Proposed ICD-10-CM Diagnosis Coding for Lumbar Degenerative Disc Disease with and without Pain

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Introductory Remarks

- Thank you CDC/NCHS ICD-10-CM Group for providing ISASS with this opportunity to present a request for a new family of codes representing symptomatic 'discogenic' back pain with/without non-radicular (non-sciatic) sclerotomal (not dermatomal) leg pain.
- 'Radicular' leg pain might co-exist within the spectrum of disease but there are existing ICD-10-CM codes for neuro-compressive lesions.
- The International Society for the Advancement of Spine Surgery (ISASS) previously presented related to degenerative disc disease with pain, in March 2022.

Current Coding Background

- AHIMA Standards of Ethical Coding dictates that one apply accurate, complete, and consistent coding practices that yield quality data.
- Sources of chronic low back pain (CLBP) include: (1) discogenic, (2) facetogenic, (3) neurocompressive including herniation and/or stenosis, (4) sacroiliac, (5) vertebrogenic, and (6) psychogenic.
- There are no ICD-10-CM codes for 'discogenic' back pain, although there are codes for other types of back pain. Similar to vertebrogenic pain, discogenic pain is a concern for the low back or lumbar region.
- Asymptomatic lumbar degenerative disc disease is non-noxious.

Current Coding Background, (cont.)

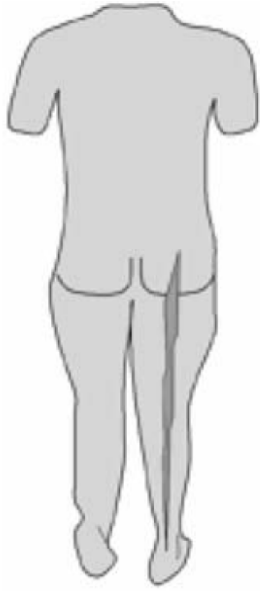
- Lumbar disc degeneration (LDD) is not a definitive diagnosis and merely represents at most a morphologic sub-grade of disc degeneration by the most widely known T2-based Pfirrmann grade scoring tool available for MRI survey interpretation of the lumbar spine.
- LDD coding was an appropriate standard when X-Rays were discovered by W. C. Röntgen in 1895. Restorative/Regenerative treatment measures address symptomatic dark disc disease, Pfirrmann grades 3-7 out of 8 grades.
- The degeneration process is a cascade, not a stable, static snapshot but rather a developing, dynamic changing presentation.
- Lumbar and lumbosacral degenerative disc disease with pain is a problem that clinically needs treatment, while without pain may be a concern that can just be observed.

Current Diagnosis Standards

- The Physical Exam is how we currently diagnose either sciatica (an obscure, arcane term which has evolved from the 1600's) or radiculopathy by positive straight leg raise, Lasegue's sign, crossed Lasegue's sign, positive bowstring, positive femoral stretch test and motor/sensory/reflex change.
- Similarly, symptomatic lumbar discogenic disease is diagnosed clinically by axial midline back pain, pain with flexion, sitting intolerance, positive provocative with sustained hip flexion, absence of motor/sensor/reflex change, and positive discography.
- Discography, a minimally invasive test used since the 1950s in the US, confirms the origin of the back pain by either reproducing (diagnostic discogram) or relieving the pain (anesthetic discogram).
- This simple clinical test is not only essential prior to disc treatments but more importantly, has been used for decades to confirm a diagnosis of discogenic pain and differentiating it from other pain generators.

Pain Patterns

Radicular Pain[1]

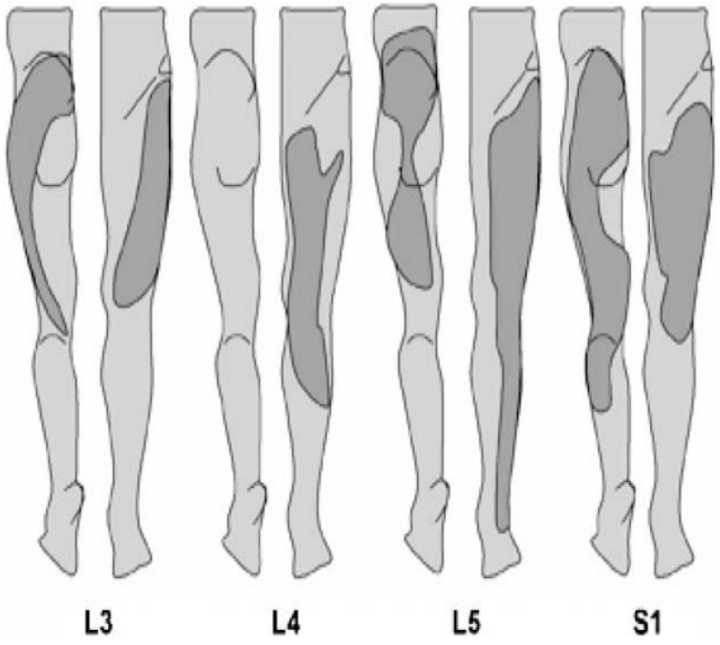


The pain evoked is distinctive. It has a lancinating quality, and travels along the length of the lower limb, in a band no more than 2–3 inches wide. The numbness is dermatomal in distribution and the weakness is myotomal. However, radiculopathy is not defined by pain. It is defined by objective neurological signs

(1) Bogduk, N. 2009. *Pain*. 147: 17-19.

Pain Patterns, (cont.)

Sclerotomal / Somatic Pain[1]



Somatic referred pain is dull, aching and gnawing, and is sometimes described as an expanding pressure. It expands into wide areas that can be difficult to localize. Once established, it tends to be fixed in location. Subjects often find it difficult to define the boundaries of the affected area but can confidently identify its center or core. Since somatic referred pain is not caused by compression of nerve roots, there are no neurological signs.

(1) Bogduk, N. 2009. *Pain*. 147: 17-19.

Lumbar Degenerative Disc Disease with and without Discogenic Pain Coding Proposal

- **The objective of the ISASS proposal is to generate specific codes for describing pain associated with lumbar and lumbosacral degenerative disc disease.**
- **Among the various sources of chronic low back pain (CLBP), (1) discogenic, (2) facetogenic, (3) neurocompressive including herniation and/or stenosis, (4) sacroiliac, (5) vertebrogenic, and (6) psychogenic, one of the most common is discogenic back pain.**
- **As noted earlier, discogenic back pain is a particular problem for the low back or lumbar region, and in this is similar to vertebrogenic back pain**

Benefits of New Codes

- **Overall, having specific codes will improve coding precision for lumbar degenerative disc disease with and without discogenic back and leg pain and thus lead to improved clinical assessment, and better diagnosis and treatment strategies**
- **Creation of specific ICD-10-CM related to discogenic low back and leg pain will enable better tracking of these common problems, and support research and appropriate treatments, including new treatments**
- **Data collection supporting these diagnoses, treatments, and services will also be improved with these new codes**

References

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