopathy, radiculopathy,
	Chronic tension-type headache,	M47.811	occipito-atlanto-axial region
G44.221	intractable	M47.812	cervical region
G44.229	not intractable	M47.813	cervicothoracic region
G54.0	Brachial plexus disorders		Spinal stenosis,
G54.2	Cervical root disorders, not elsewhere classified	M48.01	occipito-atlanto-axial region
M26.61	Adhesions and ankylosis of temporomandibular joint	M48.02	cervical region
M26.62	Arthralgia of temporomandibular joint	M48.03	cervicothoracic region
M26.63	Articular disc disorder of temporomandibular joint		Cervical disc disorder with myelopathy,
M26.69	Other specified disorders of temporomandibular joint	M50.01	occipito-atlanto-axial region
		M50.02	cervical region
		M50.03	cervicothoracic region
M40.03	Postural kyphosis, cervicothoracic region		Cervical disc disorder with radiculopathy,
	Other kyphosis	M50.11	occipito-atlanto-axial region

An Example of 7th Digit

S43.31 Subluxation and dislocation of scapula
S43.311_ Subluxation of right scapula
S43.312_ Subluxation of left scapula
S43.313_ Subluxation of unspecified scapula
S43.314_ Dislocation of right scapula
S43.315_ Dislocation of left scapula
S43.316_ Dislocation of unspecified scapula

Unspecified—Use Sparingly

S43.00 Unspecified subluxation and dislocation of shoulder joint
 Dislocation of humerus NOS
 Subluxation of humerus NOS
S43.001_ Unspecified subluxation of right shoulder joint
S43.002_ Unspecified subluxation of left shoulder joint
S43.003_ Unspecified subluxation of unspecified shoulder joint
S43.004_ Unspecified dislocation of right shoulder joint

M54.3 Sciatica
 Excludes:
 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
 Excludes:
 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

Remember 728.85?

Code(s)	Description
M62.40	Contracture of muscle, unspecified site
M62.411 - M62.419	M62.41 Contracture of muscle, shoulder
M62.421 - M62.429	M62.42 Contracture of muscle, upper arm
M62.431 - M62.439	M62.43 Contracture of muscle, forearm
M62.441 - M62.449	M62.44 Contracture of muscle, hand
M62.451 - M62.459	M62.45 Contracture of muscle, thigh
M62.461 - M62.469	M62.46 Contracture of muscle, lower leg
M62.471 - M62.479	M62.47 Contracture of muscle, ankle and foot
M62.48	Contracture of muscle, other site
M62.49	Contracture of muscle, multiple sites

V – Y Codes

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

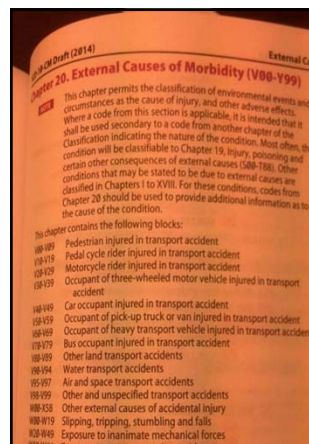
- Never sequenced first
- Provide data about the cause, intent, place, activity, or status of the accident or patient
- No national requirement to use these codes, but voluntary reporting is encouraged

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

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



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

Code(s)	Description
E844.0	Aircrft acc NEC-sprcft
E844.1	Aircrft acc NEC-military
E844.2	Aircrft acc NEC-crew
E844.3	Aircrft acc NEC-pasngr
E844.4	Aircrft acc NEC-comm NEC
E844.5	Aircrft acc NEC-occp NEC
E844.6	Aircr acc NEC-unp aircr
E844.7	Aircrft acc-parachutist
E844.8	Aircrft acc NEC-grd crew
E844.9	Aircrft acc NEC-pers NEC

ICD-10-CM Increased Specificity

Updated Code V97.33

Sucked into a jet without damage to the airplane

Code(s)	Description
V00-V99	Transport accidents (V00-V99)
	Click to view/hide add'l coding info...
V95-V97	Air and space transport accidents (V95-V97)
	Click to view/hide add'l coding info...
V97	Other specified air transport accidents
	Click to view/hide add'l coding info...
V97.3	Person on ground injured in air transport accident
V97.33	Sucked into jet engine

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



Say What??

- G44.82
Headache associated with sexual activity
- W22.01xD
Walked into wall, subsequent encounter
- Y34
Unspecified event, undetermined intent
- R45.2
Unhappiness



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)

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



Brainstorm Operational Impact



- 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

Super CAs will Contribute at a High Level



Brainstorm Operational Impact



Know the IT Impact You'll Face

- What changes will need to be made?
- Do they have available upgrades?
- When will the upgrades be available?
- Upgrade and your maintenance agreement
- Will they continue to provide support?
- Parallel coding?
- How long will my system be down?



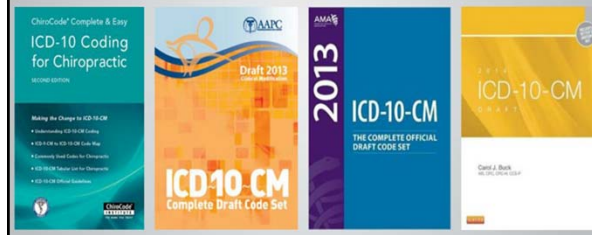
ICD-10 Organization

- Address and prioritize tasks
 - Date software vendors will be compatible
 - Upgrade schedules
 - Readiness and testing schedules
 - Training schedules for
 - Physicians
 - Office Staff

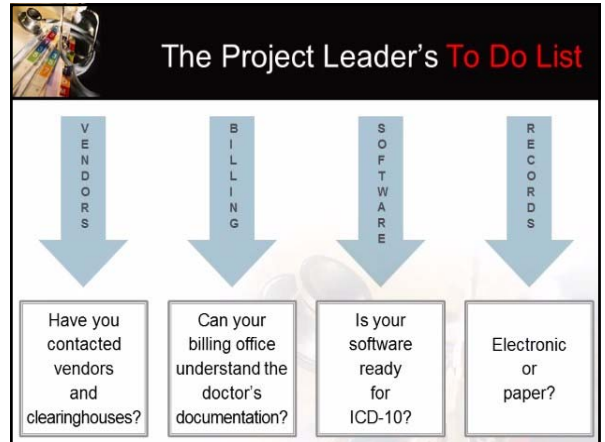


NEW CMS 1500
CLAIM FORM
DATED 02/12

Recommended Tools



FindACode.com



MASTER ICD 9 [DIAGNOSIS SHEET](http://www.icd9data.com)

www.icd9data.com

www.ICD10data.com

PHONE APP: Find A Code

ICD10 Tabular List

ICD10 Description List

ICD 10 External Cause Injury Index

ALL in [CD-ROM](#)

ICD 11 is coming!!!



5 Minutes Break

The Hierarchy of Coding

- There is a hierarchy that you should follow in reporting these diagnostic descriptors.
- A neurological descriptor, when present, should always be located in the first position.
- In the second position, place any structural descriptors.
- Functional descriptors should be placed in the third position, and in the final position, place Soft tissue descriptors.

The Hierarchy

- Neurological Diagnosis
- Structural Diagnosis
- Functional Diagnosis
- Soft Tissue Diagnosis

Always Code Accurately

- Always select a diagnostic descriptor because you want to accurately represent your patient's condition.
- Never code inaccurately only to get the maximum level of reimbursement.
- Remember, that if you assign a code only because it bumps you up as far as reimbursement is concerned, you will place your whole practice at risk from a compliance perspective.

Common use ICD 10 For Acu

- Cervicalgia (Neck Pain) – M54.2
- Low Back Pain – M54.5
- Sciatica – M54.3
- Headache – R51
- Migraine – G43.0,43.1
- Pain in joint – M25.5
- Myalgia – M79.6
- Nausea and vomiting – R11
- Acute Pain – R52.0

More [in](#) CD -ROM

DX code Categories

- Category I – Short Term Care : 307.81
- Category II – Moderate Term Care : 720.1
- Category III – Extended Care : 353.0
- Category IV – Long Term Care: 721.3

All Available In CD-ROM

ICD 10 CHALLENGE!

ICD-10 Documentation Example

The following case highlights the increased specificity required to code for ICD-10-CM:

S: Mrs. Finley presents today after having a new cabinet fall on her last week, suffering a concussion, as well as some cervicalgia. She was cooking dinner at the home she shares with her husband. She did not seek treatment at that time. She states that the people that put in the cabinet in her kitchen missed the stud by about two inches. Her husband, who was home with her at the time told her she was "out cold" for about two minutes. The patient continues to have cephalalgias since it happened, primarily occipital, extending up into the bilateral occipital and parietal regions. The headaches come on suddenly, last for long periods of time, and occur every day. They are not relieved by Advil. She denies any vision changes, any taste changes, any smell changes. The patient has a marked amount of tenderness across the superior trapezius.

O: Her weight is 188 which is up 5 pounds from last time, blood pressure 144/82, pulse rate 70, respirations are 18. She has full strength in her upper extremities. DTRs in the biceps and triceps are adequate. Grip strength is adequate. Heart rate is regular and lungs are clear.

- A: 1. Status post concussion with acute persistent headaches
2. Cervicalgia
3. Cervical somatic dysfunction

P: The plan at this time is to send her for physical therapy, three times a week for four weeks for cervical soft tissue muscle massage, as well as upper dorsal. We'll recheck her in one month sooner if needed.

WHAT IS ACUPUNCTURE GOOD FOR???

Acupuncture Medical Treatment Guideline

ODG GUIDELINE FROM ACOM

Insurance

- Have a good verification form and format
- Understand insurance terminology and know how to ask proper questions when verify for benefit
- Always get the other person name at the end
- Get the correct claim address, do not depend on the insurance card
- Try best to collect co-pay and deductible
- Explain to patients
- HIPAA will make it all important

Claim processing

- Still hand write or using type writer???
- Do you have billing software and system setup? Complete system cost \$2000 and up
- E-claim, are you ready for the future?
- By 2016, 95% of claims have to be electronic, even WC and PI will be part of it. By 2017, 100%
- Electronic Medical Record (EMR) will be part of the future too!!
- Are you HIPAA compliance?

E Claim Services

- www.officeally.com
- \$0 setup fee
- \$0 claims fee if 50% of claim is not Medicare
- Free Office Management System with Schedule

- YOU MUST USE IT. **IT IS**

FREE!!!!

INSURANCE POLICY

- Have a Insurance and Financial policy for your office, set one up for your clinic

Fight Back Letters

- Medical Necessity
- Denial for E/M code with Acu code on same day
- Denial PT by Acupuncture (Rule 2707)



DOCUMENTATION

DOCUMENTATION

- Are your patients' file up to date and have proper documentation to show medical necessity of care?
- If insurance company want to audit your file tomorrow, will you show them without any hesitation?
- PI and WC cases need good notes and documentation in order to get paid.

Documentation — The Basics

The following are the basic principles of documentation. They apply to all types of medical and surgical services in all settings.

1. The medical record should be first and foremost a tool of clinical care and communication.
2. The medical record should be complete and legible.

3. The documentation of each patient encounter should include or provide reference to:

- The chief complaint and/or reason for the encounter and, as appropriate, relevant history, examination findings
- Prior diagnostic test results; Assessment,
- Clinical impression or diagnosis;
- Plan for care
- Date and legible identity of the health care professional.

SOLUTIONS

- We will teach you how to get the proper documentation done.
- Daily documentation in about 15 seconds
- Keep efficient and ethical documentation that gets you paid
- We will teach you how to use the Problem Oriented Medical Record (POMR)
- We have custom make forms especially for Acupuncture.

Problem Oriented Medical Record

1. **Complete Problem List**
2. **Diagnosis/Diagnoses for each problem being treated.**
3. **Treatment Goals for each condition/problem**
4. **Written Treatment Plan for each active problem.**
5. **“SOAP” format used for ongoing treatment records.**
6. **Dates of “resolution/referral” must be present for each chief complaint.**

The image shows a 'TREATMENT HISTORY FORM' with the following sections:

- Patient Name:** [Blank]
- Chart/Computer:** [Blank]
- State:** [Blank]
- Region:** [Blank]
- Year:** [Blank]
- 17th:** [Blank]
- 21st:** [Blank]
- 23rd:** [Blank]
- 25th:** [Blank]
- 27th:** [Blank]
- 29th:** [Blank]
- 31st:** [Blank]
- 33rd:** [Blank]
- 35th:** [Blank]
- 37th:** [Blank]
- 39th:** [Blank]
- 41st:** [Blank]
- 43rd:** [Blank]
- 45th:** [Blank]
- 47th:** [Blank]
- 49th:** [Blank]
- 51st:** [Blank]
- 53rd:** [Blank]
- 55th:** [Blank]
- 57th:** [Blank]
- 59th:** [Blank]
- 61st:** [Blank]
- 63rd:** [Blank]
- 65th:** [Blank]
- 67th:** [Blank]
- 69th:** [Blank]
- 71st:** [Blank]
- 73rd:** [Blank]
- 75th:** [Blank]
- 77th:** [Blank]
- 79th:** [Blank]
- 81st:** [Blank]
- 83rd:** [Blank]
- 85th:** [Blank]
- 87th:** [Blank]
- 89th:** [Blank]
- 91st:** [Blank]
- 93rd:** [Blank]
- 95th:** [Blank]
- 97th:** [Blank]
- 99th:** [Blank]

New Patient Registration Form
Men & Women
Acupuncture SOAP NOTES
One & Two
 Herbs Rx Forms

Importance of Record-Keeping

- **Most common cause of board action in US.**
- **Most common reason for claim payment denial**
- **Most common source of administrative heartburn.**
- **Largest source of misunderstanding between healthcare system and doctors.**
- **Most common way doctors fail to serve patients.**

FREE EMR!

www.practicefusion.com

- FREE!
- \$0 Setup Free
- \$0 to use
- Free Training Video
- No Software to buy
- Cloud Base System
- Has specific database for Acupuncture

End of Day One

PI CASE PROBLEMS

- Problem with getting a good settlement?
- Problem with insurance due to lack of medical necessity?
- Problem with attorney who cut your fee or ask for huge discount?
- Problem with writing a good and strong narrative report, Billing?
- And More.....

- Understand [PI Terms](#)
- Always sign the lien, both the patient and attorney. Fax to attorney and get back as soon as possible.
- Case below \$1500 property damage is bad case.
- With Med-Pay case, try not to involve attorney.
- If a case is good and clean, tell patient that you can help them to get better settlement.
- Have good documentation and proper treatment plan. PI Forms : MASTER FORMS
- Make sure to get all the information for the case as soon as possible.
- Create [PI Log](#)
- More form in CD-ROM

Attorney – Lawyer – Liar (Some Good One)

- When attorney won't pay, what you can do?
- Is all medical bill suppose to get pay 100%?
- Is the patient not responsible for the bill if the case drop?
- Is Med Pay part of the settlement?
- How to sue a lawyer if I am sick of him?

FACTS

- Problems arise when the attorney fails to sign and return the lien, fails to communicate with the doctor or settles the case and fails to pay the doctor.
- Contractual and ethical issues arise when the attorney has signed a lien, and then disburses the settlement proceeds to the client without paying the doctor. The lien is a contract, binding on all parties. Thus the attorney is bound by a duty to represent the client and also a contractual duty to the doctor.
- Therefore, the attorney's failure to pay liens can result in professional discipline by the California State Bar Association in addition to liability for breach of contract.

Personal Injury Matrix ©

Step One: Liability Hurdle

Rule: Unless the case is perfect against the defendant your fees are risk. "But don't drink defendant's guarantee success".

Step Two:

	LOW	MAYBE	HIGH
7 Factors			
1. Property Damage	M.I.S.T. "Moderate"	Towed Visual Crush	Air Bag Compelling High Visual
2. Age of Pt	< 30	30 - 50	50 >
3. Injuries & Preexisting Concurrent Med Issues	Soft Tissue C or L Sprain No history / healthy condition	Radiculopathy Possible disc extremities More Fragile	Closed Head Protrusion Diabetic / Fibro Post Surgical
4. Insurance Co	No offer or poor offer	Some offers	Ok offers
5. Diagnosis	Only Neck & Back	List Each Complaint & Site Levels. E.G. C-2, C-3 & C-4	C-2 with Rad. / Good Trauma Headache / Closed Head Inj.
6. Residual Problems Prognosis	None	90% Resolved MRI + V / F +	Co Manage with Ortho. Epidurals Pre-Surgery
7. The Extras Can be worth more -25%+	None	Work difficulties Activity of Daily Living	More than a week L.O.E. Measurable A.D.L.

PI Forms

- Most Powerful [Lien](#), guarantee attorney will paid and can rule out bad one who will not sign it
- Patient [forms](#) that must use
- Concussion Form
- Duty of unrest form
- And more in CD Rom

Where Do You Get the Important Records?

From the lawyer ...

- Police Report
- Pictures
- ER reports

CAN LAWYERS LEGALLY TAKE YOUR MED PAY?



WHAT CAN YOU DO WHEN THE LAWYER WILL NOT HONOR YOUR LIEN

- Send a Demand Letter.
- Generate a formal complaint to the State Bar.
- Sue the Lawyer in Small Claims Court for Breach of Contract
- Finally, sue the patient since he/she is the last one to be responsible for the medical bill.

Do lawyers fear the Bar ?



THE STATE BAR OF CALIFORNIA
OFFICE OF THE CHIEF TRIAL COUNSEL
KATHY CHAMBERLAIN
1500 CALIFORNIA STREET, SUITE 1000
SAN FRANCISCO, CA 94104
TEL: 415.774.2000
FAX: 415.774.2100

DIRECT DIAL: (415) 765-1178

January 15, 2004

Dr. Steven Q. Jig and Dr. George C. Wit
2020 S. Bascom Blvd., #10
Stanford, CA 94305

Re: Respondent: Armand J. Pagan
Case Number: 03-02-2346

Dear Dr.'s Jig and Wit:

Your complaint against attorney Armand J. Pagan has been assigned to Investigator Anthony Buelcher in the Enforcement Unit for further investigation and prosecution, if warranted. The investigator will contact you shortly.

Please note the case number above and refer to this number in all future correspondence.

If you have any questions or a change of address or telephone number, please contact the investigator at (415) 765-1178.

We look forward to your continued assistance.

[Signature]
Anthony Buelcher
Investigator

ABJ:ls

cc: [Redacted]

PERSONAL INJURY AND HEALTH CARE LAW
NEWSBRIEFS
February, 1996

**California Supreme Court Rules That
Medical Lien Must Be Paid In Full**

A doctor, having accepted a personal injury patient based upon a physician's lien expects to be paid when the case is settled. Some attorneys have made it a regular practice to automatically reduce the doctor's bill by one-third, representing the amount of the attorney's fees. The legal basis for such a reduction has been described as the "common fund theory", which applies when the plaintiff, for the benefit of himself and others, sues to recover from a common fund. In such a case, the plaintiff may be entitled to require other individuals who receive payment from the fund to contribute their fair share of the costs and expenses involved, including attorney fees.

The California Supreme Court, on December 18, 1995, ruled that the common fund theory does not apply to medical liens. The Court ruled that the medical lien be paid in full, without reduction for the attorney fees sought by the plaintiff and his attorney. The basis for extinguishing the "common fund theory" is that the patient seeks the doctor for the medical services whether or not the patient recovers on the personal injury claim. In contrast, for the "common fund theory" to apply, the creditor's recovery must have been contingent upon the recovery on the lawsuit.

California now joins a number of other states in holding that the medical provider is entitled to have the fee paid in full.

This, of course, does not mean that a doctor cannot negotiate, or be asked to negotiate, a lower fee in order to facilitate a settlement. It does mean, however, that the doctor is not required by California law to accept a reduced amount.

City and County of San Francisco v. Sweet, 48 Cal. Rptr. 2d 42 (1995)

Roger W. Calton & Associates
Attorneys at Law
20320 Town Center Drive, Suite 177, Laguna Niguel, CA 92657
(714) 495-2200 Fax (714) 495-9147

How to Fire a Bad Attorney:

- Do it in your office in the first 30 days
- Violation for the 4 Point Skunk Rules

1. Will attorney sign your lien or not?
[no funny business]
2. Will attorney give you complete and accurate insurance information? Plaintiff med pay and Defendant's data?

3. Will the attorney help you with med pay collection?



The Big Three:

1. Claims adjuster's name
2. Address and telephone
3. Claim Number

Common Errors by PI Patients --- that hurt their case

- **GAP** – the larger the gap the weaker the case. Most people when they hurt seek care. The longer the delay the less credible. The doctor must "explain" the gap to show the patient was hurting.
- **INCONSISTENT TREATMENT PATTERNS**. It never looks good that the patient missed appointments in the last two weeks of December.



- **DOCTOR HOPPING**. Carefully screen those patients---they might be gypsies.
- **ATTORNEY HOPPING**. Each attorney gets a piece of the fee. The more attorneys the less valuable is the case to the last attorney.
- **EXCEEDING ACTIVITY RESTRICTIONS**. If the patient insists on climbing Mt Whitney and relapses it's his fault.
- **ASSISTING OWN RECOVERY**. Patients who don't do their home therapy are not sympathetic witnesses.



- **REFUSING SECOND OPINION**. Refusals can cause permanent damage to the case. And could be dangerous to the patient's health.
- **REFUSING TO COMMUNICATE**. Some patients don't tell everything to their doctor. If they have a drinking or drug problem the doctor needs to know.
- **HIDING PAST HISTORY**. Often the great hammer against good PI cases. Convince the patient you can work with any pre existing issue.
- **UNREALISTIC EXPECTATIONS**. Each patient needs your counseling how PI really works.

New - UCC Lien

- [Assignment and UCC Lien](#)
- Every [State](#) has one
- Put the state behind you to get a lien on your patient settlement interest
- Liability and State Lien Verification
- Assignment of Medpay
- Key is make your name on all the settlements checks and the attorney need your agreement to cash the checks
- All forms are in the CD-ROM

Work Comp

- It is the good time to do WC for Acu
- Better to be in [MPN](#)
- Full control by Employer and Insurance Company at the start
- Best to be Treatment Doctor
- Hopefully it will change to better

Work Comp Protocols

- Verify injury was reported, copy of DWC1 from the patient – LC5401
- Get Authorization for Acu care, must be written. Without authorization do for free!
- No MPN: Employer control for 30 days. After 30 days employee control. If you are [designated](#) Acu, patient can see you immediately
- With MPN: you must be in network to see the patient
- Always submit authorization with all report
- Make sure get authorization for all referral

Work Comp Protocol

- There is no limit to number of visits.
- Limited to 4 procedure timed or 4 supervised per day.
- Can bill for 4 sets of acupuncture.
- Examination not count for services
- Billing and Payment: Base on [Fee Schedule](#)
- Must bill on CMS 1500 form, 45 days for paper and 15 days for e-claim
- PR2 report every 45 days with new authorization, not require for Tx Dr
- Must show functional improvement

MEDICARE FOR ACU

- No coverage and no benefits
- Can bill for secondary (Not Supplementary) if have benefits, some secondary allow direct bill with GY modifier
- Bill Medicare first with CMS-1500 form
- Attach to [CMS-1490S](#) form and this [Letter](#)
- Send the denial Medicare's EOB to Secondary with CMS1500
- Patient will get the denial EOB, ask to bring back to you
- Bill to Secondary with the same denial EOB for future visits

ICD-10-CM Coding:	
S06.0x1A	Concussion with loss of consciousness of 30 minutes or less , initial encounter
G44.311	Acute post traumatic headache , intractable
M54.2	Cervicalgia
M99.01	Segmental and somatic dysfunction of cervical region
W20.8xxA	Struck by falling object (accidentally) , initial encounter
Y93.g3	Activity, cooking and baking
Y92.010	Place of occurrence, house, single family, kitchen

CASH PRACTICE

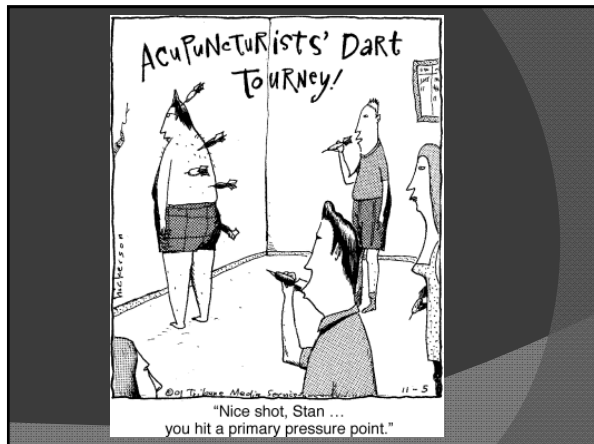
- CASH IS KING!**
- More patients will have to pay more out of pocket with insurance
- Make it affordable and use the concept of Credit (Care Credit)
- Help Card, Clear Gage (No Credit Check)
- Answer the four questions
- [Cash Plan](#)

Be a closer, understand Selling

- Most people buy with emotion
- Understand the process of selling
- Create value for your service
- Never use low price to get patient, instead charge reasonable high price and they will pay for it and be thank you to you.
- Must create perfect day one and day two
- BE A CLOSER
- DEMO – Use the [consultation](#) form

Nutrition and Functional Medicine

- You can order blood test
- Use blood analysis to create customize nutrition and herbal supplementations
- Open online supplements and herbs with your website
- Create secondary passive income
- Show [Example](#)
- ALL CASH!**
- I can help you to setup the system in your practice, talk to me if you interested.



MULTI-DISCIPLINE HEALTH CENTER
 "Multi-care" – Wave of future healthcare

- MDP Practice**
- Multidiscipline Practice
 - MD, DC, DO, L.AC., PT all together in one clinic
 - Must be legal, you need to understand the law
 - Create long term profit and stability
 - Great for Patients

One Stop Wellness Healthcare

1. Everything that we do must be legal (absolutely legal).
2. Everything that we do is ethical.
3. Corporation management is with proper protocol and discipline order.
4. PROFITABLE.

Medical Care
 Chiropractic Care
 Physical Therapy
 Acupuncture and Oriental medicine
 Integrated healthcare, Holistic/wellness care

How to Form one?

- The best is to form a Medical Corp, second best is DC Corp
- Must have a MD/DO and he/she must own 51% of the share
- The rest 49% can own by other licensed professional
- The number of MD can not be less than other licensed professional

Acupuncture Corporation

- Acupuncturist must own 51%, other professional can own 49%
- Most insurance will not accept claim due to scope of practice issue
- Cannot bill MEDICARE due to lack of benefit.

REQUIREMENT TO HAVE A MDP PRACTICE

1. Have 10-15- new patient per month per clinic
2. \$125000 to \$500000 collection per year
3. At least 800 square feet in office space
4. At least practice for 2 year
5. At least one biller, one collector and one or two MAs
6. Owner willing to sacrifice more hours to work and give up a lot of personal priorities.

Step by Step

- Get approve by Secretary of State
- Get Tax ID
- Get Fictitious Permit from Medical Board
- Start seeing patients
- Apply to Medicare and all other insurance
- Make Profit and Money

Process

- It will take 4 to six months to complete
- Must have a lawyer to help out
- Must have a CPA to help out
- Better to work with a consultant to guide you
- UCMC has a program, if you interested, please let me know after the seminar

Practice Management

- Use Statistic to build your practice

[Calculation Sheet](#)

Marketing

- **Must have a website**
- **Create Social Network Web page**
- **Build practice with relationship – MD,DC, Attorney**
- **Go out to meet people and network**
- **80/20 rules**
- **10 business card a day concept**
- **Have Money (a lot) – Do TV and Radio and hit probability!**

Marketing to MD (Non-Chinese)

- Hire a PR/Marketing Person
- Make phone calls and setup meeting
- Start with a short 10 minutes meeting and request for lunch and learn
- Talk to MD how Acu is effective for what and how you can help to treat their difficult patient that cannot help with drugs and don't want surgery
- Show research
- Keep communicate and have lunch once in a while.

Drive Growth. Take Your Marketing To The Next Level!



You've worked hard to build your business to where it is today. But, how do you continue to build your business and still take care of your patients?

Reggie Your Customer marketing consultancy helps small to medium businesses grow by creating long term relationships with customers. We can help you build your business by:

- ✓ Mapping your patient journey to drive your marketing strategy
- ✓ Producing valuable content to drive SEO, social media and leads through ads
- ✓ Optimizing your website to capture patient leads
- ✓ Creating email campaigns to retain patients
- ✓ Designing referral programs
- ✓ And, more

Don't wait! Grow your business by contacting us today. For a 10% discount, use the code "ACU2015" in your email.

www.reggieyourcustomers.com

How to Explain Acupuncture in 2 minutes?

Videos

Consultation service

1. Set up computer system ready for HIPPA and Electronic Claim
2. Improve coding for maximum billing and collection
3. Set up practice protocol for HIPPA compliance and improve office procedures
4. Staff Training for New and Existing Employees
5. Office Set-Up
 - Procedures and Paperwork Flow
 - Insurance, Personal Injury, and Workers Compensation and documentation Forms
7. Ongoing Specific Practice/Patient Issues and Questions

Consulting & Management Services

- Practice Management Service
- Set up a Multi-Discipline Clinic with legal entity.
- Complete MD/DO/DC/ACU/PT Forms
- Insurance & Billing Policy
- Office Policy & Employee Policy and Guideline
- And More..... Call for Detail

DR. WIN 3 PRACTICE RULES

Patients First 病人第一

Compliance Second 法律第二

Profit Last **Money** 第三

**THANK YOU
FOR YOUR TIME**



Dr. George C Win
趙志信醫生
626-280-9968
626-369-9668
windc1@gmail.com