Essential Anatomy and Terminology for Billing and Compliance
An Introduction Presented by:
Kathy Mills Chang, MCS-P, CCPC

The Beginning of a New Era
• ICD-10 will bring in a new era that will raise the level of professionalism with CAs across the country
• Doctors write the English and billers/coders select the code

What’s Wrong with ICD-9?
• ICD-9 is 30 years old
• ICD-9 lacks specificity
• ICD-9 does not reflect new services
• ICD-9 does not compare costs and outcomes
• ICD-9 is limited (13,000 codes)

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

What the Does Documentation Look Like?
Examples of details not necessary in ICD-9:
• Side of dominance
• Trimesters
• Stages of healing
• Laterality
• Ordinality
• External causes

How are ICD-9 and ICD-10 Different?
For Example

ICD-10-CM code for **chronic gout due to renal impairment, left shoulder, without tophus**.

NOTE: there are 11 gout codes in ICD-9 and 365 in ICD-10

Orientation and Organization

- Time to Step Up!
- Time to Raise Your Game!
- Time to Recognize how Important the CA is to the Practice!
- Basics of medical terminology, anatomy/physiology

Compliance Auditing

**Chiropractic E/M Audit Tool**

- Slowly build your knowledge base to become more proficient
- No drinks from the fire hose!
- We’ve designed a program to help you take it a step at a time
Understanding the Roots

• It’s Greek to me! Or Latin!
• Terminology
• Root Words
• Suffixes
• Prefixes
• There’s a method to the madness

Migraines: 44 Choices

Documentation must include:
• With or without aura
• Intractable or not intractable
• With or without status migrainosus
• Persistent or chronic
• With or without vomiting
• With or without ophthalmoplegic, menstrual, etc.
• Induced by ICD-10 training

Vital Definitions

With Aura: Feelings and symptoms noticed shortly before the headache begins...aka "prodrome"
• Blind spots
• Seeing zigzags
• Flashing lights
• Prickling Skin
• Weakness (paresthesia)

Intractable? You Tell Me...

Status Migrainosus

• Chronic migraines that last more than 72 hours
• The codes DCs usually use are very vague
• If that DX comes through, doctors may need help with exact diagnosis

Unspecific Codes are Problematic
**Enthesopathy**
- **Entheses**: the sites where the tendons or ligaments insert into the bone
- **Enthesitis**: inflammation of these sites
- **Medial/Lateral Epicondylitis**
- **Metatarsalgia**

**Medial/Lateral**
- Med or Mid- in the middle
- "ial" = pertaining to
- **Lateralis** – side
  - To or from the side

**Epicondyle**
- **Epi** – on, upon or above
- **Condyle** – rounded protuberance of a bone where it meets another bone
- Above the protuberance of the long bone (elbow)

**Metatarsal/Metatarsalgia**
- **Meta tarsa** has Greek origin for “flat” Foot bones are flat bones.
- **Algia** is suffix for pain

**Arthropathies**
- **Arthro** = Joint
- **Opathy** = Condition of

**Let’s Cover the Very Basics**
- **Skeletal System**: 206 bones, cartilage and ligaments
- **Axial Division**: Trunk
- **Appendicular Division**: Appendages
- **Condyle**: Rounded end of bone
- **Tendons**: Anchor Muscle to Bone
- **Ligaments**: Anchor Bones to Bones
Core Chiro Terms

- **algia** = pain
- **itis** = inflammation
- **pathy** – disease of, usually non-inflammatory
- **osis** = state or condition of

- Cervicalgia
- Lumbalgia
- Scoliosis
- Cephalgia
- Myalgia
- Myofascitis
- Spondylopathy

Symptomology Diagnosis Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>723.1</td>
<td>Cervicalgia</td>
</tr>
<tr>
<td>M54.2</td>
<td>Cervicalgia</td>
</tr>
</tbody>
</table>

**Cervico = Neck**
**-Algia = Pain**

Cervicalgia = Neck Pain

Coding Whiplash

- **Sprain VS. Strain**
  - 847.0: Sprain of Neck (Includes strain of joint capsule, ligament, muscle, tendon)
  - S13.4 Sprain of ligaments of the cervical spine
  - S16.1xx: STRAIN of muscle, fascia and tendon at neck level, initial encounter

Cervical Spine

- 7 vertebra: C1-C7
- Occiput
- Atlas = C1
- Axis = C2
- Atlanto-Axial = C1-C2
- **Cervical Lordosis:** refers to the curve of the spinal: could be hypo or hyper

Lordosis/Kyphosis

- Lordis – Bent to front
- Osis – state of
- Kypho – bent to back
- Hypo- not enough
- Hyper – too much

Coding

Thoracic Spine

- 12 Vertebra: T1-T12
- Also called the dorsal spine
- **Kyphotic Curve**
- From the Greek: hump
- AKA hunchback
Lumbar Spine

- 5 Lumbar Vertebra: L1-L5
- Pelvic
- Sacrum
- Coccyx
- Lumbar lordotic curve
- Many areas to understand below the belt

Intensity Guidelines

Intensity - Grading as follows:

- Minimal: When the symptoms or signs constitute an annoyance but cause no impairment in the performance of a particular activity.
- Slight: When the symptoms or signs can be tolerated but would cause some impairment in the performance of an activity that precipitates the symptoms or signs.
- Moderate: When the symptoms and signs would cause marked impairment in performance of an activity that precipitates the symptoms or signs.
- Marked: When the symptoms or signs preclude any activity that precipitates symptoms or signs.

Very Common Prefix/Combining Forms for DX

- Brachio: Relating to the shoulder
- Cervico: Relating to the cervical spinal region
- Thoraco: Relating to the thoracic spinal region
- Lumbo: Relating to the lumbar spinal region
- Sacro: Relating to the sacral spinal region
- Radiculo: Relating to the nerve roots
- Costo: Relating to the ribs
- Neuro: Relating to the nerve
- Scolio: Being crooked or twisted
- Ostro: Relating to the bone
- Arthro: Relating to the joint, articulation
- Spondylo: Relating to the vertebra or vertebral column
- Cephalo: Relating to the head
- Myo: Relating to the muscle

Planes of the Body

- Coronal Plane (Frontal Plane): A vertical plane running from side to side, divides the body or any of its parts into anterior and posterior portions.
- Sagittal Plane (Lateral Plane): A vertical plane running from front to back, divides the body or any of its parts into right and left sides.
- Axial Plane (Transverse Plane): A horizontal plane, divides the body or any of its parts into upper and lower parts.
- Median plane: Sagittal plane through the midline of the body, divides the body or any of its parts into right and left halves.

Anatomical Position-Facing Forward

- Antalgic: Any physical attitude assumed to gain relief of pain
- Prone: Lying face down
- Supine: Lying on the back, face up (also dorsal)
Basic Anatomy - Directional Terms

Anterior: In front of, front
Posterior: After, behind, following, toward the rear
Distal: Away from, farther from the origin
Proximal: Near, closer to the origin
Dorsal: Near the upper surface, toward the back
Ventral: Toward the bottom, toward the belly
Superior: Above, over
Inferior: Below, under
Lateral: Toward the side, away from the midline
Medial: Toward the mid-line, middle, away from the side

Terms of Motion

• Flexion: The joint angle becomes smaller
  • A bent elbow is flexed
  • Cervical flexion is when the head is bowed forward
  • Bicep flexion is familiar
  • Lateral flexion is ear to shoulder
• Hyper/hypo-flexion: Too Much/Too Little Flexion

Terms of Motion

• Extension: The joint angle becomes larger
  • Cervical extension - head goes backward
  • Positive for pain when joint pinching occurs
• Hyper/Hypo-Extension: Too far, as in hyperextended knee

Terms of Motion

• ABduction: Moving farther away from the mid-line
• ADduction: Moving toward the midline
• Usually in the shoulder, hip, fingers, toes

Musculoskeletal Prefixes

• inter- “between”
  • Intersegmental
  • Between the segments
• Supra- “above”
  • Supraspinatus
  • a muscle of the back of the shoulder that arises from the supraspinous fossa of the scapula

Combining Forms - Speed Round

• Acetabul/o – hip socket
• Ankyl/o – bent, fused
• Arthr/o – Joint
• Burs/o – fluid-filled sac in a joint
• Carp/o – carpals (wrist bones)
Combining Forms-Speed Round

- **Clavic/o, Clavicul/o** – clavicle (collar bone)
- **Cost/o** – Rib
- **Crani/o** – cranium (skull)
- **Femor/o** – thighbone
- **Humer/o** – humerus (upper arm bone)
- **Ili/o – ilium** (upper pelvic bone)

Combining Forms-Speed Round

- **Kinesi/o** – movement
- **Kyph/o** – hump
- **Lamin/o** – lamina
- **Lord/o** – curve
- **Lumb/o** – lower back
- **Mandibul/o** – mandible (lower jawbone)

Combining Forms-Speed Round

- **Maxill/o** – maxilla (upper jawbone)
- **My/o, Musul/o** – muscle
- **Oste/o** – bone
- **Pelv/I** – pelvis (hip)
- **Phalang/o** – phalanges (finger or toe)
- **Pub/o** – pubis

Combining Forms-Speed Round

- **Rachi/o** – spine
- **Radi/o** – radius (lower arm)
- **Sacr/o** – sacrum
- **Scapul/o** – scapula (shoulder)
- **Scoli/o** – bent
- **Spondyl/o** – vertebra
- **Stern/o** – sternum (breast bone)

Combining Forms-Speed Round

- **Tars/o** – tarsal (ankle/foot)
- **Tend/o** – tendon (connective tissue)
- **Vertebr/o** – Vertebra

Part Two: Head, Cervical and Upper Extremity

Presented by: Kathy Mills Chang, MCS-P
Eureka!

Estimated annual direct medical costs for all spine related conditions for the years 2002-2004 were $193.9 billion, with $30.3 billion estimated as the incremental cost directly related to spine pain. (Chapter 9: Health Care Utilization and Economic Cost of Musculoskeletal Diseases.) In addition, annual indirect costs of $14.0 billion in lost wages were incurred as a result of spine disorders.

Focus: Head, Neck, Upper Extremity

• Diagnosis and treatment of cervical and upper extremity conditions
• 40-50% of the population has a head/neck problem once a year

Head, Neck, Extra Spinal

• 98943 = Extraspinal Adjustments
  • Includes upper extremities
  • Shoulder, elbow, wrist, hand, phalanges

Combining Forms-Speed Round

• Ankyl/o – bent, fused
• Arthr/o – Joint
• Burs/o – fluid-filled sac in a joint
• Carp/o – carpal (wrist bones)
• Clavic/o, Clavicul/o – clavicle (collar bone)

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• Lord/o – curve
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Anatomical Position-Facing Forward
Let's Review!

Become Familiar with These

97140/97124 Discussion

Cervical Diagnosis in ICD-10

Cervical and Head Diagnoses

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>ICD-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>M99.02</td>
<td>Segmental and saccular dysf. of head region</td>
<td>S13.310, S13.120</td>
</tr>
<tr>
<td>M99.021</td>
<td>Segmental and saccular dysf. of cervical region</td>
<td>S13.310, S13.320</td>
</tr>
<tr>
<td>M99.11</td>
<td>Subluxation of complex verteb电台al of head region</td>
<td>S13.330, S13.360</td>
</tr>
<tr>
<td>S13.100</td>
<td>Subluxation of unspecified cervical vertebrae</td>
<td>S13.390, S13.470</td>
</tr>
</tbody>
</table>
Cervicothoracic Junction

- Sit at a desk much?
- Text much?
- Look at your phone much?
- Patients have more and more challenges with forward head carriage

Upper Crossed Syndrome

- Responds well to active care
- Excellent DX when proving medical necessity for 97110
- Inhibited vs. tight
- Also lower crossed syndrome

Back Office CA’s Benefit from this Understanding!

<table>
<thead>
<tr>
<th>Hypertonic/Tight</th>
<th>Inhibited/Weak</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upper trapezius, scalenes, and deep neck flexors</td>
<td>Lower &amp; middle traps, SCM, suboccipitals, and pectoral major</td>
</tr>
</tbody>
</table>

Know Your Anatomy

- ICD-10 divides up the areas of focus
- Upper, mid, lower
- Occipital, Occipito-Cervical, Cervical, Cervico-Thoracic, and Thoracic

Coding

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Coding
### Terms of Motion

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- **AD-duction**: Moving toward the midline
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### An Example of 7th Digit

<table>
<thead>
<tr>
<th>Code</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>S43.31</td>
<td>Subluxation and dislocation of scapula</td>
</tr>
<tr>
<td>S43.311</td>
<td>Subluxation of right scapula</td>
</tr>
<tr>
<td>S43.312</td>
<td>Subluxation of left scapula</td>
</tr>
<tr>
<td>S43.313</td>
<td>Subluxation of unspecified scapula</td>
</tr>
<tr>
<td>S43.314</td>
<td>Dislocation of right scapula</td>
</tr>
<tr>
<td>S43.315</td>
<td>Dislocation of left scapula</td>
</tr>
<tr>
<td>S43.316</td>
<td>Dislocation of unspecified scapula</td>
</tr>
</tbody>
</table>

### Unspecified—Use Sparingly

- **S43.00**: Unspecified subluxation and dislocation of shoulder joint
  - Dislocation of humerus NOS
  - Subluxation of humerus NOS
  - Unspecified subluxation of right shoulder joint
  - Unspecified subluxation of left shoulder joint
  - Unspecified subluxation of unspecified shoulder joint
  - Unspecified dislocation of right shoulder joint
  - Unspecified dislocation of left shoulder joint
  - Unspecified dislocation of unspecified shoulder joint

### Tissues of the Upper Extremity

- **Cartilage**
  - Protect and cover bones at the joints
  - Devoid of nerves and blood vessels
  - Takes a long time to heal

- **Bursa**
  - Fluid filled sac
  - Protects and lubricates joints

- **Synovium**
  - Fluid filled sac
  - Protects and lubricates tendons crossing joints

- **Nerves**
  - Send signals to and from brain and spinal cord

### Upper Extremity Diagnosis Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>D90.0</td>
<td>Aneurysm other thanrtery</td>
</tr>
<tr>
<td>E41</td>
<td>Bacterial, acute</td>
</tr>
<tr>
<td>G53.1</td>
<td>Bacterial sepsis disorder</td>
</tr>
<tr>
<td>G53.2</td>
<td>Brain or spinal cord, not elsewhere classified</td>
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<tr>
<td>G53.3</td>
<td>Cerebrovascular accident (ICP)</td>
</tr>
<tr>
<td>G53.7A</td>
<td>Cerebral infarction</td>
</tr>
<tr>
<td>G04.0</td>
<td>Cerebral aneurysm</td>
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<tr>
<td>G36.1</td>
<td>Cerebral aneurysm</td>
</tr>
<tr>
<td>G36.2</td>
<td>Cerebral aneurysm</td>
</tr>
<tr>
<td>G50.0</td>
<td>Carotid artery disease</td>
</tr>
<tr>
<td>G50.1</td>
<td>Cervical artery disease</td>
</tr>
<tr>
<td>G50.2</td>
<td>Carotid artery disease</td>
</tr>
<tr>
<td>G50.3</td>
<td>Carotid syndrome</td>
</tr>
<tr>
<td>G50.4</td>
<td>Carotid syndrome</td>
</tr>
<tr>
<td>E92.0</td>
<td>Diabetes mellitus due to underlying condition</td>
</tr>
<tr>
<td>E92.1</td>
<td>Diabetes mellitus, not elsewhere specified</td>
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<td>E92.4</td>
<td>Diabetes mellitus</td>
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<tr>
<td>E92.5</td>
<td>Diabetes mellitus</td>
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<tr>
<td>G04.1</td>
<td>Diabetic retinopathy</td>
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<td>Diabetic retinopathy</td>
</tr>
</tbody>
</table>
**An Example of 7th Digit**

- S43.03  
  Inferior subluxation and dislocation of humerus

- S43.03.1  
  Inferior subluxation of right humerus

- S43.03.2  
  Inferior subluxation of left humerus

- S43.03.3  
  Inferior subluxation of unspecified humerus

- S43.03.4  
  Inferior dislocation of right humerus

- S43.03.5  
  Inferior dislocation of left humerus

- S43.03.6  
  Inferior dislocation of unspecified humerus

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**Laterality Plus 7th Digit**

- S53.42  
  Unlabeled (joint) sprain

- S53.42.1  
  Unlabeled (joint) sprain of right elbow

- S53.42.2  
  Unlabeled (joint) sprain of left elbow

- S53.42.9  
  Unlabeled (joint) sprain of unspecified elbow

---

**Laterality, Subluxation, Dislocation, 7th Digit**

- S63.02  
  Subluxation and dislocation of radiocapitellar joint

- S63.02.1  
  Subluxation of radiocapitellar joint of right wrist

- S63.02.2  
  Subluxation of radiocapitellar joint of left wrist

- S63.02.3  
  Subluxation of radiocapitellar joint of unspecified wrist

- S63.02.4  
  Dislocation of radiocapitellar joint of right wrist

- S63.02.5  
  Dislocation of radiocapitellar joint of left wrist

- S63.02.6  
  Dislocation of radiocapitellar joint of unspecified wrist

---

**Upper Extremity Diagnosis Options**

- C50.47  
  Carpal tunnel syndrome

- M76.31  
  Carpal tunnel syndrome of right upper limb

- M76.32  
  Carpal tunnel syndrome of left upper limb

- R52.01  
  Carpal tunnel syndrome of right hand

- R52.02  
  Carpal tunnel syndrome of left hand

- R52.1  
  Carpal tunnel syndrome of unspecified hand

- R52.31  
  Carpal tunnel syndrome of right finger(s)

- R52.32  
  Carpal tunnel syndrome of left finger(s)

- R52.33  
  Carpal tunnel syndrome of unspecified finger(s)

- R52.5  
  Carpal tunnel syndrome of unspecified upper extremity

---

**Upper Extremity Diagnosis Codes**

**Upper Extremity Subluxation Codes**

- V85.07  
  Segmentation and synostosis of elbow and upper arm

- V85.10  
  Subluxation of elbow (other unspecified)

- V85.11  
  Subluxation of elbow (related to trauma)

- V85.12  
  Subluxation of elbow (other specified)

- V85.13  
  Subluxation of elbow (unspecified)

---

**Upper Extremity Subluxation Codes**

- V85.14  
  Subluxation of elbow (unspecified)

- V85.5  
  Subluxation of elbow (unspecified)

- V85.51  
  Subluxation of elbow (unspecified)

- V85.52  
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- V85.99  
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Understand the Words of the DX

**Musculoskeletal**

- Range of Motion: Cervical - Active
  - Flexion: 50 degrees with pain and without radiation
  - Extension: 30 degrees with pain
  - Right: Flexion: 50 degrees with pain and without radiation
  - Left: Flexion: 30 degrees with pain
  - Rotation: Cervical - Active
  - Right Rotation: 50 degrees without pain, without radiation
  - Left Rotation: 50 degrees without pain, without radiation
  - Extension: 30 degrees without pain, without radiation
  - Flexion: 50 degrees without pain, without radiation

**Physical Findings:**
- Neck: Painful, tightness, and stiffness.
- Spine: Limited range of motion.
- Shoulders: Restricted movement.
- Upper arms: Weakness or numbness.
- Lower extremities: Weakness or numbness.
- Reflexes: Absent or reduced.
- Sensation: Abnormal.

**Differential Diagnosis:**
- Cervical Radiculopathy
- Cervical Spondylosis
- Cervical Disc Herniation
- Degenerative Disc Disease
- Myelopathy

**Assessment:**

**Neurology:**
- Cervical Spine: Restricted motion.
- Upper extremities: Weakness or numbness.
- Lower extremities: Weakness or numbness.

**Musculoskeletal:**
- Cervical Spine: Restricted motion.
- Upper extremities: Weakness or numbness.
- Lower extremities: Weakness or numbness.

**Imaging:**
- X-rays: Show evidence of osteophytes and disc herniation.
- MRI: Show evidence of disc herniation and spinal stenosis.

**Treatment:**
- Medications: Non-steroidal anti-inflammatory drugs (NSAIDs)
- Physical Therapy: Range of motion exercises.
- Surgery: For severe cases.

**Prognosis:**
- Recovery: Depends on the severity of the condition.

**Prevention:**
- Ergonomics: Proper posture and positioning.
- Exercise: Regular exercise.

**References:**
- Cervical Spine Anatomy.
- Cervical Spine Pathology.
- Cervical Spondylosis.

**Conclusion:**

- Cervical Radiculopathy needs prompt medical attention to prevent further damage.

**Diagnosis:**

- Cervical Radiculopathy
- Cervical Spondylosis
- Cervical Disc Herniation

**Management:**
- Non-surgical: Physical therapy, medications, injections.
- Surgical: Decompression, fusion.

**Follow-up:**
- Imaging: MRI, CT scan.
- Physical Therapy: Rehabilitation.

**Education:**
- Ergonomics: Proper posture.
- Exercise: Regular physical activity.

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**Conclusion:**

- Cervical Radiculopathy requires prompt medical attention.
What Can You Do Now?

- Practice together
- Make flash cards
- Do internal quizzes
- Staff meeting games
- Practice auditing some files
- Review with the doctor
- Look at new cases and learn, learn, learn

TREATMENT PLAN:

Maire's treatment plan for this episode began on 8/27/2014 and is projected to be completed by 10/8/2014.

- Medication: None
- Pain: VAS: 6/10
- Functional Limitations: Maire reports difficulty dressing due to pain, poor sleep, and difficulty with daily activities.

Acute Pain Plan:

- Short-Term Goal: To decrease pain by 30% within 2 weeks.
- Strategies:
  - Hot/cold therapy
  - Exercise

Chronic Pain Plan:

- Long-Term Goal: To decrease overall pain by 50% with a goal of maintaining a VAS of ≤ 3/10.
- Strategies:
  - Exercise
  - Education
  - Behavior modification

Need Help?

info@kmcuniversity.com