

## Part B Insider (Multispecialty) Coding Alert

### Reader Questions: Nail Down Chiropractic Codes

**Question:** A patient presents with a subluxation of the lumbar and sacral spine with degeneration of disc(s) in the lumbar region, and the chiropractor performs CMT to the lumbar and sacral spine. Which codes do we report?

**Answer:** You'll report 739.3 (Nonallopathic lesions of lumbar region, not elsewhere classified) as the primary diagnosis, followed by a secondary diagnosis of 722.52 (Degeneration of lumbar or lumbosacral intervertebral disc), and a tertiary diagnosis of 739.4 (Nonallopathic lesions of sacral region, not elsewhere classified). However, you must have a neuromuscular complaint as well to report 739.4

Noridian Medicare, a Part B MAC, advises chiropractors to enter up to four diagnosis codes in priority order (two primary and two secondary conditions). "If you need to document more than four diagnosis codes, as will be the case any time there are more than two regions billed, the additional diagnoses must be present in the medical record," the policy states.

**Looking ahead:** When ICD-10 is implemented in Oct. 2015, these diagnosis codes will change. For example, 739.3 in ICD-9 would map to M99.83 (Other biomechanical lesions of lumbar region) in ICD-10. The category M99 refers to (Biomechanical lesions, not elsewhere classified)

The ICD -9 secondary diagnoses of 722.52 would map into two ICD-10 CM codes: M51.36 (Other intervertebral disc degeneration, lumbar region) and M51.37 (Other intervertebral disc degeneration, lumbosacral region). These come under the category of "Other dorsopathies". You cannot include a current injury scenario with these codes. The ICD-9 tertiary diagnosis code 739.4 would map into ICD-10 CM code M99.84 (Other biomechanical lesions of sacral region).