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ICD-10 Code Changes for 2021

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Question: Will there be any updates to ICD-10 diagnosis codes this year that will affect acupuncture claims in 2021?

This is a question I always welcome, particularly at this time of year. A big reason to become aware of the 2021 changes to diagnosis codes now is that although they are indicated as 2021 codes, they update on Oct. 1, 2020. That means any date of service or billing on or after Oct. 1, 2020, must include the new or revised code or it will be denied.

Here are the 2021 diagnosis stats for ICD-10. There will be 72,616 codes in ICD-10CM (clinical modification), featuring 490 additions, 58 deletions and 47 revisions. While this is certainly a considerable number of changes, it is always important to focus on codes commonly used by you and/or under the scope, guise and reimbursement for acupuncture providers.



Considering this, you are likely aware that some years, the changes have had little to no affect on your practice. For instance, the first update in 2016 had about 50 codes common to some acupuncture providers. However, the changes in 2017 and 2018 amounted to essentially no change to common codes, and 2019 only updated myalgia and postpartum depression. For this past year (2020), the only specific update was to new codes for cyclical vomiting without migraine and vertigo. Neither is likely or common; and vertigo would generally fall under a complication or comorbidity.

Coding for Headache

This year has one change that will certainly affect acupuncture providers, however. The code for headache (R51) is being deleted and replaced. Code R51 has been the diagnosis code used for headache, the most common form of head pain. It is pain in various parts of the head, not confined to the area of distribution of any nerve, characterized by any of the following symptoms:

- Cervicogenic headache
- Chronic facial pain
- Chronic mixed headache syndrome
- Chronic pain in face
- Craniofacial pain
- Daily headache
- Facial pain
- Facial pain, chronic
- Headache, cervicogenic (from the neck)
- Headache, chronic daily
- Headache, mixed

- Headache, occipital
- Headache, sinus
- Occipital headache
- Pain in face
- Sinus headache
- Sinus pain

There will be two new codes to replace it and the new codes have four characters. Note that if you place too few or too many characters for a given code, it will be denied for failure to note the highest level of specificity.

- R51.0: Headache with orthostatic component, not elsewhere classified
- R51.9: Headache, unspecified

Orthostatic headache is a condition in which a person develops a headache while vertical and the headache is relieved when horizontal. Previously, it was often misdiagnosed as different primary headache disorders such as migraine or tension headaches. This code was added to differentiate several codes related to intracranial hypotension and cerebrospinal fluid leaks.

Based on this clarification, it is clear that the common headache replacement for R51 is R51.9: headache, unspecified, which would include any of the synonyms noted previously.

Coding for TMJ

There are also changes to some less commonly utilized codes for temporomandibular joint (TMJ) issues. Acupuncture providers are generally reimbursed for TMJ dysfunction using codes M26.601 through M26.603. However, the new codes do give additional information and specificity for TMJ. These new codes are for arthritis and arthropathy involving the TMJ:

- M26.641: Arthritis of right temporomandibular joint
- M26.642: Arthritis of left temporomandibular joint
- M26.643: Arthritis of bilateral temporomandibular joint
- M26.649: Arthritis of unspecified temporomandibular joint
- M26.651: Arthropathy of right temporomandibular joint
- M26.652: Arthropathy of left temporomandibular joint
- M26.653: Arthropathy of bilateral temporomandibular joint
- M26.659: Arthropathy of unspecified temporomandibular joint

Coding for Other Joint-Related Disorders

The other new codes involve joint-related disorders for other specified joints. These include the following:

- M1909: Primary osteoarthritis, other specified site
- M1919: Post-traumatic osteoarthritis, other specified site
- M1929: Secondary osteoarthritis, other specified site
- M2419: Other articular cartilage disorders, other specified site
- M2429: Disorder of ligament, other specified site
- M2439: Pathological dislocation of other specified joint, not else-where classified
- M2449: Recurrent dislocation, other specified joint
- M2459: Contracture, other specified joint

- M2469: Ankylosis, other specified joint
- M2489: Other specific joint derangement of other specified joint, not elsewhere classified
- M2539: Other instability, other specified joint
- M2559: Pain in other specified joint
- M2569: Stiffness of other specified joint, not elsewhere classified

Currently, the above are not common codes for acupuncture providers, but they will likely be added to the Cigna list of acupuncture-allowed diagnosis codes. Most commonly, an acupuncture provider would code the specific region of pain, whether the joint, limb or other.

How are ICD-10 codes used and why are They important?

- Accuracy of diagnosis in medical records affects patient management and medical necessity.
- Insurance reimbursement for diagnostic testing and treatments is linked to ICD-10 coding.
- Researchers can use these codes to track the incidence and prevalence of each diagnosis, and to assist with outcomes research.

Why is coding so significant for the acupuncture profession? As stated to me as part of the Traditional Medicine Reference Group for WHO for ICD-11, "For acupuncture to count, it must be accounted for." This occurs when acupuncture providers assign both diagnosis and CPT codes relating to their care so data and outcomes can be detailed and followed.

Editor's Note: To read about ICD-10 changes from prior years, search Sam's online article archives on his columnist page (link in bio below).

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