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## ICD-10 Coding Changes for DCs: New Back Pain Codes

DIGITAL EXCLUSIVE

*Editor's Note:* The following is excerpted from Sam Collins' soon-to-be-published column in the December 2021 issue.

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As occurs every Oct. 1, there are updates to the ICD-10 coding system. Some years, this update makes no difference to the common codes billed by chiropractic providers, but most years there are at least a few; and this year - like last year - does so, particularly the code for which most insurances, including Medicare, will reimburse chiropractic services.

This year, the code for back pain has been updated. M54.5 was deleted and three new codes were added:

- M54.50 unspecified back pain
- M54.51 vertebrogenic back pain
- M54.59 other back pain

*M54.50 back pain*, in simplest terms, means there is back pain, but no definitive causation or reason. It may be used to identify the secondary effect of subluxation to the lumbar region.

*M54.51 vertebrogenic back pain* is to identify pain that is related to a vertebra / the spine. This may appear tailor-made for a chiropractor at first glance, but it is to identify vertebral endplate pain.



*Note:* There are much more specific codes to the spinal nature of pain in the lower back, such as sprain, strain, radiculopathy, etc., which can be used for a more specific identification of low back pain.

*M54.59 other back pain* would be used in instances in which the specific cause can be identified, but otherwise has no specific code. For instance, this could be used for conditions such as facet syndrome. Unlike codes that state "unspecified," this code means you can specify the origin. For example, internal or visceral causation, such as a kidney stone causing back pain, would be an appropriate use.

While pain codes are correct, I would suggest when possible to diagnose what is causing the pain and not the pain alone. For instance, low back pain would be accurate for pain as a result of a sprain; however sprain would be the better choice, as it provides more detail and allows the care that would be necessary to be easily defined by the coding.

Note that you would not need to code pain with a sprain, as it is inherent. Of special note, you cannot code a low back pain (or any spine pain) code with a spinal disc code, as that combination will be denied; those codes are "exclude 1" codes, meaning they cannot be used together. Just like sprain and pain, there is no need to indicate pain with a disc diagnosis.

Even vertebrogenic back pain would be nonspecific when you have a radiology report identifying lumbar degenerative disc disease or spinal stenosis. Those diagnoses would be more specific. When you can identify *why* there is low back pain, that is the code to use.

The 2022 code updates took effect on Oct. 1, 2021, which means any date of service on or after that date must use the new codes. Dates of service before Oct. 1, 2021, require the older version. At this time, it is not likely you are still billing for services that far back, but note that the date of service determines the code, not the date the service is billed.

*Editor's Note:* Look for other code changes relevant to DCs, including a new headache code, in Sam's December article.

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