

## Pain Management Coding Alert

### ICD-10: Look Sideways to Get the Scoop on New ICD-10s

#### ICD-10 2017 codes full of bilateral options for various conditions.

In late summer the Centers for Disease Control and Prevention (CDC) submitted its final list of new, updated, and deleted codes for 2017.

**Takeaway:** The new diagnosis code sets include several important changes for pain management practices — especially when reporting bilateral conditions such as carpal tunnel syndrome (CTS) and causalgia. There's also been some changes to how you will report some cervical disc disorders.

"Many of the nervous system mononeuropathy diagnoses that currently have ICD-10 codes specifying unilateral right or left conditions" now have specific diagnosis codes to represent the conditions bilaterally, explains **Marvel Hammer, RN, CPC, CCS-P, ACS-PM, CPCO**, owner of MJH Consulting in Denver, Co.

These new codes are effective as of Oct. 1, 2016 — not Jan. 1, 2017. So if you haven't familiarized yourself with them already, you need to know these codes ASAP. Check out this rundown of the ICD-10 codes you'll need to know to prevent a diagnosis coding fall this autumn.

#### Submit Single ICD-10 for Bilateral CTS

One code that CDC approved for 2017 is G56.03 (Carpal tunnel syndrome, bilateral upper limbs). So if a patient has a diagnosis of bilateral CTS, you should report G56.03 rather than G56.01 (Carpal tunnel syndrome, right upper limb) and G56.02 (Carpal tunnel syndrome, left upper limb).

The new list also includes bilateral codes for the following conditions:

- Meralgia paresthetica, G57.13 (Meralgia paresthetica, bilateral lower limbs)
- Causalgia, G56.43 (Causalgia of bilateral upper limbs) and G57.73 (Causalgia of bilateral lower limbs)
- Complex regional pain syndrome I (CRPS), G90.513 (Complex regional pain syndrome I of upper limb, bilateral) and G90.523 (Complex regional pain syndrome I of lower limb, bilateral)
- Temporomandibular joint disorders (TMJ, TMD), M26.623 (Arthralgia of bilateral temporomandibular joint)

**Note:** If a patient has one of the above conditions unilaterally, you should still use the appropriate unilateral code, as you did last year.

Another big change concerns the deletion of the mid-cervical disc disorder codes and expansion with ICD-10 codes for the specific levels, explains Hammer. For example, ICD-10 2017 deletes M50.22 (Other cervical displacement, mid-cervical region) and adds the following codes to specify cervical levels, when possible:

- M50.220 (Other cervical disc displacement, mid-cervical region, unspecified level)
- M50.221 (Other cervical disc displacement at C4-C5 level)
- M50.222 (Other cervical disc displacement at C5-C6 level)
- M50.223 (Other cervical disc displacement at C6-C7 level)

#### Drill Down Further With New CI Codes

Neurology practices will want to note that there are also some new bilateral options for them in ICD-10.

For neurology providers, ICD-10 2017 includes new codes for cerebral infarction (CI) of the various bilateral arteries, rather than just the unilateral right and left codes, says Hammer.

**Example:** A patient experiences a CI due to thrombosis of the bilateral carotid arteries. For this condition, you'll report I63.033 (Cerebral infarction due to thrombosis of bilateral carotid arteries) rather than I63.031 (Cerebral infarction due to thrombosis of right carotid artery) and I63.032 (Cerebral infarction due to thrombosis of left carotid artery).

The new codes also provide more specific options in the cognitive deficits subcategory following the various sequelae of cerebrovascular disease conditions, says Hammer. For example, the new list does not include I69.11 (Cognitive deficits following nontraumatic intracerebral hemorrhage). Instead, ICD-10 replaced it with these new codes:

- I69.111, Memory deficit following nontraumatic intracerebral hemorrhage
- I69.112, Visuospatial deficit and spatial neglect following nontraumatic intracerebral hemorrhage
- I69.113, Psychomotor deficit following nontraumatic intracerebral hemorrhage
- I69.114, Frontal lobe and executive function deficit following nontraumatic intracerebral hemorrhage
- I69.115, Cognitive social or emotional deficit following nontraumatic intracerebral hemorrhage
- I69.118, Other symptoms and signs involving cognitive functions following nontraumatic intracerebral hemorrhage
- I69.119, Unspecified symptoms and signs involving cognitive functions following nontraumatic intracerebral hemorrhage

**Check it out:** To see a complete list of the 2017 ICD-10 code additions, deletions, and revisions, see [www.cdc.gov/nchs/icd/icd10cm.htm](http://www.cdc.gov/nchs/icd/icd10cm.htm).