

Chiropractic CPT and ICD-10 Coding for Dummies

Presented by Evan M. Gwilliam, DC MBA BS
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Clinical Director
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Dr. Evan Gwilliam



- **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
 - Certified Chiropractic Professional Coder (CCPC) - AAPC
 - Qualified Chiropractic Coder (QCC) - 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
 - Certified MIPS Healthcare Professional (CMHP)– 4Med
 - AAPC Fellow

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Audit Your Own Evaluation and Management Encounter

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Take Away

- Get familiar with the basics of E/M
- Understand how auditors and coders look at E/M codes

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Evaluation & Management

- 1992 Evaluation and Management (E/M) codes introduced by the Centers for Medicare and Medicaid Services (CMS) and the American Medical Association (AMA).
- 1995 Documentation Guidelines (DGs)
 - Exam scored by number of different systems
 - Works better for general practitioners
- 1997 Documentation Guidelines (DGs)
 - Single organ system exam bullet lists
 - Works better for specialists

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Evaluation & Management

Office/Outpatient New Patient	Office/Outpatient Established Patient
99201	99211
99202	99212
99203	99213
99204	99214
99205	99215

*A new patient is one who has not received any professional services from the physician....within the past three years.

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Evaluation & Management

Three Key Components:

- History
- Physical Examination
- Medical Decision Making

Contributing Factors:

- Nature of Presenting Problem
- Time
- Counseling
- Coordination of Care

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Nature of the Presenting Problem

Medical necessity is the overarching criterion for payment.

“The correct code for an E&M visit should be chosen based on the complexity of the visit. This is determined by the number of problems and the extent that the problems are addressed and documented in the record. The amount of documentation should not be the primary factor for what level of service is billed..”

-BCBS

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Nature of the Presenting Problem

A presenting problem is a disease, condition, illness, injury, symptom, sign, finding, complaint, or other reason for encounter, with or without a diagnosis being established at the time of the encounter. The E/M codes recognize five types of presenting problems that are defined as follows:

Minimal: A problem that may not require the presence of the physician or other qualified health care professional, but service is provided under the physician's or other qualified health care professional's supervision.

Self-limited or minor: A problem that runs a definite and prescribed course, is transient in nature, and is not likely to permanently alter health status OR has a good prognosis with management/compliance.

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Nature of the Presenting Problem

Low severity: A problem where the risk of morbidity without treatment is low; there is little to no risk of mortality without treatment; full recovery without functional impairment is expected.

Moderate severity: A problem where the risk of morbidity without treatment is moderate; there is moderate risk of mortality without treatment; uncertain prognosis OR increased probability of prolonged functional impairment.

High severity: A problem where the risk of morbidity without treatment is high to extreme; there is a moderate to high risk of mortality without treatment OR high probability of severe, prolonged functional impairment.

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Nature of the Presenting Problem

New Patient E/M	
99201	Self-limited or minor
99202	Low to Moderate severity
99203	Moderate severity
99204	Moderate to High severity
99205	Moderate to High severity

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Three Key Components

New Patient E/M (3 of 3)			
	History	Exam	MDM
99201	Supplied by the patient	Supplied by the provider	Brain power
99202			
99203			
99204			
99205			

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Three Key Components

New Patient E/M (3 of 3)			
	History	Exam	MDM
99201	Problem Focused	Problem Focused	Straightforward
99202	Expanded Problem Focused	Expanded Problem Focused	Straightforward
99203	Detailed	Detailed	Low Complexity
99204	Comprehensive	Comprehensive	Moderate Complexity
99205	Comprehensive	Comprehensive	High Complexity

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New Patient E/M Matrix (3 of 3)									
	History (3 of 3)				Exam		MDM (2 of 3)		
	CC	HPI	ROS	PFSH	'95 DGs	'97 DGs	Dx	Data	Risk
99201	Y	1-3	n/a	n/a	1	1-5	1	0-1	min
99202	Y	1-3	1	n/a	2-7	6-11	1	0-1	min
99203	Y	4+	2-9	1-2	2x-7x	12 in 2	2	2	low
99204	Y	4+	10+	3	8+	18 in 9	3	3	mod
99205	Y	4+	10+	3	8+	18 in 9	4	4	high

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Evaluation & Management: History

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New Patient E/M Matrix (3 of 3)									
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Clinical Example

Chief Complaint: Neck pain with right arm tingling.

History of present illness:

Location: central C4-C6 radiating to right posterior arm and elbow

Quality: tingling and shooting pain

Severity: 6-8/10 on the VAS

Timing: constant

Duration: two days

Context: MVA, driver of vehicle struck from behind when at stop light

Modifying: Feels better with rest

Associated signs and symptoms: n/a

Review of systems:

Cardiovascular: no past issues

Neurological: no past issues

Endocrine: Type II diabetic

Musculoskeletal: Knee replaced, 2007

Past history: He takes oral medication for his diabetes, and was hospitalized for knee replacement in 2007. He was treated at this clinic for LBP in 2014.

Family history: Father and one sibling have type II diabetes.

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New Patient E/M Matrix (3 of 3)

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History — HPI			
History of Present Illness Elements			
1	Location	5	Duration
2	Quality	6	Context
3	Severity	7	Modifying factors
4	Timing	8	Associated signs & symptoms

“HPI is a chronological description of the development of the patient’s present illness from the first sign and/or symptom or from the previous encounter to the present.” ‘97 DGs

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History — ROS			
Review of Systems Elements			
1	Constitutional Symptoms	8	Musculoskeletal
2	Eyes	9	Integumentary
3	Ears, nose, mouth, throat	10	Neurologic
4	Cardiovascular	11	Psychiatric
5	Respiratory	12	Endocrine
6	Gastrointestinal	13	Hematologic/lymphatic
7	Genitourinary	14	Allergic/immunologic

GENITOURINARY: Patient DENIES any Burning with urination, Urinary frequency, Blood in urine, Incontinence, Nocturia, Dyspareunia, Vaginal discharge, Vaginal itching, Testicular pain, Testicular mass, Penile discharge, Erection difficulties, Genital sores.

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History — PFSH		
Past, Family, Social History Elements		
1	Past History	Illness, operations, injuries, medications, allergies, etc.
2	Family History	Health status of family, cause of death, hereditary diseases
3	Social History	Marital status, employment, drugs, education level, sex, etc.

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New Patient E/M (3 of 3)			
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Established Patient E/M Matrix (2 of 3)									
	History (3 of 3)				Exam		MDM (2 of 3)		
	CC	HPI	ROS	PFSH	'95 DGs	'97 DGs	Dx	Data	Risk
99211	Y	Reason for encounter			Vital signs or tests		Instructions		
99212	Y	1-3	n/a	n/a	1	1-5	1	0-1	min
99213	Y	1-3	1	n/a	2-7	6-11	2	2	low
99214	Y	4+	2-9	1	2x-7x	12 in 2	3	3	mod
99215	Y	4+	10+	2+	8+	18 in 9	4	4	high

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Established Patient E/M (2 of 3)			
	History	Exam	MDM
99211	Reason for encounter	Vital signs or tests	Instructions
99212	Problem Focused	Problem Focused	Straightforward
99213	Expanded Problem Focused	Expanded Problem Focused	Low Complexity
99214	Detailed	Detailed	Moderate Complexity
99215	Comprehensive	Comprehensive	High Complexity

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Evaluation & Management: Examination

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New Patient E/M Matrix (3 of 3)									
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99204	Y	4+	10+	3	8+	18 in 9	3	3	mod
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Examination (1995 Documentation Guidelines)			
Organ Systems			
1	Constitutional (e.g. vitals)	7	Genitourinary
2	Eyes	8	Musculoskeletal
3	Ears, nose, mouth, throat	9	Skin
4	Cardiovascular	10	Neurologic
5	Respiratory	11	Psychiatric
6	Gastrointestinal	12	Hematologic/lymphatic/immunologic
Body Areas			
1	Head, face	7	Right upper extremity
2	Neck	8	Left upper extremity
3	Chest, breast, axilla	9	Right lower extremity
4	Abdomen	10	Left lower extremity
5	Genitalia, groin, buttocks		
6	Back		

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Clinical Example

Exam: BP 128/84, pulse 76, ~~weight~~ 176 pounds

~~Cardiovascular~~: No evidence of swelling in the extremities, pulses and temperatures same.

~~Musculoskeletal~~: Palpable swelling and spasticity in cervical paraspinals at C5/C6, pain with active and passive ROM, which is limited 50% in all directions.

~~Neurological~~: Pinwheel testing, deep tendon reflexes normal bilaterally in the upper extremities, but cervical compression reproduces symptoms in right arm.

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New Patient E/M Matrix (3 of 3)									
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General Multi-System Examination	
System/Body Area	Elements of Examination
Constitutional	<ul style="list-style-type: none"> Measurement of any three of the following seven vital signs: 1) sitting or standing blood pressure, 2) supine blood pressure, 3) pulse rate and regularity, 4) respiration, 5) temperature, 6) height, 7) weight (May be measured and recorded by ancillary staff) General appearance of patient (eg, development, nutrition, body habitus, deformities, attention to grooming)
Cardiovascular	<ul style="list-style-type: none"> Palpation of heart (eg, location, size, thrills) Auscultation of heart with notation of abnormal sounds and murmurs <p>Examination of:</p> <ul style="list-style-type: none"> carotid arteries (eg, pulse amplitude, bruits) abdominal aorta (eg, size, bruits) femoral arteries (eg, pulse amplitude, bruits) pedal pulses (eg, pulse amplitude) extremities for edema and/or varicosities

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System/Body Area	Elements of Examination
Musculoskeletal	<ul style="list-style-type: none"> Examination of gait and station Inspection and/or palpation of digits and nails (eg, clubbing, cyanosis, inflammatory conditions, petechiae, ischemia, infections, nodes) <p>Examination of joints, bones and muscles of one or more of the following six areas: 1) head and neck; 2) spine, ribs and pelvis; 3) right upper extremity; 4) left upper extremity; 5) right lower extremity; and 6) left lower extremity. The examination of a given area includes:</p> <ul style="list-style-type: none"> Inspection and/or palpation with notation of presence of any misalignment, asymmetry, crepitation, defects, tenderness, masses, effusions Assessment of range of motion with notation of any pain, crepitation or contracture Assessment of stability with notation of any dislocation (luxation), subluxation or laxity Assessment of muscle strength and tone (eg, flaccid, cog wheel, spastic) with notation of any atrophy or abnormal movements
Neurologic	<ul style="list-style-type: none"> Test cranial nerves with notation of any deficits Examination of deep tendon reflexes with notation of pathological reflexes (eg, Babinski) Examination of sensation (eg, by touch, pin, vibration, proprioception)

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Clinical Example

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New Patient E/M (3 of 3)			
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Established Patient E/M Matrix (2 of 3)

	History (3 of 3)				Exam		MDM (2 of 3)		
	CC	HPI	ROS	PFSH	'95 DGs	'97 DGs	Dx	Data	Risk
99211	Y	Reason for encounter			Vital signs or tests		Instructions		
99212	Y	1-3	n/a	n/a	1	1-5	1	0-1	min
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Established Patient E/M (2 of 3)

	History	Exam	MDM
99211	Reason for encounter	Vital signs or tests	Instructions
99212	Problem Focused	Problem Focused	Straightforward
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Evaluation & Management: Medical Decision Making

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Medical Decision Making (MDM) ^(2 of 3)			
 Diagnoses	Data	Risk	Type of MDM
Minimal (1)	Minimal (0-1)	Minimal	Straightforward
Limited (2)	Limited (2)	Low	Low Complexity
Multiple (3)	Moderate(3)	Moderate	Moderate Complexity
Extensive (4)	Extensive (4)	High	High Complexity

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MDM — Diagnosis	
Number of Diagnoses or Management Options	
Self-limited or minor problem ^(max=2)	1 point
Established (to examiner) stable or improved problem	1 point
Established (to examiner) worsening problem	2 points
New (to examiner) problem, no additional work up ^(max=1)	3 points
New (to examiner) problem, with additional work up	4 points

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Clinical Example



Assessment: Sprain of ligaments of the cervical spine (S13.4XXA) and strain of muscles at neck level (S16.1XXA) with cervical radiculopathy to right posterior arm (M54.12). Segmental dysfunction C5/C6 (M99.01).

Plan: Davis x-ray series taken to assess for ligamentous instability. See attached report. Initial treatment plan includes treatment three times/week with ultrasound and massage as needed, and gentle spinal manipulation. When able, patient will begin rehabilitation exercises. Reassess after trial of two weeks, and consider MRI for possible disc injury if progress is unsatisfactory.

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MDM — Diagnosis	
Number of Diagnoses or Management Options	
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New (to examiner) problem, no additional work up (max=1)	3 points
New (to examiner) problem, with additional work up	4 points

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Medical Decision Making (MDM) ^(2 of 3)			
Diagnoses	 Data	Risk	Type of MDM
Minimal (1)	Minimal (0-1)	Minimal	Straightforward
Limited (2)	Limited (2)	Low	Low Complexity
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MDM — Data	
Amount and/or Complexity of Data Reviewed	
Review and/or order of tests in the laboratory section (80000)	1 point
Review and/or order of tests in the radiology section (70000)	1 point
Review and/or order of tests in the medicine section (90000)	1 point
Discussion of test results with performing physician	1 point
Decision to obtain old records or history from someone other than the patient	1 point
Review of old records w/documentd summary or obtain history from someone other than patient	2 points
Independent/second visualization of tests with documented summary	2 points



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Review of old records w/documentated summary or obtain history from someone other than patient	2 points
Independent/second visualization of tests with documented summary	2 points

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Medical Decision Making (MDM) ^(2 of 3)			
Diagnoses	Data	Risk	Type of MDM
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Extensive (4)	Extensive (4)	High	High Complexity

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Table of Risk

Level of Risk	Presenting Problem(s)	Diagnostic Procedure(s) Ordered	Management Options Selected
Minimal	One self-limited or minor problem, eg, cold, insect bite, tinea corporis	Laboratory tests requiring venipuncture Chest x-rays EKG/EEG Urinalysis Ultrasound, eg, echocardiography KOH prep	Rest Gargles Elastic bandages Superficial dressings
Low	Two or more self-limited or minor problems One stable chronic illness, eg, well controlled hypertension, non-insulin dependent diabetes, cataract, BPH Acute uncomplicated illness or injury, eg, cystitis, allergic rhinitis, simple sprain	Physiologic tests not under stress, eg, pulmonary function tests Non-cardiovascular imaging studies with contrast, eg, barium enema Superficial needle biopsies Clinical laboratory tests requiring arterial puncture Skin biopsies	Over-the-counter drugs Minor surgery with no identified risk factors Physical therapy Occupational therapy IV fluids without additives
Moderate	One or more chronic illnesses with mild exacerbation, progression, or side effects of treatment Two or more stable chronic illnesses Undiagnosed new problem with uncertain prognosis, eg, lump in breast Acute illness with systemic symptoms, eg, pyelonephritis, pneumonitis, colitis Acute complicated injury, eg, head injury with brief loss of consciousness	Physiologic tests under stress, eg, cardiac stress test, fetal contraction stress test Diagnostic endoscopies with no identified risk factors Deep needle or incisional biopsy Cardiovascular imaging studies with contrast and no identified risk factors, eg, arteriogram, cardiac catheterization Obtain fluid from body cavity, eg lumbar puncture, thoracentesis, culdocentesis	Minor surgery with identified risk factors Elective major surgery (open, percutaneous or endoscopic) with no identified risk factors Prescription drug management Therapeutic nuclear medicine IV fluids with additives Closed treatment of fracture or dislocation without manipulation
High	One or more chronic illnesses with severe exacerbation, progression, or side effects of treatment Acute or chronic illnesses or injuries that pose a threat to life or bodily function, eg, multiple trauma, acute MI, pulmonary embolus, severe respiratory distress, progressive severe rheumatoid arthritis, psychiatric illness with potential threat to self or others, peritonitis, acute renal failure An abrupt change in neurologic status, eg, seizure, TIA, weakness, sensory loss	Cardiovascular imaging studies with contrast with identified risk factors Cardiac electrophysiological tests Diagnostic Endoscopies with identified risk factors Discography	Elective major surgery (open, percutaneous or endoscopic) with identified risk factors Emergency major surgery (open, percutaneous or endoscopic) Parenteral controlled substances Drug therapy requiring intensive monitoring for toxicity Decision not to resuscitate or to de-escalate care because of poor prognosis

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MDM — Risk		
Unofficial Chiropractic Table of Risk		
Self limited problem, one non invasive test (x-ray), simple management.	Examples: Symptomatic complaints without a definitive diagnosis, such as minor neck pain (maybe <6 chiro visits)	Minimal
Two or more self-limited problems OR one stable chronic, mildly invasive test (blood work), OTC drug mgt, physical therapy, minor surgery.	Examples: Sprain/strain, degenerative joint disease, radiculopathy without complications (maybe 7-24 chiro visits)	Low
Multiple chronic, or systemic acute problems, more invasive tests (incisions), major surgery with risks, prescription drug mgt, IV fluids.	Examples: MVA with loss of consciousness, fracture, neurological complications (maybe >24 chiro visits)	Moderate
Severe chronic or acute problems, imaging with contrast (discography), emergency surgery	Examples: Acute MI, seizure, stroke, abrupt change in neurologic status - weakness, sensory (refer to emergency room)	High

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Clinical Example

Assessment: Sprain of ligaments of the cervical spine (S13.4XXA) and strain of muscles at neck level (S16.1XXA) with cervical radiculopathy to right posterior arm (M54.12). Segmental dysfunction C5/C6 (M99.01).

Plan: Davis x-ray series taken to assess for ligamentous instability. See attached report. Initial treatment plan includes treatment three times/week with ultrasound and massage as needed, and gentle spinal manipulation. When able, patient will begin rehabilitation exercises. Reassess after trial of two weeks, and consider MRI for possible disc injury if progress is unsatisfactory.

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Table of Risk

Level of Risk	Presenting Problem(s)	Diagnostic Procedure(s) Ordered	Management Options Selected
Minimal	One self-limited or minor problem, eg, cold, insect bite, tinea corporis	Laboratory tests requiring venipuncture Chest x-rays EKG/EEG Urinalysis Ultrasound, eg, echocardiography KOH prep	Rest Gargles Elastic bandages Superficial dressings
Low	Two or more self-limited or minor problems One stable chronic illness, eg, well controlled hypertension, non-insulin dependent diabetes, cataract, BPH Acute uncomplicated illness or injury, eg, cystitis, allergic rhinitis, sinusitis, sprain	Physiologic tests not under stress, eg, pulmonary function tests Non-cardiovascular imaging studies with contrast, eg, barium enema Superficial needle biopsies Clinical laboratory tests requiring arterial puncture Skin biopsies	Over-the-counter drugs Minor surgery with no identified risk factors Physical therapy Occupational therapy IV fluids without additives
Moderate	One or more chronic illnesses with mild exacerbation, progression, or side effects of treatment Two or more stable chronic illnesses Undiagnosed new problem with uncertain prognosis, eg, lump in breast Acute illness with systemic symptoms, eg, pyelonephritis, pneumonitis, colitis Acute complicated injury, eg, head injury with brief loss of consciousness	Physiologic tests under stress, eg, cardiac stress test, fetal contraction stress test Diagnostic endoscopies with no identified risk factors Deep needle or incisional biopsy Cardiovascular imaging studies with contrast and no identified risk factors, eg, arteriogram, cardiac catheterization Obtain fluid from body cavity, eg lumbar puncture, thoracentesis, culdocentesis	Minor surgery with identified risk factors Elective major surgery (open, percutaneous or endoscopic) with no identified risk factors Prescription drug management Therapeutic nuclear medicine IV fluids with additives Closed treatment of fracture or dislocation without manipulation
High	One or more chronic illnesses with severe exacerbation, progression, or side effects of treatment Acute or chronic illnesses or injuries that pose a threat to life or bodily function, eg, multiple trauma, acute MI, pulmonary embolus, severe respiratory distress, progressive severe rheumatoid arthritis, psychiatric illness with potential threat to self or others, peritonitis, acute renal failure An abrupt change in neurologic status, eg, seizure, TIA, weakness, sensory loss	Cardiovascular imaging studies with contrast with identified risk factors Cardiac electrophysiological tests Diagnostic Endoscopies with identified risk factors Discography	Elective major surgery (open, percutaneous or endoscopic) with identified risk factors Emergency major surgery (open, percutaneous or endoscopic) Parenteral controlled substances Drug therapy requiring intensive monitoring for toxicity Decision not to resuscitate or to de-escalate care because of poor prognosis

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MDM — Risk

Unofficial Chiropractic Table of Risk

Self limited problem, one non invasive test (x-ray), simple management.	Examples: Symptomatic complaints without a definitive diagnosis, such as minor neck pain (maybe <6 chiro visits)	Minimal
Two or more self-limited problems OR one stable chronic, mildly invasive test (blood work), OTC drugs, physical therapy or surgery.	Examples: Sprain/strain , degenerative joint disease, radiculopathy without complications (maybe 7-24 chiro visits)	Low
Multiple chronic, or systemic acute problems, more invasive tests (incisions), major surgery with risks, prescription drug mgt, IV fluids.	Examples: MVA with loss of consciousness, fracture, neurological complications (maybe >24 chiro visits)	Moderate
Severe chronic or acute problems, imaging with contrast (discography), emergency surgery	Examples: Acute MI, seizure, stroke, abrupt change in neurologic status - weakness, sensory (refer to emergency room)	High

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Medical Decision Making (MDM) (2 of 3)			
Diagnoses	Data	Risk	Type of MDM
Minimal (1)	Minimal (0-1)	Minimal	Straightforward
Limited (2)	Limited (2)	Low	Low Complexity
Multiple (3)	Moderate (3)	Moderate	Moderate Complexity
Extensive (4)	Extensive (4)	High	High Complexity

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New Patient E/M Matrix (3 of 3)									
	History (3 of 3)				Exam		MDM (2 of 3)		
	CC	HPI	ROS	PFSH	'95 DGs	'97 DGs	Dx	Data	Risk
99201	Y	1-3	n/a	n/a	1	1-5	1	0-1	min
99202	Y	1-3	1	n/a	2-7	6-11	1	0-1	min
99203	Y	4+	2-9	1-2	2x-7x	12 in 2	2	2	low
99204	Y	4+	10+	3	8+	18 in 9	3	3	mod
99205	Y	4+	10+	3	8+	18 in 9	4	4	high






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New Patient E/M (3 of 3)			
	History	Exam	MDM
99201	Problem Focused	Problem Focused	Straightforward
99202	Expanded Problem Focused	Expanded Problem Focused	Straightforward
99203	Detailed	Detailed	Low Complexity
99204	Comprehensive	Comprehensive	Moderate Complexity
99205	Comprehensive	Comprehensive	High Complexity

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Established Patient E/M Matrix (2 of 3)									
	History (3 of 3)				Exam		MDM (2 of 3)		
	CC	HPI	ROS	PFSH	'95 DGs	'97 DGs	Dx	Data	Risk
99211	Y	Reason for encounter			Vital signs or tests		Instructions		
99212	Y	1-3	n/a	n/a	1	1-5	1	0-1	min
99213	Y	1-3	1	n/a	2-7	6-11	2	2	low
99214	Y	4+	2-9	1	2x-7x	12 in 2	3	3	mod
99215	Y	4+	10+	2+	8+	18 in 9	4	4	high

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Established Patient E/M 			
	History	Exam	MDM
99211	Reason for encounter	Vital signs or tests	Instructions
99212	Problem Focused	Problem Focused	Straightforward
99213	Expanded Problem Focused	Expanded Problem Focused	
99214 			Moderate Complexity
99215	Comprehensive	Comprehensive	High Complexity

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Evaluation &
Management:
Time and other special
circumstances

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Time



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Time Override

If counseling and/or coordination of care dominates (more than 50%) of the encounter, time is the key controlling factor.

New Pt. code	Time	Est. Pt. code	Time
99201	10 min.	99211	5 min.
99202	20 min.	99212	10 min.
99203	30 min.	99213	15 min.
99204	45 min.	99214	25 min.
99205	60 min.	99215	40 min.

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Time Override

Counseling--discussion with patient or family

- Diagnostic results, impressions, and/or recommended diagnostic studies
- Prognosis
- Risks and benefits of management options
- Instructions for management and follow up
- Importance of compliance with chosen management options
- Risk factor reduction
- Patient and family education

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Time Override

Create a form that records the time and lists the seven counseling items as subheadings.

Then fill in the blanks to show a coder / auditor exactly what they are looking for.



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Time Override

Evaluation and Management Counseling Record

The following information was discussed with the patient

Diagnostic results / impressions: Sprain of ligaments of cervical spine, strain of muscles at neck level. Cervical radiculopathy to right arm. Segmental dysfunction (subluxation) C5/C6.

Prognosis: Patient is expected to respond favorably to treatment.

Risks and benefits: Patient understands that there is a possible disc injury which may require surgery, which carries significant risk. Chiropractic care is relatively safe, by comparison. Data suggests better long term recovery with chiropractic.

Instructions for management / follow up: Three times per week for two weeks, with re-exam, then possibly three or two per week for up to four more weeks.

Importance of compliance with management options: Patient informed that rehabilitation exercises are critical to long term recovery.

Risk factor reduction: Patient instructed to avoid strenuous activities, including heavy lifting for 4-6 weeks.

Patient education: Soft tissue healing and remodeling models explained, as well as the nature and physiology of disc herniations.

Start time: 3:40pm Stop time: 3:58pm

face-to-face: 16 minutes

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Time Override

New Pt. code	Time	Est. Pt. code	Time
99201	10 min.	99211	5 min.
99202	20 min.	99212	10 min.
99203	30 min.	99213	15 min.
99204	45 min.	99214	25 min.
99205	60 min.	99215	40 min.

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New E/M			Est E/M		
Code	# Claims	Percent	Code	# Claims	Percent
99203	164,308	37%	99212	252,992	44%
99202	142,299	32%	99213	163,381	28%
99201	112,964	26%	99211	138,089	24%
99204	17,491	4%	99214	20,016	3%
99205	1,922	0%	99215	1,902	0%
Total # of claims	438,984	100%	Total # of claims	576,380	100%

- Do you bill level 4 and level 5 exams?
- If your practice profile is significantly different from this, you could be on the radar.


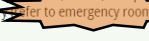

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New Patient E/M Matrix (3 of 3)									
	History (3 of 3)				Exam		MDM (2 of 3)		
	CC	HPI	ROS	PFSH	'95 DGs	'97 DGs	Dx	Data	Risk
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99204	Y	4+	10+	3	8+	18 in 9	3	3	mod
99205	Y	4+	10+	3	8+	18 in 9	4	4	high

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Medical Decision Making (MDM) ^(2 of 3)			
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Limited (2)	Limited (2)	Low	Low Complexity
Multiple (3)	Moderate(3)	Moderate	Moderate Complexity
 Extensive (4)	 Extensive (4)	 High	 High Complexity

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MDM — Risk		
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Multiple chronic, or systemic acute problems, more invasive tests (incisions), major surgery with risks, prescription drug mgt, IV fluids.	Examples: MVA with loss of consciousness, fracture, neurological complications (maybe >24 chiro visits)	Moderate
 Serious chronic or acute problems, imaging with contrast (discography), emergency surgery	Examples: Acute MI, seizure, stroke, abrupt change in neurologic status, weakness, sensory deficit  refer to emergency room	 High

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Established Patient E/M Matrix (2 of 3)									
	History (3 of 3)				Exam		MDM (2 of 3)		
	CC	HPI	ROS	PFSH	'95 DGs	'97 DGs	Dx	Data	Risk
99211	Y	Reason for encounter			Vital signs or tests		Instructions		
99212	Y	1-3	n/a	n/a	1	1-5	1	0-1	min
99213	Y	1-3	1	n/a	2-7	6-11	2	2	low
99214	Y	4+	2-9	1	2x-7x	12 in 2	3	3	mod
99215	Y	4+	10+	2+	8+	18 in 9	4	4	high

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Consultations

99241-99245: Office outpatient consultations

- RVU higher by 20-60%
- Must receive a written request from a referring physician (or appropriate source) and enter the information in box 17 on CMS 1500
- "Appropriate sources" include physicians, mid-levels, social workers, lawyers, and insurance companies (add modifier 32 if mandated)
- Must send a report (and attach a copy to the claim for good measure) to the referring physician, who still manages the patient

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Modifier 25



According to the CPT manual:

- “CMT codes include a pre-manipulation assessment. Additional E/M services....may be reported separately using modifier 25 if the patient’s condition requires a significant, separately identifiable E/M service above and beyond the usual preservice and postservice work associated with the procedure.”
- Modifier 25 tells the payer that the E/M service is not part of the CMT service and should be paid separately.
- It is unnecessary if CMT is not also billed that day.

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Modifier 25



These situations might be “significant and separately identifiable:”

- Periodic re-evaluation (2 weeks, then every 4 weeks)
- New condition
- Exacerbation or re-injury
- Return after lapse in care
- Counseling (using the time override)
- Release/discharge from active care

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Take Away

- Get familiar with the basics of E/M
- Understand how auditors and coders look at E/M codes

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Documenting Diagnoses Like a Peer Reviewer

Presented by Evan M. Gwilliam, DC MBA BS
CPC CCPC QCC CPC-I MCS-P CPMA CMHP AAPC Fellow
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Take-away

For the top conditions treated by DCs, learn:

1. Code options
2. Code detail considerations
3. Common objective findings
4. Top procedure code linkage
5. Subjective and Objective sample documentation

• Muscles, discs, headaches, pain, radiculopathy, sprain/strain, subluxations

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Diagnosis Hierarchy

- | | |
|----------------------------|----------------------------------|
| 1. Nerve-related disorders | (e.g. radiculopathy) |
| 2. Acute injuries | (e.g. sprains and strains) |
| 3. Structural diagnoses | (e.g. degenerative disc disease) |
| 4. Functional diagnoses | (e.g. difficulty with walking) |
| 5. Symptoms | (e.g. neck pain) |
| 6. Comorbidities | (e.g. diabetes) |
| 7. External causes | (e.g. place and activity) |

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ICD-10-CM Updates

	2016	2017	2018
New codes	1,943	363	279
Revised codes	422	252	143
Deleted codes	302	142	51

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ICD-10-CM Updates

Deleted Oct. 1, 2016:

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

New Oct. 1, 2016:

- M50.120 *Mid-cervical disc disorder, unspecified*
- M50.121 *Cervical disc disorder at C4-C5 level with radiculopathy*
- M50.122 *Cervical disc disorder at C5-C6 level with radiculopathy*
- M50.123 *Cervical disc disorder at C6-C7 level with radiculopathy*

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ICD-10-CM Updates

Deleted Oct. 1 2017:

- M48.06 *Spinal stenosis, lumbar region*

New Oct. 1, 2017:

- M48.061 *Spinal stenosis, lumbar region without neurogenic claudication*
- M48.062 *Spinal stenosis, lumbar region with neurogenic claudication*

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ICD-10-CM Updates

As of October 1, 2018, there will be 71,932 active ICD-10 CM codes.

Deleted Oct. 1, 2018:

- M79.1 — *Myalgia*

New Oct. 1, 2018:

- M79.10 — *Myalgia, unspecified site*
- M79.11 — *Myalgia of mastication muscle*
- M79.12 — *Myalgia of auxiliary muscles, head and neck*
- M79.18 — *Myalgia, other site*

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Sprain/strain

1. Code options

Sprain/Strain (Spinal)

Code Options		
S13.4xx_	Sprain of ligaments of cervical spine	<i>Example:</i> Stretching or tearing of ligaments
S16.1xx_	Strain of muscle, fascia, and tendon at neck level	<i>Example:</i> Stretching or tearing of muscle or tendon
S23.3xx_	Sprain of ligaments of thoracic spine	<i>Example:</i> Stretching or tearing of ligaments
S29.012_	Strain of muscle, fascia, and tendon of back wall of thorax	<i>Example:</i> Stretching or tearing of muscle or tendon
S33.5xx_	Sprain of ligaments of lumbar spine	<i>Example:</i> Stretching or tearing of ligaments
S33.6xx_	Sprain of muscle, fascia, and tendon of lower back	<i>Example:</i> Stretching or tearing of ligaments
S39.012_	Strain of muscle, fascia, and tendon of lower back	<i>Example:</i> Stretching or tearing of muscle or tendon
S39.013_	Strain of muscle, fascia, and tendon of pelvis	<i>Example:</i> Stretching or tearing of muscle or tendon

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Sprain/strain

2. Coding considerations

- Though they commonly occur simultaneously, sprains and strains must be coded separately if both are documented.

Seventh character

- The seventh character "A, initial encounter" is the most likely choice for these codes, as long as the patient is undergoing "active treatment."

Extremities

- Sprains and strains for extremities follow a similar pattern. They begin with the letter "S," the second character designates the anatomic location (e.g. "6" for wrist, "9" for ankle). The third character is "3" for sprains and "6" or "9" for strains.

Symptoms

- Many conditions, such as strains of muscles, include pain. Signs and symptoms that are associated routinely with a condition should not be assigned as additional codes.

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Sprain/strain

3. Objective findings

Sprain

- Palpation
- Pain with passive assisted motion
- Flexion/extension or digital motion x-rays,
- Possible MRI

Strain

- Palpation
- Pain during muscle contraction
- Possible MRI

Sprain/strain

4. CPT linkage

- 97140 *Manual therapy*
- 97124 *Massage therapy*
- 97110 *Therapeutic exercise*
- 97014 *Electrical stimulation*
- 97012 *Mechanical traction*
- 97035 *Ultrasound*
- 97010 *Hot/cold pack*

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Sprain/strain

5. Sample documentation

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

Subjective: Following a rear-end collision, patient reports pain at the back of the neck and headache that began a day after the accident. She also reports some vertigo and difficulty sleeping.

Objective: Examination reveals forward head posture, rounded shoulders, rigidity and spasm with tenderness and edema in the neck bilaterally. Passive ROM is decreased in all planes. DTRs normal. Spurlings negative for radiculopathy.

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Segmental dysfunction

1. Code options

Subluxation

Segmental and Somatic Dysfunction

Code Options	
M99.0-	Segmental and somatic dysfunction
M99.00	Head region
M99.01	Cervical region
M99.02	Thoracic region
M99.03	Lumbar region
M99.04	Sacral region
M99.05	Pelvic region
M99.06	Lower extremity
M99.07	Upper extremity
M99.08	Rib cage

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Segmental dysfunction

2. Coding considerations

“Subluxation”

- Other ICD-10-CM codes include the word “subluxation,” but it appears that they are not recognized by payers as indications to justify chiropractic manipulative treatment.
- Document “segmental dysfunction” to match the code description.

Trauma

- The so-called traumatic subluxation codes, S13.1- Cervical, S23.1- Thoracic, S33.1- Lumbar include “sprain,” and therefore would not be reported on the same claim as sprains.

PART

- Note that the sample documentation follows the Medicare principle of P.A.R.T., which should suffice for all payers and regulators.

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Segmental dysfunction

3. Objective findings

- Static palpation
- Motion palpation
- Observation
- Range of motion
- X-ray

Segmental dysfunction

4. CPT linkage

- 98940-98943 *Chiropractic Manipulative Treatment*

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Segmental dysfunction

5. Sample documentation

M99.03 Segmental and somatic dysfunction, lumbar region

Subjective: Patient reports lumbar spinal pain during regular activities.

Objective:

P: Pain is reproduced when the L3/L4 region is palpated.

A: The L3 spinous process is rotated to the right, and the L4 spinous is rotated left. The right hip appears higher than the left.

R: Right lumbar lateral bending and flexion are reduced as recorded by inclinometry.

T: Hypertonicity is palpated in the lumbar paraspinal region.

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Muscles

1. Code options

Muscle Conditions

Code Options		
M60.8-	Other myositis	<i>Example:</i> Inflammation of muscles, but documented detail does not match other myositis codes
M62.4-	Contracture of muscle	<i>Example:</i> Shortening and hardening of muscle, leading to rigidity
M62.81	Muscle weakness (generalized)	<i>Example:</i> Measurable loss of muscle function
M62.83-	Muscle spasm	<i>Example:</i> Involuntary muscle contractions
M79.1	Myalgia, myofascial pain syndrome	<i>Example:</i> Pain in muscle, trigger points
M79.7	Fibromyalgia	<i>Example:</i> Disorder characterized by widespread musculoskeletal pain and fatigue, sleep, memory and mood issues

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Muscles

2. Coding considerations

Myositis:

- M60.8- *Other myositis* documentation should include weakness and signs of inflammation, such as heat, redness, or swelling.
- The other subcategories (fourth characters) for myositis are “infective,” “interstitial,” and “foreign body granuloma;” therefore “other” is most likely to be used in a chiropractic setting.
- The fifth character describes the anatomic location of the involved muscles.

Contracture:

- The fifth and sixth characters for M62.4- *Contracture of muscle* provide detail about the anatomic location.

Weakness:

- The description for M62.81 includes “generalized” in parenthesis. This is a non-essential modifier, so it is not a required part of the code. (i.e. this code works for localized weakness too.)

Spasm:

- Three options for the sixth character for M62.83- *Muscle spasm*. It designates the location of the spasm (back, calf, or “other”.)

Myalgia:

- M79.1 *Myalgia* cannot be coded along with M79.7 *Fibromyalgia* or M60.- *Myositis*. It is already included in those conditions.

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Muscles

3. Objective findings

- Muscle strength
- Palpation
- Algometry

Muscles

4. CPT linkage

- 97140 *Manual therapy* (especially M79.1, M62.4-)
- 97124 *Massage therapy* (especially M62.83-, M62.4-)
- 97112 *Neuromuscular reeducation* (M62.81)
- 97014 *Electrical stimulation*
- 97012 *Mechanical traction*
- 97035 *Ultrasound*
- 97010 *Hot/cold pack*

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Muscles

5. Sample documentation

M62.830 Muscle spasm of the back

Subjective: Patient complains of hard, tight muscles in the mid back. He is a 55 year old sedentary male whose symptoms began after 36 holes of golf last weekend.

Objective: Palpation reveals tight and rigid fibers in the thoracolumbar paraspinals bilaterally. ROM limited 50% in all directions. Consider x-ray to evaluate for spinal arthritis.

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Disc disorders

1. Code options

Disc Disorders (M50.-, M51.-)

Code Options		
M50.-	CERVICAL DISC DISORDERS	
M50.0-	With myelopathy	<i>Example:</i> Neurologic deficit to spinal cord
M50.1-	With radiculopathy	<i>Example:</i> Neurologic deficit to nerve roots
M50.2-	Other disc displacement	<i>Example:</i> No neurological complications
M50.3-	Degeneration	<i>Example:</i> Only x-ray findings, no neurological complications
M50.8-	Other disc disorders	<i>Example:</i> Documented detail does not match the other options
M50.9-	Unspecified	<i>Example:</i> None of the above details are documented

Code Options		
M51.-	THORACIC, THORACOLUMBAR, AND LUMBOSACRAL INTERVERTEBRAL DISC DISORDERS	
M51.0-	With myelopathy	<i>Example:</i> Neurologic deficit to spinal cord
M51.1-	With radiculopathy	<i>Example:</i> Neurologic deficit to nerve roots
M51.2-	Other disc displacement	<i>Example:</i> No neurological complications
M51.3-	Degeneration	<i>Example:</i> Only x-ray findings, no neurological complications
M51.4-	Schmorl's nodes	<i>Example:</i> As seen on x-ray
M51.8-	Other disc disorders	<i>Example:</i> Documented detail does not match the other options
M51.9-	Unspecified	<i>Example:</i> None of the above details are documented

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Disc disorders

2. Coding considerations

The fifth character for all of these codes designates the specific anatomic location. See the Tabular List for details.

Symptoms:

- M54.2 *Cervicalgia* would not be coded along with M50.- *Cervical disc disorders* codes because it is already included.
- M54.5 *Low back pain* would not be coded along with M51.2- *Other disc displacement* because it is already included.
- M54.1- *Radiculopathy* would not be coded with M50.1- or M51.1- *Disc disorders with radiculopathy* because it is already included.
- M54.3- or M54.4- *Sciatica* would not be coded with M51.1- *Disc disorder with radiculopathy* because it is already included.

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Disc disorders

3. Objective findings

- | | |
|------------------------|----------------------------|
| • Deep tendon reflexes | • X-ray |
| • Muscle strength | • MRI scan |
| • Pinwheel testing | • CT scan with myelography |
| • Orthopedic tests | • Electromyelogram |

Disc disorders

4. CPT linkage

- 98940-98942 *Chiropractic Manipulative Therapy*
- 97140 *Manual therapy (includes traction)*
- 97012 *Mechanical traction*

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Disc disorders

5. Sample documentation

M50.122 Cervical disc disorder at C5-C6 level with radiculopathy

Subjective: Patient is a 37 year male who complains of neck pain and weakness in the right biceps and wrist extensor muscles, as well as numbness, tingling, and pain radiating to the thumb side of the hand. It began following a hyperextension injury.

Objective: Examination reveals that the patient tilts his head to the left, and has decreased extension and right lateral bending and rotation. Hypertonicity and tenderness is palpated on the right side of the neck. Elbow flexion and wrist extension strength are 4/5. Foraminal compression test reproduces the symptoms.

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Pain/stiffness

1. Code options

Pain and Stiffness

Code Options		
M25.5-	Pain in joint	<i>Example:</i> Discomfort in an extremity joint
M25.6-	Stiffness of joint, not elsewhere classified	<i>Example:</i> Stiffness in an extremity joint
M54.2	Cervicalgia	<i>Example:</i> Discomfort in the neck region
M54.5	Low back pain	<i>Example:</i> Lumbalgia or lumbago
M54.6	Pain in thoracic spine	<i>Example:</i> Thoracalgia
M79.6-	Pain in limb, hand, foot, fingers and toes	<i>Example:</i> Discomfort in hands or feet

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Pain/stiffness

2. Coding considerations

Spinal

- The spinal pain codes are a restatement of the patient's subjective complaint. It does not require any clinical skill to provide these diagnoses. When using them, try to add more detail by stating "due to..." and finish the sentence. More definitive diagnoses will better communicate medical necessity to third party payers.
- Many conditions, such as strains of muscles, include pain. Signs and symptoms that are associated routinely with a condition should not be assigned as additional codes.
- The spinal pain codes should not be coded with certain disc disorder codes because they are included.
- Even though there are codes for "joint stiffness," there are none for "spinal stiffness." That information should still be documented and may support the selection of M99.0- Segmental and somatic dysfunction codes.

Extraspinal

- The fifth and sixth characters for M25.5- *Pain in joint* describe the anatomic location of the pain, but do not include hands and fingers, feet and toes, or spinal joints. Those codes begin with M79.6-.
- M25.6- Stiffness of joint, NEC is to be used if the documented cause of the stiffness does not include ankylosis (M24.6-), or contracture (M24.5-).

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Pain/stiffness

3. Objective findings

- Palpation
- Range of motion

Pain/stiffness

4. CPT linkage

- 97014 Electrical stimulation
- 97035 Ultrasound
- 97010 Hot/cold pack

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Pain/stiffness

5. Sample documentation

M54.1 *Cervicalgia*

Subjective: Patient complains of generalized neck pain and stiffness with no radiation to the upper extremities. Sharp pain is noticed with rotation, but it goes away with rest.

Objective: Examination findings include a visible kyphosis and tenderness to palpation in the neck region and upper trapezius bilaterally. ROM is slightly limited in all ranges. X-rays are negative for significant findings.

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Radiculopathy

1. Code options

Radiculopathy and Sciatica (M54.-)

Code Options		
M54.1-	Radiculopathy, neuritis or radiculitis	<i>Example:</i> Pain radiating from a nerve root
M54.3-	Sciatica	<i>Example:</i> Pain or numbness following the path of the sciatic nerve
M54.4-	Lumbago with sciatica	<i>Example:</i> Low back pain accompanied by pain or numbness following the path of the sciatic nerve

More definitive diagnoses:

- M50.1- *Cervical disc disorder with radiculopathy*
- M51.1- *Thoracic, thoracolumbar and lumbosacral intervertebral disc disorders with radiculopathy*
- M47.2- *Other spondylosis with radiculopathy.*

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Radiculopathy

2. Coding considerations

Definitions

- Neuritis or neuropathy is inflammation of a peripheral nerve. (Included in M54.1-)
- Radiculitis is inflammation of a spinal nerve along its path of travel (dermatome). (Included in M54.1-)
- Radiculopathy is a general term for the condition of spinal nerve root problems, including paresthesia, hyporeflexia, motor loss, and pain. (Included in M54.1-).
- Sciatica definitions vary, but it is generally defined as numbness, tingling, weakness, and leg pain that originates in the buttock and travels down the path of the sciatic nerve in the back of the leg.

Laterality

- The fifth character for M54.1- *Radiculopathy* designates the spinal level. Laterality is not an option for these codes. Document it anyway.
- The fifth character for M54.3- *Sciatica* and M54.4- *Lumbago with sciatica* designates the laterality.

Combo

- M54.4- *Lumbago with sciatica* is a combination code. Multiple codes should not be used when the classification provides a combination code that clearly identifies all of the elements documented in the diagnosis.

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Radiculopathy

3. Objective findings

- | | |
|------------------------|-----------------------------------|
| • Deep tendon reflexes | • MRI scan |
| • Muscle strength | • CT scan with myelography |
| • Pinwheel testing | • Electromyogram |
| • Straight leg raiser | • Needle EMG |
| • Bragard's | • Nerve conduction velocity tests |
| • Lasegue's | |

Radiculopathy

4. CPT linkage

- 98940-98942 *Chiropractic manipulative therapy*
- 97140 *Manual therapy (includes traction)*
- 97012 *Mechanical traction*

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Radiculopathy

5. Sample documentation

M54.17 Lumbosacral radiculopathy

Subjective: Patient is a 55 year old male who has worked on the docks, engaged in heavy labor, for 25 years. He reports numbness and shooting pain from the right buttock to the right posterior thigh and lateral ankle/foot which increases with sneezing or coughing.

Objective: Decreased sensation via pinwheel testing along right S1 dermatome. Lasegue's test reproduces the symptoms. Ankle plantar flexion and eversion is 4 out of 5 on the right. Achilles reflex is absent on the right.

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Headaches

1. Code options

Headaches(G43.-, G44.-)

Code Options		
G43.-	MIGRAINES	<i>Example:</i> Severe headaches, usually one side of head, with nausea, vomiting, and extreme sensitivity to light and sound
G43.0-	Migraine without aura	<i>Example:</i> No visual or other disturbance noticed before headache
G43.1-	Migraine with aura	<i>Example:</i> Visual or other disturbance noticed before headache
G43.7-	Chronic migraine without aura	<i>Example:</i> 15 or more days per month, for at least three months
G43.8-	Migraine, other	<i>Example:</i> Documented detail does not match the other options
G43.9-	Migraine, unspecified	<i>Example:</i> None of the above details are documented
G44.-	OTHER HEADACHES	<i>Example:</i> Non-migraines
G44.0-	Cluster headaches	<i>Example:</i> Recurrent, cyclical severe headaches
G44.1	Vascular headache, not elsewhere classified	<i>Example:</i> Documented detail does not match the other options
G44.2-	Tension-type headache	<i>Example:</i> Hat-band pattern, often with muscle involvement
G44.3-	Post-traumatic headache	<i>Example:</i> Follows brain injury, such as concussion
G44.4-	Drug-induced headache	<i>Example:</i> Worsens with medication use

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Headaches

2. Coding considerations

Definition:

- For most headache codes, the fifth or sixth character identifies whether or not the headache is intractable.
- This is defined in the code set as pharmaco-resistant, treatment resistant, refractory, and poorly controlled.

Symptoms:

- R51 *Headache* is the symptom code for headaches that do not have a definitive diagnosis.
- This would be used only when the provider has not documented one of the headaches from G43.- or G44.-.

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Headaches

3. Objective findings

- Cranial nerve evaluation
- MRI scan
- CT scan

Headaches

4. CPT linkage

- 98940-98942 *Chiropractic Manipulative Therapy*
- ???

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Headaches

5. Sample documentation

G44.221 *Chronic tension-type headache, intractable*

Subjective: Patient is a middle aged female who complains of dull ache and tightness in a hat band pattern, with muscle rigidity in the neck and shoulders. Headaches occur more than 15 days per month, for the last six months. It does not respond to over the counter medication.

Objective: Cranial nerve tests within normal limits, consider MRI or CT scan to rule out tumors.

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Take-away

For the top conditions treated by DCs, learn:

1. Code options
2. Code detail considerations
3. Common objective findings
4. Top procedure code linkage
5. Subjective and Objective sample documentation

Muscles, discs, headaches, pain, radiculopathy,
sprain/strain, subluxations

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Coding and Documenting Physical Therapy Procedures

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 - Qualified Chiropractic Coder (QCC) - 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
 - Certified MIPS Healthcare Professional (CMHP)– 4Med
 - AAPC Fellow

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Take Away

For the top therapeutic procedure and modality CPT codes for chiropractors

- Get a handle on the fundamentals and coding rules
- Identify the right modifiers and diagnosis codes
- Nail the documentation requirements
- Eliminate denials

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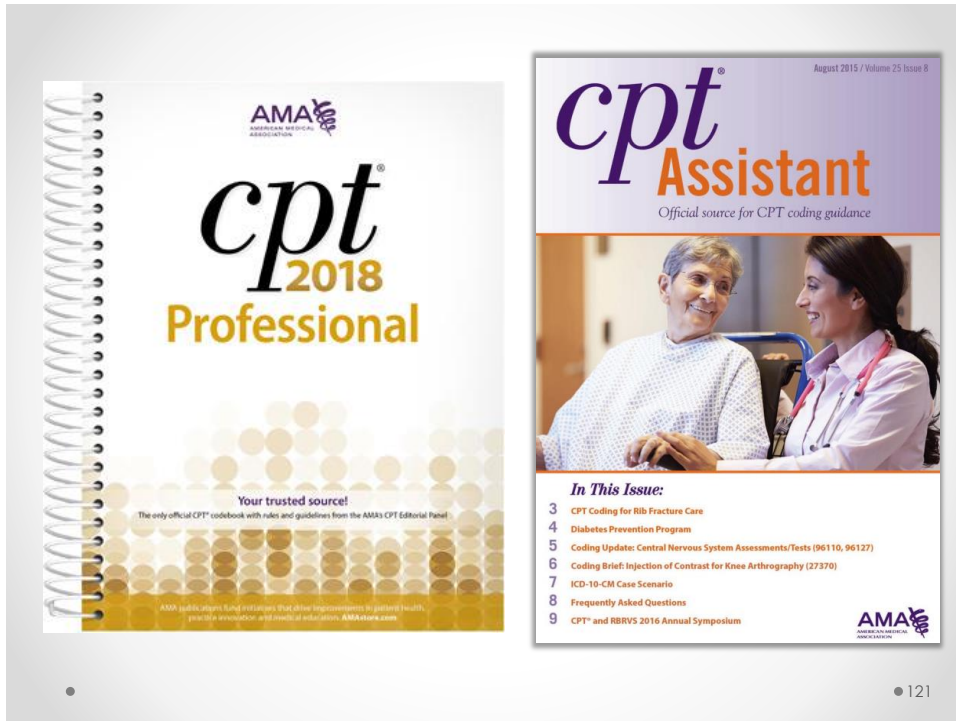
References

- **2019 ChiroCode DeskBook**
- **American Medical Association**
 - Current Procedural Terminology, 2019
 - CPT Assistant articles
- **Centers for Medicare and Medicaid Services**
 - Local Coverage Determination – *Physical Therapy, outpatient (L30009)*, Cahaba Government Benefit Administrators
- **FindACode.com**
- **CMS National Correct Coding Initiative**
- **Anthem Payer Policies**

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The screenshot shows the Find-A-Code website interface. The top navigation bar includes links for Home, Codes, Info, Tools, My Codes, My Account, Members Only, Sign Out, and a LiveChat button. The main content area displays the CPT 97140 code details. The code is listed as '97140 - Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes'. Below the code description, there is a 'Plain English Description' section. The bottom of the page features a 'CPT Code Dashboard' with various statistics and links.

Find-A-Code™

Home Codes Info Tools My Codes My Account Members Only Sign Out LiveChat

> Home > Code Sets > CPT® Procedure Codes Client Codes/Fee Schedule: My Fee Schedule Viewing: Oct 13, 2015

CPT® Code Set - 97140 97140 is in your My Codes list. To Remove: [X] [Left Arrow] [Right Arrow] [Print]

CPT Chapter/Section Guidelines & Notes Auto-open

Code Information

97140 - Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes

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Plain English Description

Manual therapy techniques, such as mobilization, manipulation, lymphatic drainage, traction, etc., used on one or more regions.

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CPT Chapter/Section Guidelines & Notes Auto-open

Additional Code Information (Global Days, MUEs, etc.) CPT Code Dashboard

\$28.95 Fees Non-Facility	0.81 RVUs Non-Facility	XXX Global Days	62 CPT®/CPCS Modifiers	87 NCCI Edits Non-Facility	85 Medicare Policies	108 Articles & Newsletters	4026 ICD-9 Crosswalks	8 Coding Tips	213 CCS Classification
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Therapeutic Procedure Coding for Chiropractic

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Therapeutic Procedures

Most commonly used codes by chiropractors:

1. 97140 *Manual therapy techniques*
2. 97110 *Therapeutic exercises*
3. 97124 *Massage*
4. 97112 *Neuromuscular reeducation*
5. 97530 *Therapeutic activities, direct patient contact*
6. 97150 *Therapeutic procedure(s), group*
7. 97139 *Unlisted therapeutic procedure*

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Therapeutic Procedures

“A manner of effecting change through the application of clinical skills and/or services that attempt to improve function.” –*CPT manual*

“...procedures that attempt to reduce impairments and restore function through the application of clinical skills and/or services.” –*CMS LCD*



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Indications

- “Rehabilitative services are intended to improve, adapt or restore functions which have been impaired or permanently lost as a result of illness, injury, loss of a body part, or congenital abnormality involving goals an individual can reach in a reasonable period of time. Benefits will end when treatment is no longer medically necessary and the individual stops progressing toward those goals.”
- –Anthem Medical Policy Guideline CG-REHAB-04

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Indications

- “Physical therapy may be indicated for treatment of muscle weakness, limitations in the range of motion, neuromuscular conditions, musculoskeletal conditions, lymphedema and for selected training of patients in specific techniques and exercises for their own continued use at home.”
-
- –Aetna Clinical Policy Bulletin 0325
-

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Medically Necessary

Rehabilitative physical therapy (PT) services are considered **medically necessary** when **ALL** the following criteria are met:

1. The therapy is aimed at improving, adapting or restoring functions which have been impaired or permanently lost as a result of ***illness, injury, loss of a body part, or congenital abnormality***; and
2. The therapy is for conditions that require the unique knowledge, skills, and judgment of a physical therapist for ***education and training*** that is part of an active skilled plan of treatment; **and**
3. There is an expectation that the therapy will result in a practical improvement in the level of functioning within a
 - reasonable and predictable period of time; **and**

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Medically Necessary

Rehabilitative PT services are considered **not medically necessary** if **any** of the following is determined:

1. The therapy is **not** aimed at improving, adapting or restoring functions, which have been impaired or permanently lost as a result of ***illness, injury, loss of a body part, or congenital abnormality***.
2. The therapy is for conditions for which therapy would be considered routine ***educational, training, conditioning, or fitness***. This includes treatments or activities that require only routine supervision.
3. The expectation does not exist that the therapy will result in a practical improvement in the level of functioning within a reasonable and predictable period of time.
 1. If function could reasonably be expected to improve as the individual gradually resumes normal activities, then the therapy is considered **not medically necessary**.
 2. If an individual's expected restoration potential would be insignificant in relation to the extent and duration of the therapy service required to achieve such potential, the therapy would be considered **not medically necessary**.
 3. The therapy documentation fails to objectively verify functional progress over a reasonable period of time.

–Anthem Medical Policy Guideline CG-REHAB-04

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Medically Necessary

Rehabilitative PT services are considered **not medically necessary** if **any** of the following is determined:

4. The physical modalities are not preparatory to other skilled treatment procedures.
5. Treatments that do not generally require the skills of a licensed provider of PT services are considered **not medically necessary**. Examples include palliative massages, palliative Jacuzzi /whirlpools, hot or cold packs in the absence of complicating factors, general range of motion or exercise programs, maintenance therapy, repetitive gait or other activities that an individual can self-practice independently or with a caregiver, swimming and routine water aerobics programs, general fitness and training, and general public education/instruction sessions.
6. Routine reevaluations not meeting the above criteria.
7. Treatments that are not supported in peer-reviewed literature.

–Anthem Medical Policy Guideline CG-REHAB-04

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Therapeutic Procedures

- These codes are not limited to any particular specialty group.
- Delegation to clinical staff is governed by state licensure, and often a source of contention with payers.
- The expectation is that timed services average fifteen minutes, not eight.

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Documentation

First visit

- History and objective findings which support the correlating diagnosis
- Functional limitations/deficits, if appropriate
 - Motion (degrees), strength (grades), balance (assistance required), coordination (deficits), mobility
- Plan for the service:
 - Description of machine settings, or exercise procedures and their purpose (i.e. effect on function)
 - Areas treated
- ○ Frequency/duration, goals with outcome expected*

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Documentation

During typical treatment visits

- Relevant subjective and/or objective changes
- Time
- Any variation from original plan
- Response of patient

At the re-assessment

- Update functional progress
- Evaluate whether or not goals were met
- If appropriate, suggest alternate treatment strategies

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15 minutes

CPT editorial approach to time-based services:

- 50% of required time
 - 7.5 minutes or more would be reported as the 1st unit of a fifteen minute service
 - Any less is not reportable, and can't be bypassed with the 52 modifier (incomplete service)–*CPT Assistant March 2014*
- Includes all necessary pre, intra, and post service work associated with the service

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15 minutes

CMS approach to time-based services:

- 8 minute rule
 - *Less than 8 minutes = no billable units*
 - *8-22 minutes = 1 fifteen minute unit*
 - *23-37 minutes = 2 fifteen minute units*
 - *38-52 minutes = 3 fifteen minute units*
- Includes only the actual time involved in performance of the service (intra-service time). Pre and post service work does not count. Time should be face-to-face.

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15 minutes

CMS approach to time-based services:

- Less than 8 minutes
 - Can't be billed, but save the time
- Bundling services of the same time
 - Lower value bundles to higher value. Bill the higher value service.
- Bundling services of different times
 - Lower time bundles to higher time. Bill the higher timed service.

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15 minutes

Suppose you perform the following:

- 97110 10 minutes
- 97140 12 minutes

CPT example:

97110 1 unit
97140 1 unit

CMS example:

22 total minutes
97140 1 unit

If 5 minutes of 97035 were also performed, the CPT example would not change, but 1 unit of 97110 would be billable under the CMS example.

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15 minutes

- One more example:
 - 24 minutes of NMR 97112
 - 23 minutes of exercise 97110

...would be coded as

- 2 units of 97112
- 1 unit of 97110

...because total time is 47 minutes, which equals 3 units (38-52 minutes)



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Therapeutic Procedures

- Physician or other qualified health care professional (i.e. therapist) is required to have direct (one-on-one) patient contact.
- Clinical skill is necessary to achieve the specific therapeutic change and must be applied during the entirety of the service; hence, the direct one-on-one contact requirement.
- Supervision of a previously taught exercise is not covered.
- Exercise using equipment that does not require the intervention/skills of a therapist are not covered.

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Therapeutic Procedures

- There is no separate coverage for educational components of treatment or time spent on documentation.
- Improvement of limitations/deficits must be expected in a reasonable and generally predictable period of time.
- Medicare Secondary Payers (MSPs) often require the GP modifier



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97140

Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), each 15 minutes

RVU = 0.77

1. Manual traction for cervical radiculopathy
2. Joint mobilization for restricted joint motion *
3. Myofascial release for restricted motion of soft tissue*
4. Manipulation for spasm or restricted motion of soft tissue*
5. Lymphatic drainage for lymphedema

*Adjunct to 97110, 97112, or 97530

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97140

Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), each 15 minutes

- Considered medically necessary for treatment of restricted motion of soft tissues in involved extremities, neck, and trunk
- There is insufficient evidence to support the effectiveness of Instrument Assisted Soft Tissue Mobilization (IASTM) –Per Aetna
- May be indicated instead of CMT in a body area when CMT is too difficult to administer or contraindicated (severe spasm, swelling, tenderness)
- Some payers approve of this code for dry needling

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97140

Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), each 15 minutes

- “Manual” therapy requires that providers use their hands, not a machine
- Number of regions treated is irrelevant
- 3-6 visits typical, 12-18 visits max, 4-6 weeks
- 97140 is not interchangeable with 98940-2 (CMT) or 97124



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97140

Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), each 15 minutes

Modifiers:

- 97124 (massage) is not covered on same visit date unless related to a different area of the body, but NCCI edits say no modifier will bypass the edit.
- 97530 should have 59 or X{EPSU} modifier attached if billed with 97140
- 97140 should have 59 or X{EPSU} modifier attached if billed with 97012 or 97150 or 98940-2
- “Different body region” has different definitions

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97140

Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), each 15 minutes

Modifiers:

- **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, and
- **XU** *Unusual Non-Overlapping Service*, the use of a service that is distinct because it does not overlap usual components of the main service.

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97140

Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), each 15 minutes

According to Optum, when reporting the CPT code 97140 in conjunction with CMT codes, there are six criteria that must be documented to validate the service:

1. Manipulation was not performed to the same anatomic region or a contiguous anatomic region e.g., cervical and thoracic regions are contiguous; cervical and pelvic regions are noncontiguous
2. The clinical rationale for a separate and identifiable service must be documented e.g., contraindication to CMT is present
3. Description of the manual therapy technique(s)
4. Location e.g., spinal region(s), shoulder, thigh, etc.
5. Time i.e., number of minutes spent in performing the services associated with this procedure meets the timed-therapy services requirement
6. CPT code 97140 is appended with modifier 59 or the appropriate "X".
modifier (XS *separate structure*)

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97140

Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), each 15 minutes

Indications:

- Trigger points (M79.1-)
- Myositis (M60.8-)
- Limited range of motion:
 - Adhesive capsulitis, shoulder (M75.0-)
 - Stiffness of joint (M25.6-), tissue adherence
- Muscle spasm (M62.8-)
- Contracted tissue (M62.4- Contracture of muscle)
- Soft tissue swelling, pain (R60.0 localized edema)
- Contracture of joint (M24.5-)

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97110

Therapeutic exercises to develop strength and endurance, range of motion and flexibility, each 15 minutes

RVU = 0.84

- Considered medically necessary for loss or restriction of joint motion, strength, functional capacity or mobility which has resulted from disease or injury.
- Examples include treadmill (endurance), isokinetic exercise (ROM), lumbar stabilization exercise (flexibility), and gymnastic ball (stretch/strengthen)
- Exercising done subsequently without a physician or therapist present and supervising = Not

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97110

*Therapeutic exercises to develop strength and endurance,
range of motion and flexibility, each 15 minutes*

- Use 97112 to rehabilitate movement, coordination, or balance, not 97110
- 3-6 visits typical, 12-18 visits max, 4-6 weeks, transition to Home Exercise Program (HEP)
- If passive, then 2-4 visits
- 97110 should have 59 modifier attached if billed with 97150

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97110

*Therapeutic exercises to develop strength and endurance,
range of motion and flexibility, each 15 minutes*

Indications:

- Loss or restriction of joint motion, strength, flexibility, functional capacity or mobility from a specific disease or injury.
- If used for pain, include pain rating, location of pain, and effect of pain on function
- Not covered for exercises to promote overall fitness, flexibility, endurance enhancing, aerobic conditioning, and weight reduction.
- Not covered for maintenance of ROM or strength unless a skilled therapist is needed

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97124

*Massage, including effleurage, petrissage and/or tapotement
(stroking, compression, percussion), each 15 minutes*

- Designed to restore muscle function, reduce edema, improve joint motion, or for relief of muscle spasm.
- Considered medically necessary as adjunctive treatment to another therapeutic procedure on the same day
- Often not considered medically necessary for prolonged periods
- Should be limited to the initial or acute phase of an injury or illness (i.e., an initial 2-week period).

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97124

*Massage, including effleurage, petrissage and/or tapotement
(stroking, compression, percussion), each 15 minutes*

RVU = 0.83

- Must be performed by hand, not with a device
- May not be covered as an isolated treatment, or for more than 30 minutes
- 97140 not covered on same visit unless related to a different area of the body
- Maximum 6-8 visits generally
- Maximum of 1-2 units is easiest to defend as medically necessary

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97124

*Massage, including effleurage, petrissage and/or tapotement
(stroking, compression, percussion), each 15 minutes*

Note must be signed by licensed provider

Modifiers:

- 97124 should have 59 modifier attached if billed with 97150 or 98940-2
- 97124 (massage) is not covered on same visit date as 97140 unless related to a different area of the body, but NCCI edits say no modifier will bypass the edit.

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97124

*Massage, including effleurage, petrissage and/or tapotement
(stroking, compression, percussion) , each 15 minutes*

Indications:

- Restore muscle function
- Relieve muscle spasm (M62.8-)
- Improve joint motion, mobilize stiff or scarred tissue (M62.4-)
- Reduce edema (R60.0)
- Increase blood flow



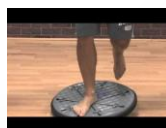
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97112

Neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities, each 15 minutes

RVU: 0.96

- Examples include PNF, Feldenkrais, Bobath, BAP's boards, and desensitization techniques
- Use 97110 (rather than 97112) for strength, ROM, and flexibility
- Max 12-18 visits within 4-6 weeks
- 97112 should have 59 modifier attached if billed with 97150 or 98940-2



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97112

Neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities, each 15 minutes

*This therapeutic procedure is provided to improve balance, coordination, kinesthetic sense, posture, and proprioception to a person **who has had muscle paralysis** and is undergoing recovery or regeneration. Goal is to develop **conscious control of individual muscles and awareness of position** of extremities. The procedure may be considered medically necessary for impairments which affect the body's **neuromuscular system** (e.g., poor static or dynamic sitting/standing balance, loss of gross and fine motor coordination, hypo/hypertonicity) that may result from disease or injury such as **severe trauma to nervous system, cerebral vascular accident and systemic neurological disease**. -Aetna CPB 0325 - Emphasis Added*

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97112

Neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities, each 15 minutes

Indications:

- Loss of DTRs and vibration sense accompanied by paresthesia, burning, or diffuse pain of the feet, lower legs, and/or fingers
- Nerve palsy (i.e. foot drop)
- Nerve injury or disease leading to muscle weakness or flaccidity
- Inability to sit or stand unassisted
- Loss of gross and fine motor coordination
- Hypo/hypertonicity

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97530

Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes

RVU = 1.1

- Dynamic activities include the use of **multiple parameters**, such as balance, strength, and range of motion, for a functional activity.
- Procedure involves the use of functional activities (e.g. bending lifting, carrying, reaching, catching, transfers, and overhead activities) to restore functional performance in a progressive manner.



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97530

*Therapeutic activities, direct (one-on-one) patient contact
(use of dynamic activities to improve functional performance), each 15 minutes*

- Requires the professional skills of a provider and are designed to address a specific functional need
- May be appropriate after a patient has completed exercises focused on strengthening and range of motion, but need to be progressed to more function-based activities
- Dynamic activities must be part of an active treatment plan and directed at a specific outcome

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97530

*Therapeutic activities, direct (one-on-one) patient contact
(use of dynamic activities to improve functional performance), each 15 minutes*

- 97110 focuses on a single parameter via exercise, 97530 focuses on multiple parameters via activities.
- 97530 requires the skill of the therapist to design the activities to address a specific functional need and instruct the patient.
- If more than 12 visits, documentation must support need.
- 97530 should have 59 modifier attached if billed
 - with 97140 or 97150

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97530

*Therapeutic activities, direct (one-on-one) patient contact
(use of dynamic activities to improve functional performance), each 15 minutes*

Indications:

- Patient must have a condition for which 97530 will improve function, such as loss or restriction of mobility, strength, balance, and/or coordination
- Exercise must correlate with patient's condition
- Patient must be unable to perform the activities without the skilled intervention of the therapist

161

97150

*Therapeutic procedure(s),
group (2 or more individuals)*

RVU = 0.51

- If 97110-97139 are performed with two or more individuals, 97150 is reported instead. Do not code the specific type of therapy in addition to 97150
- Group therapy procedures involve constant attendance of the physician or other qualified health care professional [ie, therapist], but by definition do not require one-on-one patient contact by the same physician or other qualified health care professional

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97150

*Therapeutic procedure(s),
group (2 or more individuals)*



- Patients may or may not be doing the same activity
- 97150 is not time based, therefore it is reported once per session, regardless of the time involved
- 97150 is reported for each individual receiving group therapy
- 97110-97530 need modifier 59 or X{ESPU} when performed one-on-one separate in time from the group.

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97150

*Therapeutic procedure(s),
group (2 or more individuals)*

- Group therapy is typically only billable once per patient per day
- Groups should not exceed 4 individuals
- Supervising patients who are exercising independently or on exercise equipment is not a skilled service and may not be billable as group or individual therapeutic procedures



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97150

*Therapeutic procedure(s),
group (2 or more individuals)*

Indications:

- Functional loss (same as for 97110-97530)

Document:

1. As part of care plan:
 - Specific skilled treatments used
 - Functional loss, frequency/duration, goals
2. At each encounter:
 - Size of group
 - Any variation from plan and response of patient
3. At re-evaluation, show progress towards goals

165

97139

*Unlisted therapeutic procedure
(constant attendance)*

RVU = none

- Should be used when no accurate code exists
- Direct one on one contact is required
- May be a timed code
- Only once per day
- Requires a “special report”
 - Description of the nature, extent, and need for the procedure
 - Time, effort, and equipment necessary to provide the service

166

97139

*Unlisted therapeutic procedure
(constant attendance)*

Document:

1. As part of care plan:
 - Rationale and description of the procedure, area treated, functional deficits, frequency/duration, goals
2. At each encounter:
 - Time, if applicable
 - Relevant subjective and objective findings
 - Variations from treatment plan and response of patient
3. At reassessment, show functional progress

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Modality Coding for Chiropractic

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Modalities vs. Procedures

Modality defined:

“Any **physical agent** applied to produce therapeutic changes to biologic tissue; includes but not limited to thermal, acoustic, light, mechanical, or electric energy.” –CPT 4th edition

Code is selected based on the physical agent used to cause the change.

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Modalities vs. Procedures

Therapeutic procedures defined: “A manner of effecting change through the **application of clinical skills** and/or services that attempt to improve **function**.” -CPT

Code is selected based on the primary therapeutic outcome desired.

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Modalities vs. Procedures

Is the service a modality or procedure?

Look at what is causing the therapeutic change.

- A **physical agent**?

- Light, sound, thermal, electrical, mechanical force, etc.

- The **clinical skill** of the physician or therapist?

- Evidence that clinical direction is necessary to achieve a particular therapeutic result.

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Modalities

Most commonly used codes by chiropractors:

1. 97014/G0283 *electrical stimulation (unattended)*
2. 97012 *traction, mechanical*
3. 97035 *ultrasound, each fifteen minutes*
4. 97010 *hot or cold packs*
5. 97032 *electrical stimulation (manual), each fifteen minutes*
6. 97026 *infrared*
7. 97024 *diathermy*
8. 97039 *unlisted modality*
9. 97016 *vasopneumatic devices*
- 10. 97022 *whirlpool*

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Modalities

Level of contact:

- Supervised: does not require direct contact (97010-97028), bill once per encounter
- Constant attendance: direct (one-on-one) patient contact (97032-97036), bill once per each 15 minutes
 - “one-on-one” is defined as “Visual, verbal, and/or manual contact with the patient” – *CPT Assistant July 2004*
 - Doesn’t count if you are just lonely. Must be a clinical need to stay with the patient to deliver the service.



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Modalities

"Chiropractic care and adjunct modalities may be considered medically necessary when ALL of the following criteria are met:

- The neuromusculoskeletal condition/diagnosis may improve or resolve with chiropractic treatment. (i.e. neuromusculoskeletal conditions include, but are not limited to, spondylosis, osteoarthritis, sprains and strains, headaches, degenerative conditions of the joints, repetitive motion injuries) AND
- A patient-specific, goal-oriented treatment plan is documented (see Documentation Requirements) AND
- The diagnostic procedures and treatment interventions are directly related to the patient's symptoms."
- –Premera Medical Policy 8.03.501 Chiropractic Services

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Modalities

- “Passive modalities are most effective during the acute phase of treatment, as they are typically directed at reducing pain and swelling.”
- “They may also be used during the acute phase of an exacerbation or a chronic condition.”
- “The optimal duration of a course of passive modalities is a maximum of one to two months, after which their effectiveness diminishes, and patient dependency may develop.”
- –CIGNA Chiropractic Coverage Policy 0267

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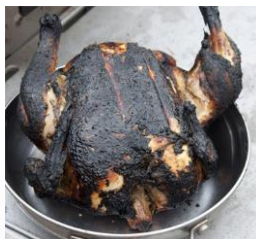
Modalities

- Passive modalities should lead to active procedures.
- After no more lasting physiologic benefit can be attained, modalities are included in the CMT.
- Research indicates that manipulation with active care is most effective.
- “One or more areas” -CPT
 - Each modality may only be billed once per encounter, regardless of number body regions or length of time.
 - No modifier 51 (multiple procedures)

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Modalities

- Usually not indicated as the sole treatment, unless patient cannot tolerate exercise or activities
 - If allowed by state scope, then modalities alone should not exceed 2-4 treatments
- Medical necessity limits the number of modalities that can be provided on a single date of service
- Multiple heating modalities should not be used on the same day



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97014

*Electrical Stimulation
(supervised)*



RVU = 0.42

- TENS training for pain, 1-2 visits
 - "...considered experimental and investigational for acute and chronic headaches, adhesive capsulitis (frozen shoulder), chronic low back pain,...TMJ" -CPB 0011
- Muscle stimulation (visible contraction), up to 12 visits, transitioning to home use
- IFC for spasm, swelling and/or pain, 6-12 visits
 - "Aetna considers interferential stimulation (e.g., RS-4i Sequential Stimulator) experimental and investigational for the reduction of pain and edema and all other indications because its effectiveness has not been established." -CPB 0011
- For acupuncture with e-stim, use 97813, 97814

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97014

Electrical Stimulation (supervised)

- Medicare, along with some private payers, accept the HCPCS code G0283 in place of 97014.
- Two disposable electrodes are included in the RBRVS payment methodology for this code.
- Modalities should lead to active therapeutic procedures
 - If provided as the sole treatment, consider only 2-4 visits

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97014

Electrical Stimulation (supervised)



Indications:

- Spinal pain** (M54.2, M54.5, M54.6)
- Myalgia (M79.1)
- Muscle spasms (M62.83-)
- Inability to contract muscles, weakness or denervation (M62.81)
- Poor muscle coordination
- Peripheral edema** (R60.0)
- Inflammation (M60.88)

**considered investigational by some payers

180

97014

Electrical Stimulation
(supervised)

Document:

1. As part of care plan:
 - Rationale, type of stimulation, area treated, applicable functional deficits, frequency/duration, goals
2. At each encounter:
 - For muscle weakness: objective strength rating
 - For swelling/edema: location and description
 - For pain: rating, location
 - Variations from treatment plan and response of patient
3. At re-evaluation, show progress towards goals

181

97012

Traction, mechanical
(supervised)

RVU = 0.41

- Force applied to separate joint surfaces
- Specify whether traction is:
 - Static
 - Intermittent
 - Auto traction (using body's own weight)
- May be considered medically necessary for chronic back or neck pain

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97012

*Traction, mechanical
(supervised)*

- Typically used in conjunction with therapeutic procedures, not as an isolated treatment
- Standard treatment is to provide supervised mechanical traction up to 4 sessions per week
- For cervical radiculopathy, treatment beyond 1 month can usually be accomplished by self-administered mechanical traction in the home.
- CMS says 3-4 visits max in office, then teach home care

183

97012

*Traction, mechanical
(supervised)*

- Roller tables are not considered true mechanical traction by some payers.
- Some payers require FDA cleared devices
- 97140 needs the 59 modifier if billed at the same encounter (NCCI edits)
- Flexion-distraction should be billed as CMT
- VAX-D should be billed as S9090

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97012

*Traction, mechanical
(supervised)*

Indications:

- cervicalgia (M54.2)
- lumbago (M54.5)
- radiculopathy (M54.1-)
- disc herniation (M50-, M51-)
- sciatica (M54.3-)
- consider also adhesions, stiffness, inflexibility, arthritis, compression



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97012

*Traction, mechanical
(supervised)*

Document:

1. As part of care plan:
 - Rationale, part of the body, force applied, angle, time, frequency/duration, goals
2. At each encounter:
 - Any variation from plan and response of patient
3. At re-evaluation, show progress towards goals

186

97035

*Ultrasound, each 15 minutes
(constant attendance)*

RVU = 0.37

- Deep heating modality that produces a sound wave of 0.8 to 3.0 MHz.
- Increased blood flow reduces swelling/edema, massages muscles, tendons, ligaments without straining tissue.
- Ultrasound is an ideal modality for increasing ROM.

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97035

*Ultrasound, each 15 minutes
(constant attendance)*

- 52 modifier cannot be used for < 8 minutes
- 6-12 visits is generally sufficient
- If performed with simultaneous e-stim (combo unit), code only 97035
- “hands free” ultrasound should be reported with 97039
- Should be used with, or transition to, active therapeutic procedures

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97035

*Ultrasound, each 15 minutes
(constant attendance)*

Indications:

- pain (M54-)
- spasm (M62.83-)
- joint stiffness and inflexibility
- soft tissue calcification (M61-)
- Neuromas (G57-, T87-)



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97035

*Ultrasound, each 15 minutes
(constant attendance)*

Document:

1. As part of care plan:
 - Rationale, area treated, US frequency/intensity, time, functional deficits, frequency/duration, goals
2. At each encounter:
 - Subjective findings: pain ratings, location, and effect on function
 - Objective measurements of strength, ROM, and functional limitations
 - Variations from treatment plan and response of patient
3. At re-evaluation, show progress towards goals

190

97010

*Hot or cold packs
(supervised)*

RVU = 0.17

- Bundled by many payers since skills are not required for its application
- Long term or routine application should be avoided
- Examples: hydro-collator, cryotherapy



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97010

*Hot or cold packs
(supervised)*



Cold:

- Causes vasoconstriction (shrinkage of blood vessels), decreases blood flow to an area, and slows the body's metabolism and its demand for oxygen.
- The therapeutic goals include: reduce edema, ease inflammation, and block pain receptors.
- Cold application is more effective than heat for sprains or other soft tissue injuries and is the preferred treatment within the first 48 hours after injury.

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97010

*Hot or cold packs
(supervised)*



Heat:

- Heat causes vasodilation increasing blood flow to a specific area.
- Increases the oxygen, nutrients, and various blood cells delivered to body tissues
- Relieves local pain, stiffness, or aching, particularly of muscles and joints
- Aids in removal of wastes from injured tissues, such as debris from phagocytosis

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97010

*Hot or cold packs
(supervised)*



Indications:

1. Heat: sub-acute or chronic.
 - scar tissue (L90.5)
 - muscle spasms (M62.83-)
 - inflexibility, poor circulation, nerve damage
2. Cold: acute trauma or severe spasticity
 - inflammation, pain, and swelling

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97010

*Hot or cold packs
(supervised)*

Document:

1. As part of care plan:
 - Areas treated, frequency/duration, goals
2. At each encounter:
 - Any variation from plan and response of patient
3. At re-evaluation, show progress towards goals

195

97032

*Electrical Stimulation, manual, attended,
15 minutes, one or more areas
(constant attendance)*

RVU = 0.43

- Requires direct contact by the provider or other qualified health care professional
- More than one unit can be billed based on time, but not # of areas treated

196

97032

*Electrical Stimulation, manual, attended,
15 minutes, one or more areas
(constant attendance)*

- Attended e-stim is also called manual e-stim
- May be appropriate if the stim must be adjusted and monitored during the course of treatment
- Shooting the breeze about sports while the patient gets passive e-stim, such as IFC is 97014.

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Quiz

The provider does interferential e-stim in the lumbar region for twelve minutes, then the left shoulder region for six minutes, and the right shoulder and neck for eight minutes each. The correct code(s) would be

- A. 97014
- B. 97032 x2
- C. 97014-51 x2
- D. 97032-52 x2

Hint: -52 means "reduced services"
-51 means "multiple procedures"



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97039

Unlisted Modality
(constant attendance)

RVU = none

- Should be used when no accurate code exists
- Not to be used routinely or on a recurring basis
- Not necessarily a timed code
- Only once per day

Requires a “special report”

Description of the nature, extent, and need for the procedure

- Time, effort, and equipment necessary to provide the service.

199

97039

Unlisted modality
(constant attendance)

Document:

1. As part of care plan:
 - Rationale and description of the modality, area treated, functional deficits, frequency/duration, goals
2. At each encounter:
 - Time, if applicable
 - Relevant subjective and objective findings
 - Variations from treatment plan and response of patient
- 3. At re-evaluation, show progress towards goals

200

Modalities

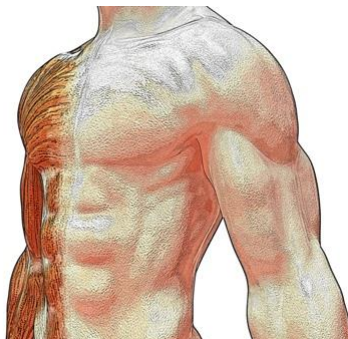
What about these?

- Therapeutic Magnetic Resonance Treatment
- Percutaneous Electric Nerve Stimulation
- Class I-II light therapy (LED)
- Class III (cold laser)
- Class IV (hot laser)
- Hands free ultrasound
- E-stim, US combo
- Phonophoresis
- Posture pump
- • Vibratory massage/massage chairs •

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Modalities

- Did you bring about a therapeutic change to biologic tissue?



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Take Away

For the top modality and therapeutic procedure CPT codes for Chiropractors

- Get a handle on the fundamentals and coding rules
- Identify the right modifiers and diagnosis codes
- Nail the documentation requirements
- Eliminate denials

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