

Minor Code Changes for 2011

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I am concerned, as I am at the start of every new year, about what is new or changing in the world of chiropractic billing and reimbursement. Are there new diagnosis codes for chiropractors? Are we changing from *ICD-9* to *ICD-10*? Are there any new CPT codes for treatment, exams or physical medicine services commonly used by chiropractors?

I want to address the [issue of the ICD-10](#) first. Diagnoses are internationally recognized and are not limited due to language barriers; consequently, they are categorized by a numeric system (numbers being universal) to describe and code illness, disease, injuries, etc., with this system we call International Classification of Diseases. The current system used the United States is the ninth revision, of course, which was adopted in 1979. This version is becoming obsolete, unable to meet the current and future demands of health care data needs. Therefore, there is a current movement toward use of the 10th revision.

However, the *ICD-10* is not scheduled for use until Oct. 1, 2013, so any use of *ICD-10* at this time would be erroneous. Additionally, my experience with changes of this magnitude is that they are often delayed or postponed; I would not be surprised if the October 2013 deadline were extended or amended. When and if the *ICD-10* is implemented, it will be very big news and I will be sure the chiropractic profession is readily informed and ready for the change.

That said, the *ICD-9* is revised and updated each year, and may include new codes and/or updates to existing codes. Often you will hear that there are thousands of changes, which technically may be true. However, a grammatical or punctuation change is the most common and that is generally the majority of changes. For 2011, there are some changes. But are these changes significant to the chiropractic profession? The short answer is no. Here are a few examples.

There is a new code for edema (782.3) and one for jaw pain (mandibular or maxilla): 784.92. Note the new code for jaw pain excludes the TMJ. The code for [TMJ pain or dysfunction](#) remains 524.62.

The diagnosis codes most commonly used and paid by insurance for chiropractic services, neuromusculoskeletal disorders, remain as they were in 2010. If you would like a list of common codes for chiropractic, I will send you one; just send an e-mail to sam@hjrossnetwork.com with your request.

[Current Procedural Terminology](#) (CPT) codes for 2011 also have no updates pertinent to the chiropractic profession. Chiropractic manipulation therapy, physical medicine and rehabilitation codes (many refer to these as physical therapy codes, which is incorrect) describing services such as heat, ultrasound, electrical stimulation, massage, exercise, etc., have no changes for 2011.

There are also no updates to the codes used for examination (evaluation and management 99201 through 99205 and 99211 through 99215), as well as codes for prolonged services, whether or not the services are face to face.

Feel free to submit billing questions to Mr. Collins at sam@hjrossnetwork.com. Your question may be the subject of a future column.

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