

Billing Code Updates for the New Year

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Q: I do not want to bill any incorrect codes, and I know there are always some updates to coding for the new year. Do you know what the updates are or where I may find them? Also, should I be looking to purchase *ICD-10*? I am hearing a lot of buzz about this particular version.

A: Every new year brings about updates and changes to the current coding structures for both diagnosis (*ICD-9*) and procedure (CPT) codes, and this year does have some changes. However, they are very minor with respect to the common codes and services used by chiropractic providers.

The 2010 *ICD-9* codes have a large and broad update to the E codes for external causes of injury. These new codes include injuries from running (E001.1), various sports (water polo E002.2 and ice hockey E003.1), arts and handicrafts (E012.9), food preparation (E015.0), and roller-coaster riding (E017.0), just to name a few. There are more than 30 new categories with multiple subcategories in each. These diagnoses would not be primary, but rather secondary or tertiary to indicate causation. E codes are not required for billing, nor do they add any factor of complication or comorbidity. However, they may be useful to indicate when there is a trauma not related to a third party and may allow bypass of the typical questionnaire sent by the insurance to the patient, inquiring about other third-party liability.

For 2010, gout has also been updated with new codes: 274.00 gouty arthritis, unspecified; 274.01 acute gouty arthropathy; 274.02 chronic gouty arthropathy without mention of tophus (tophi); and 274.03 chronic gouty arthropathy with tophus (tophi).

With the exception of the above, the common codes and conditions treated by chiropractic doctors have no changes for 2010. For those wishing a complete list of the code changes for *ICD-9* in 2010, e-mail me at sam@hjrossnetwork.com and request the 2010 diagnosis change list; I will be glad to forward you a copy in PDF format.

As far as the use of the coding under *ICD-10*, those codes are not currently viable or accepted and therefore have no bearing on the coding used for 2010 claims. I began chiropractic college in 1981 and during that time, there were lots of ads and other promotions to buy and prepare for *ICD-10*. Yet here we are in 2010, and the diagnosis codes are still the *ICD-9* version.

It is very unlikely that the *ICD-10* will be adopted, as the World Health Organization is currently working on a 11th revision of *ICD-10* that is due in 2013. I think it is unlikely that there would be a move to adopt a version that would technically be obsolete with publication of the 11th revision. If the *ICD-10* were adopted, it would be big news for all health care providers. If and when that happens, I will be sure to notify you in this column. Its acceptance would not be a surprise and we would have many months to prepare and implement changes. Bottom line for now: Use the *ICD-9*.

Regarding CPT codes, there are no new or revised codes to the physical medicine and rehabilitation codes for 2010. There are some grammatical and punctuation changes to a few codes in this section, which does allow them to be noted as updated, but there are no meaningful changes to definition or description of the services. This includes chiropractic manipulative therapy (CMT)

codes.

Concerning evaluation and management (E&M), there is a new code (94990) for e-mail or similar style of evaluation and management services. Similar to the revised phone call codes added in 2008, use is limited to when this style of evaluation does not lead to an office visit within 24 hours or is the result of a previous office visit within the past seven days.

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