2021 ICD-10 Update

By David Klein, CPC, CPMA, CHC

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Just when you started to get comfortable with the 2020 ICD-10-CM changes, CMS comes out with the list of diagnosis code updates for October 1. The topic of COVID-19 has dominated almost everything lately. In fact, on April 1, 2020, CMS implemented an ICD-10 diagnosis code U07.1 representing COVID-19.

As stated above, the 2021 ICD-10-CM diagnosis code changes for next year go into effect on October 1, 2020. Most changes are limited for Chiropractic offices. The number of changes is comparable to last year and after the 2021 updates, we are up to 72,616 codes! The number and type of changes this year are as follows:

- 550 code changes
- 490 new,
- 58 deleted,
- 47 revised codes

The good news is that only a few of these codes really affect the typical Chiropractic office. That being said, everyone should understand that utilizing the right diagnosis codes is more important to your revenue than ever before. If you don't correctly incorporate each of the new, modified and deleted 2021 diagnosis codes you could be subject to delays and rejections when it comes to getting paid. Most of the changes, provide more specificity than in existing codes.

ICD-10 Code Changes

Some revisions are as simple as a singular word change in the code, like from “of” to “due to.” Others reflect a change in the medical terminology. The addition of a word may change your use of that diagnosis code. Other changes involve changing one code and the addition of new ones in its place to describe more specificity. The following 2 chapters include most of the changes we need to pay attention to.

Chapter 13: Musculoskeletal System has several updates this year including twelve new codes to capture other pathological fractures. Updates include an expanded list of codes for rheumatoid arthritis, as well as primary and secondary arthritis, and arthritis caused by trauma. New codes in the M24 category for other articular cartilage disorders, disorders of ligament, pathological dislocation, recurrent dislocation, contracture and ankylosis. TMJ disorders will probably have the most effect on Chiropractic offices, as follows:

Old: **M26.64** *Arthritis of temporomandibular joint*

New **M26.641** *Arthritis of right temporomandibular joint*

New **M26.642** *Arthritis of left temporomandibular joint*

New **M26.643** *Arthritis of bilateral temporomandibular joint*

New **M26.649** *Arthritis of unspecified temporomandibular joint*

Old: M26.65 *Arthropathy of temporomandibular joint*

New **M26.651** *Arthropathy of right temporomandibular joint*

New **M26.652** *Arthropathy of left temporomandibular joint*

New **M26.653** *Arthropathy of bilateral temporomandibular joint*

New **M26.659** *Arthropathy of unspecified temporomandibular joint*

Chapter 18: Symptoms, Signs, and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified contains several changes. For Chiropractic, R51 (Headache) will be split into two codes: R51.0 (Headache with orthostatic component, not elsewhere classified) or R51.9 (Headache, unspecified), see below:

Old: R51 Headache

New **R51.0** *Headache with orthostatic component, not elsewhere classified*

New **R51.9** *Headache, unspecified*

Denials:

The main source of denials that I am seeing is when dealing with Excludes1. Remember, Excludes1 means a code is mutually exclusive to another code for the same patient for the same DOS. If both codes are used on the same claim, then it will deny. Let's review, once again, the definition of Exludes1, as follows:

Excludes1: *A type 1 Excludes note is a pure excludes note. An Excludes1 note indicates that the code is NOT CODED HERE and is excluded should never be used at the same time as the code above the Excludes1 note. Mutually exclusive codes; two conditions that cannot be reported together.*

An example of a denial for Excludes1 is if you were to code **M51.16** *Intervertebral disc disorders with radiculopathy, lumbar region* and **M54.16** *Radiculopathy, lumbar region* for the same patient on the same date of service. Since M54.16 is on the Excludes1 list for M51.16 then the claim would automatically reject.

There are many codes Chiropractors use that fall under the Excludes1 rules and each year they are updated so reviewing your code combinations every year is extremely important.

Next Steps:

Getting ahead and being prepared for these changes is key to not being overwhelmed this fall. Many Practices have seen a slowdown in visits based on the COVID-19 pandemic and the call to table non-acute care. If your staff is looking for projects, why not use some of this time to perform an analysis and prepare for 2021 ICD-10-CM changes?

Steps All Providers Should Take

1. Download the Tabular Addenda for 2021 from CMS located at: https://www.cms.gov/medicare/icd-10/2021-icd-10-cm
   This website will open a page direct from Medicare that will allow a user to download the changes. Providers can select the zip file named "2021 Addendum ZIP". After opening the zip file, select the PDF document labeled "icd10cm_tabular_addenda_2021". This file contains all the changes for every chapter.
2. Determine which codes affect your practice and review the clinical concepts behind any new codes. Many of the changes should not significantly change your documentation protocols however new codes should be reviewed.
3. Update your software/EHR and make sure that the new codes will be available by the deadline. Some vendors will add them automatically while others may require providers to enter the codes into the system manually.
4. Remember, on and after October 1, providers should select the codes based on the date of service, not based on the date the claim is sent. Claims for dates of service prior to October 1, 2020 will use the 2020 version regardless of when the claim is sent.

The updates coming October 1st should not have a big impact on your office, as long as you take some simple steps to prepare.