

# Changing of the Codes; ICD-10 and CPT Codes

*Annually the ICD-10 and CPT codes are updated. To be compliant in coding and billing, stay updated with the latest codes.*

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Welcome to [Billing Buddies](#) YouTube and Podcast series.

In this episode, we will be discussing the annual changing of the codes; particularly, the ICD-10 and CPT codes.

Healthcare professionals, medical billers and payers rely on several types of codes sets in order to communicate pertinent information about patients. These code sets include TOS (Type of Service); POS (Place of Service), and NPI (National Provider Identifier) to name a few. In this writing, I will address the codes that are updated annually, the ICD-10 and CPT Codes.

The ICD-10 codes are specifically called either ICD-10 CM or ICD-10 PCS. The ICD-10 CM codes are used for all healthcare settings except hospital inpatient settings where ICD-10 PCS codes are used. For the purposes of this writing, I will be referring to ICD-10 CM codes and abbreviate them to ICD-10. Each year on October 1st, the ICD-10 codes have revisions, additions and deletions. These codes are copyrighted and maintained by the World Health Organization. The ICD-10 codes define the diagnosis of the patient. There are many free resources online for healthcare professionals and billers to find the updated codes. One of my favorite sites is the [www.icd10data.com](http://www.icd10data.com). On this site, you can see the added, deleted and revised codes. Codes with red arrows next to them signify codes that are non-billable/non-specific codes. These codes cannot be used for billing purposes. Codes with green arrows next to them signify codes that are billable codes. It is important to note that diagnosis codes should be coded to the highest specificity. Besides free online resources, ICD-10 coding books may also be purchased from several publishers.

CPT codes are copyrighted and maintained by the AMA. CPT is the acronym for Current Procedural Terminology. The CPT codes define the services and procedures received by patients. Each year on January 1st, the CPT codes have revisions, additions and deletions. The CPT coding updates need to be purchased either in books or an online subscription. Many of the CPT codes are addressed in payer policies and can be read for free online, but for a complete resource, it is best to purchase an updated manual or online subscription.

It's important to note that HIPAA defined which codes sets are used to communicate. Prior to HIPAA, many payers defined their own codes sets. For example, in some specialties, like chiropractic, codes varied by payer. Medicare, worker's compensation and commercial insurance each had their own code sets. HIPAA streamlined the coding processes by defining



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one code set for each data element.

In summary, whether you use online resources or purchase manuals, it is important to note that ICD-10 codes update each year on October 1st and CPT codes update each year on January 1st. You want to stay updated to the most current codes to be compliant with your coding and billing and to reduce denials from payers.

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