

Diagnosis and Treatment Codes



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Important Information

Hive Therapy and Wellness is out of network for all insurance plans including Medicare and Medicaid. In most cases, you can submit a claim to your insurance for reimbursement.

If your decision to move forward with Hive's services depends on the amount your insurance will reimburse you, please contact your insurance company for this information BEFORE confirming your appointment. You may be asked to provide ICD-10 diagnosis codes and/or CPT Treatment Codes to determine coverage.

The most common codes the physical therapists at Hive use are described in this document, however they may use other codes based on physical examination. To learn what services may or may not be covered by your insurance, please refer to the "Does My Insurance Cover My Care?" document located on the [Helpful Documents](#) page of Hive's website.

Insurance companies are auditing constantly these days. Changing ICD-10 billing codes during treatment can raise a red flag and be investigated for insurance fraud. The providers at Hive will rarely change codes after they are established.

Therefore, it is your responsibility to communicate thoroughly with your insurance company to gain an understanding of which codes are covered. You must also communicate your needs with your provider before receiving services if necessary.

Hive Therapy and Wellness cannot change your billing after your services.



About Diagnosis Codes

Please note: This is not an exhaustive list of all codes used by Hive Therapy and Wellness. These are commonly used codes, but you may see codes on your billing that are not listed here. Be sure to check with your insurance which codes are eligible for reimbursement under your specific plan.

Common ICD-10 Diagnosis Codes: Relating to the Pelvic Floor

Prolapse

N81.9: Female genital prolapse, unspecified

K62.2: Anal prolapse

K62.3: Rectal prolapse

N81.89: Other female genital prolapse

N81.6: Rectocele

N81.10: Cystocele, unspecified

Bowel

K59.00: Constipation, unspecified

K58.1: Irritable bowel syndrome with constipation

R15.0: Incomplete defecation, fecal incontinence with incomplete defecation

R15.1: Fecal smearing, fecal soiling concurrent and due to fecal incontinence

R15.2: Fecal urgency, fecal incontinence with fecal urgency or urgent desire to stool

R15.9: Full incontinence of feces, alteration in bowel elimination

K59.09: Other constipation, chronic constipation

K59.02: Outlet dysfunction constipation

K59.01: Slow transit constipation

K58.9: Irritable bowel syndrome without diarrhea, bowel spasm, irritable bowel syndrome characterized by alternating bowel habit

Common ICD-10 Diagnosis Codes: Relating to the Pelvic Floor

Urinary

N39.498: Other specified urinary incontinence

R32: Unspecified urinary incontinence

N39.46: Mixed incontinence

N39.3: Stress incontinence

N39.492: Postural urinary incontinence

N39.491: Coital incontinence

R39.81: Urinary incontinence associated with cognitive impairment

R39.81: Functional Urinary Incontinence

N39.41: Urge incontinence

N39.42: Incontinence without sensory awareness

N39.43: Post-void dribbling

N39.490: Overflow incontinence

Back / Hip

M25.50: Pain in unspecific joint

M54.5: Low back pain

M53.3: Sacrococcygeal disorders, not elsewhere classified

Pelvic/Abdominal Pain

M25.50: Pain in unspecific joint

Other

M62.81: Muscle weakness (generalized)

M62.838: Other muscle spasm

Common ICD-10 Diagnosis Codes: Pain Related to the Spine

General Spine Pain

M54.5: Low back pain

M54.6: Pain in thoracic spine

M54.2: Cervicalgia (neck pain)

Radicular Pain and Sciatica

M54.41: Lumbago with sciatica, right side

M54.42: Lumbago with sciatica, left side

M54.31: Sciatica, right side

M54.32: Sciatica, left side

M54.12: Radiculopathy, cervical region

M54.13: Radiculopathy, thoracic region

M54.14: Radiculopathy, lumbar region

M54.15: Radiculopathy, sacral and sacrococcygeal region

Chronic Pain

M54.89: Other dorsalgia (general back pain)

G89.29: Other chronic pain (general use for chronic spine pain)

Common ICD-10 Diagnosis Codes: Pain Related to the Upper Extremities

Shoulder Pain

M25.511: Pain in right shoulder

M25.512: Pain in left shoulder

M75.101: Unspecified rotator cuff tear or rupture, right shoulder

M75.102: Unspecified rotator cuff tear or rupture, left shoulder

M75.41: Impingement syndrome, right shoulder

M75.42: Impingement syndrome, left shoulder

Elbow Pain

M25.521: Pain in right elbow

M25.522: Pain in left elbow

M77.11: Lateral epicondylitis (tennis elbow), right elbow

M77.12: Lateral epicondylitis, left elbow

M77.01: Medial epicondylitis, right elbow

M77.02: Medial epicondylitis, left elbow

M77.00: Medial epicondylitis, unspecified elbow

Wrist and Hand Pain

M25.531: Pain in right wrist

M25.532: Pain in left wrist

M25.541: Pain in joints of right hand

M25.542: Pain in joints of left hand

Arm Pain

M79.601: Pain in right arm

M79.602: Pain in left arm

Common ICD-10 Diagnosis Codes: Pain Related to the Lower Extremities

Hip Pain

M25.551: Pain in right hip

M25.552: Pain in left hip

M76.01: Gluteal tendinitis, right hip

M76.02: Gluteal tendinitis, left hip

Knee Pain

M25.561: Pain in right knee

M25.562: Pain in left knee

M76.51: Patellar tendinitis, right knee

M76.52: Patellar tendinitis, left knee

Ankle and Foot Pain

M25.571: Pain in right ankle and foot

M25.572: Pain in left ankle and foot

M77.41: Metatarsalgia, right foot

M77.42: Metatarsalgia, left foot

Leg Pain

M79.604: Pain in right leg

M79.605: Pain in left leg

Common ICD-10 Diagnosis Codes: Dizziness or Balance

Dizziness and Balance Issues

R42: Dizziness and giddiness

- A general code used for nonspecific dizziness, which can be due to a variety of causes, including vestibular dysfunction, neurological, or cardiovascular issues.

R26.81: Unsteadiness on feet

- This code is often used to describe issues with balance that affect mobility, commonly associated with vestibular or neurological disorders.

R26.89: Other abnormalities of gait and mobility

- Used when the specific cause of abnormal gait or balance is not defined, which may include vestibular conditions.

R27.0: Ataxia, unspecified

- Ataxia refers to uncoordinated movement, which can be a symptom of vestibular hypofunction or other neurological conditions.

R27.8: Other lack of coordination

- This code is used when there is a lack of coordination that doesn't fit the specific diagnosis.

Common ICD-10 Diagnosis Codes: Vestibular

Vestibular Hypofunction

Vestibular hypofunction refers to a reduction in the functioning of the vestibular system, which can lead to imbalance, dizziness, and vertigo.

H81.9: Unspecified disorder of the vestibular system

- This code is often used when a specific vestibular disorder, such as hypofunction, is suspected but not fully diagnosed.

H81.01: Vestibular hypofunction, right ear

H81.02: Vestibular hypofunction, left ear

- These codes are used for unilateral vestibular hypofunction, where one ear's vestibular system is underfunctioning.

H81.03: Bilateral vestibular hypofunction

- This code is used when both ears have reduced vestibular function.

Peripheral Vestibular Disorders

H81.10: Benign paroxysmal vertigo, unspecified ear

- Common in patients with dizziness related to positional changes, such as benign paroxysmal positional vertigo (BPPV).

H81.11: Benign paroxysmal vertigo, right ear

H81.12: Benign paroxysmal vertigo, left ear

H81.13: Benign paroxysmal vertigo, bilateral

- BPPV is a common cause of dizziness related to a dysfunction in the inner ear (vestibular system).



Common ICD-10 Diagnosis Codes: Temporomandibular

Temporomandibular Joint Disorders (TMJ)

M26.60: Temporomandibular joint disorder, unspecified

M26.61: Temporomandibular joint disorder, right side

M26.62: Temporomandibular joint disorder, left side

M26.63: Temporomandibular joint disorder, bilateral

M79.85: Pain in jaw

- This code can be used when there is pain in the jaw that might be related to TMJ dysfunction, though it's more general.



Common ICD-10 Diagnosis Codes: Additional Codes

Additional Relevant Codes

M79.1: Myalgia (muscle pain)

- Commonly seen in all areas.

M62.81: Muscle weakness (generalized)

- Often paired with pain for functional limitations.



Common CPT Treatment Codes

Please note: This is not an exhaustive list of all codes used by Hive Therapy and Wellness. These are commonly used codes, but you may see codes on your billing that are not listed here. Be sure to check with your insurance which codes are eligible for reimbursement under your specific plan.

- 97163 – Physical Therapy Evaluation
- 97164 – Physical Therapy Re-evaluation
- 97110 – Therapeutic Exercise
- 97112 – Neuromuscular Re-education
- 97116 – Self Care / Home Management Training
- 97140 – Manual Therapy
- 97530 – Therapeutic Activity
- 97116 – Gait Training

Hive Therapy and Wellness does not get creative with treatment codes to charge more. Every patient pays the same flat fee. Treatment code costs depend on if you pay session by session or if you opt for a package option. Please see the [costs page](#) for more information about Hive’s services.

Some insurance companies request to see additional individual treatment codes. Keep the conversation open and transparent with them to understand what they require to get coverage.

For some additional guidance to help you understand your insurance coverage, please refer to the “Does My Insurance Cover My Care?” document located on the [Helpful Documents](#) page of the Hive Therapy and Wellness website.



About Modifiers

What are Modifiers?

Your billing may include a two-digit code called a modifier, which is attached to a CPT treatment code. These are added to your billing depending on the treatments used, who did them, and all sorts of other variables. They are used to ensure accuracy of billing by providing more information about the services provided.

These modifiers may be required by your insurance in order for you to be eligible for coverage in some cases. Be sure to ask your insurance about these modifiers.

Below is a list of some modifiers you may see on your billing. This list is NOT all-inclusive, but may give you an idea of what a modifier looks like:

- GP
- GO
- GN
- KX
- 59
- 96
- 97
- CQ
- CO
- GA
- GX
- GY
- GZ

In order to ensure you get the best coverage, it is essential that you gather all the information about your coverage from your insurance company, including modifiers, and discuss them with your physical therapist beforehand. **Hive Therapy and Wellness cannot change your billing after your services.**



Conclusion

The providers at Hive Therapy and Wellness understand how overwhelming this all can seem. That's exactly why they value transparency in their costs. They do not want you to feel overwhelmed or have a sense of analysis paralysis.

Hive's providers have been through their own share of difficult health care experiences, and know how it feels to navigate all these confusing insurance details, codes, superbills, etc.

Therefore, Hive Therapy and Wellness wants you to feel empowered in your choice of where you receive therapy services. We want you to be physically *and* financially healthy, and this is why our providers bring these conversations to the forefront—instead of allowing you to be surprised by a bill later.

Oftentimes, while it may be surprising, patients discover they have some form of out-of-network coverage—or HSA/FSA funds that they didn't even know could be used for physical therapy.

This is why being more prepared and educated on these difficult topics can often help you be more financially ready for the better quality of care that you need and deserve. Feel free to keep exploring the other information provided on the [Helpful Documents](#) page of Hive's site to continue learning about insurance, superbills, service costs, and more!