



## Eli's Rehab Report

### Coding: Your ICD-10 Honeymoon Is Over

**Outpatient rehab providers brace for more than 1,000 new codes in 2017.**

Think your rehab practice or facility has aced ICD-10 just because you haven't seen many denials since last October? Think again. CMS is about to get serious about ICD-10.

October 1, 2016 will deliver a one-two punch to healthcare providers as the "grace period" ends and thousands of new ICD-10 codes take effect.

#### **What was CMS's ICD-10 "grace period" all about?**

Remember last summer when we were all wiggling out about the upcoming ICD-10 implementation? The **Centers for Medicare & Medicaid Services** (CMS) decided to throw us a bone. Since implementation on October 1, 2015, the agency has prohibited carriers from denying claims with improper ICD-10 coding, as long as the codes were sort-of-correct.

If the incorrect code is in the same "family" as the correct code, Medicare carriers have been paying the claim. By "family," CMS means the first three characters in the category.

#### **Why should I worry now?**

If your ICD-10 denials are low and your coding confidence is high, you could have a false sense of security. Experts predict that denial rates will increase for claims submitted on or after October 1, 2016, as the Medicare contractors pay ICD-10 for real.

Pshaw, says CMS. You've probably been coding correctly anyway. "Many major insurers did not offer coding flexibility, so many providers are already using specific codes," CMS spokesperson **Jibril O. Boykin** tells Rehab Report.

#### **Why are there so many new codes for 2017?**

In the years leading up to ICD-10 implementation, CMS froze new code updates to make the transition from ICD-9 to ICD-10 easier for providers. Lots of updates piled up during the freeze, and on October 1, 2016 they all come gushing out.

You will find more than 1,000 injury code changes and around 166 musculoskeletal code changes, says **Rhonda**



**Buckholtz, CPC, CPMA, CPC-I, CENTC, CGSC, COBGC, CPEDC**, a nationally known ICD-10 instructor and a speaker at AAPC's upcoming regional conference in Atlantic City.

### **High-Five: New codes for hand joint pain**

Currently in ICD-10, you lack codes that specifically describe hand joint pain and you must reach out to a code like M25.50 (Pain in unspecified joint).

Beginning October 1, 2016, you'll have three new codes for hand joint pain:

- M25.541 (Pain in joints of right hand)
- M25.542 (Pain in joints of left hand)
- M25.549 (Pain in joints of unspecified hand)

**Reminder:** Even though ICD-10 has forced you into reporting "unspecified" codes, as in this case, you want to avoid "unspecified" as an option whenever you can. Many payers have edit systems that kick those codes out, triggering denials.

**Here's why:** An "unspecified" code choice essentially says your practice doesn't know which hand is affected, and many payers won't shell out reimbursement when they see that lack of specificity.

### **Seek 'side' specificity for TMJ codes**

If therapists at your practice or facility treat pain related to temporomandibular joint (TMJ) disorders, you'll see 16 new ICD-10 codes.

Here are the current ICD-10 codes for TMJ, which don't allow you to specify which side of the jaw is affected:

- M26.60 (Temporomandibular joint disorder, unspecified)
- M26.61 (Adhesions and ankylosis of temporomandibular joint)
- M26.62 (Arthralgia of temporomandibular joint)
- M26.63 (Articular disc disorder of temporomandibular joint)

On October 1, 2016, ICD-10 will delete the above codes and replace each with four new options that allow you to describe whether the TMJ affects the right side, the left side, both sides, or an unspecified side of the jaw.

**Example:** M26.60 will be replaced by these four options:

- M26.601 (Right temporomandibular joint disorder)
- M26.602 (Left temporomandibular joint disorder)
- M26.603 (Bilateral temporomandibular joint disorder)
- M26.609 (Unspecified temporomandibular joint disorder)

Again, choosing "unspecified" could trigger denials.



### **Mysterious "mid-cervical region" codes ride off into the sunset**

Currently, coders reporting cervical disc disorders with the M50.02 series choose from descriptors containing the phrase "mid-cervical region," which describes C4-5, C5-6, and C6-7. Again, ICD-10 forces coders into a lack of specificity.

New codes that take effect October 1, 2016 allow for greater specificity, said **Heidi Stout, BA, CPC, COSC, PCS, CCS-P**, with Coder on Call, Inc., in Milltown, New Jersey.

For example, "Current code M50.02 (Cervical disc disorder with myelopathy, mid-cervical region) captures the C4-5, C5-6, and C6-7 levels," Stout recently told Orthopedic Coding Alert. When the new ICD-10 codes take effect, "we'll have individual codes to specify each level."

Find out more about the upcoming AAPC conference at

<https://www.aapc.com/medical-coding-education/conferences/regional/atlantic-city-2016/>.