Workers' Comp

The Compliance Corner: Using Subluxation Codes vs. Dislocation Codes

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Subluxation Codes: The New Fashion in Diagnosis Coding ICD-10-CM Separates Subluxation From Dislocation

Before implementation of ICD-10-CM, during the archaic times of ICD-9-CM (was it really only 16 months ago?!), chiropractic physicians typically reported diagnosis codes from the 739 series of “non-allopathic lesions” which included “segmental and somatic dysfunction.” General Equivalence Mappings (GEMs) were developed to assist in translating ICD-9-CM codes into a crosswalk to ICD-10-CM. Using the GEM translation directs users from the 739 code series of ICD-9-CM to the ICD-10-CM M99: Biomechanical lesions, not elsewhere classfied series of codes. When these codes are used in the casualty industry, they are considered traumatopathic in nature. This means that biomechanical lesions or subluxation complexes described by the M99 series are clinical situations that have resulted from healed or healing traumatic injuries.

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Providers also reported codes from the ICD-9-CM 830-839 series of dislocation codes that included a non-essential modi er which speci ed subluxation. Using the GEMS, these codes translate directly to corresponding acute traumatic (not traumatopathic) ICD-10-CM dislocation codes such as S13.101A: Dislocation of unspecfied cervical vertebrae, initial encounter. The subluxation non-essential modifier no longer exists for dislocation codes within ICD-10- CM framework and as a result, the GEMS translation points users to corresponding traumatic subluxation codes, such as S13.100A: Subluxation of unspecified cervical vertebrae, initial encounter. The end result is that acute subluxation codes have been separated from their sister dislocation codes. From a clinical perspective, dislocation and subluxation represent very distinct medical situations. Subluxations refer to the misaligned position of two bones which form a joint, resulting in an alteration of movement integrity and/or physiological function. Subluxations are clinically stable—meaning that this misalignment does not typically

require surgical intervention and can be treated conservatively. Chiropractic manipulation may be indicated for subluxations. On the other hand, a dislocation is a complete separation of two bones which form a joint. It is clinically unstable and may require reduction, either manually or surgically. Because of the unstable nature of dislocations, chiropractic manipulation can be considered a contraindication. At this point, we remain in the infancy in the usage of ICD-10-CM. While many providers have embraced the new subluxation codes, others continue to report the dislocation codes because of the direct GEMS translation. As we progress, the hope is that more providers will understand that the non-essential modi er specifying subluxation for dislocation codes no longer exists and will also move toward the new subluxation codes.

[i]VEHICLE TECHNOLOGIES OFFICE: LIGHTWEIGHT MATERIALS FOR CARS AND TRUCKSTaber's Cyclopedic Medical Dictionary 20th Edition, FA Davis Company, Philadelphia, PA [ii]MLN Matters® Number SE1101 Revised September 2011 [iii]WHO Guidelines On Basic Training And Safety In Chiropractic, World Health Organization, Geneva, Switzerland 2005



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