

## DRG 243 — Medical Back Problems

### ICD-9-CM Coding Guidelines

The below listed medical back problem guidelines are not inclusive. The coder should refer to the applicable *Coding Clinic* guidelines for additional information. The Centers for Medicare & Medicaid Services considers *Coding Clinic*, published by the American Hospital Association, to be the official source for coding guidelines. Hospitals should follow the *Coding Clinic* guidelines to assure accuracy in ICD-9-CM coding and DRG assignment.

#### Definition of Principal Diagnosis

The principal diagnosis is that condition established after study to be chiefly responsible for occasioning the admission of the patient to the hospital for care.

Two or more diagnoses may equally meet the definition for principal diagnosis as determined by the circumstances of admission, diagnostic work-up and/or therapy provided. Be aware that there is a difference between admitting a patient to treat two conditions and two conditions being present at the time of admission. The principal diagnosis is always the reason for admission.

#### Documentation to Support Diagnoses for Medical Back Problem

The presence or absence of myelopathy (a functional disturbance and/or pathological change in the spinal cord that is often due to compression) effects the selection of the code. Do not assume the presence of myelopathy. It is important to follow the excludes notes.

#### Coding Guidelines

##### **Aspiration core needle biopsy T11-T12**

Aspiration core needle biopsy of the T11-T12 disk space is assigned codes 80.39, biopsy of joint structure (includes aspiration biopsy) and 88.38, other computerized tomography, for CT guidance. (See *Coding Clinic*, third quarter 2005, page 14.)

##### **Category 805/Category 806/Category 952**

Category 805 is assigned for a fracture of the vertebral column without spinal cord injury.

Category 806 is assigned for a fracture of the vertebral column with spinal cord injury and category 952 is assigned for a spinal cord injury without evidence of spinal bone injury. (See ICD-9-CM, volume 1.)

##### **Excludes notes under categories 723, other disorders of cervical region, and 724, other and unspecified disorders of back**

Symptoms and signs associated with (due to) spondylosis and allied disorders, 721.0-721.91, or intervertebral disc disorders, 722.0-722.93, are included in the 721-722 code series. If the physician states the symptoms and signs are not attributed to the conditions noted in the excludes note, use two codes; one from category 723 or 724 and one for the condition. Spinal stenosis due to degenerative disc disease is classified to the 722 category. Spinal stenosis, congenital or NOS, is classified within the 723-724 categories. (See *Coding Clinic*, third quarter 1994, page 14 and *Coding Clinic*, second quarter 1989, page 14.)

### **Far lateral disc herniation**

Assign the appropriate code from the 722.0-722.2 series for displacement of intervertebral disc. (See *Coding Clinic*, first quarter 1988, page 10.)

### **Fracture/dislocation**

A fracture-dislocation of the same site is assigned a fracture code. It is incorrect to use an additional code for the dislocation. Likewise, reduction of a fracture-dislocation is sequenced using only the code for reduction of the fracture. (See *Coding Clinic*, third quarter 1990, page 13.)

### **Healing fracture/admitted for other acute condition**

A patient treated three weeks ago for a hip fracture is admitted for treatment of congestive heart failure (CHF). During hospitalization the hip fracture received minimal treatment. The fracture is assigned code V54.9, unspecified orthopedic aftercare, and sequenced as a secondary diagnosis. (See *Coding Clinic*, third quarter 1995, pages 3 and 4.)

### **Intervertebral disc space infection**

Assign the code for discitis, 722.90, intervertebral disc disorder, other and unspecified disc disorder, unspecified region. (See *Coding Clinic*, November-December 1984, page 19.)

### **Multiple fractures**

Multiple fractures of specified sites are coded individually. Combination categories for multiple fractures are only used when there is insufficient documentation, limited space on a reporting form, or there is insufficient specificity at the fourth-digit or fifth-digit level. Multiple fractures are sequenced in order of severity. (See *Coding Clinic*, September-October 1986, pages 5-9.)

### **Occipital neuralgia**

Occipital neuralgia involves nerve entrapment or impingement and is characterized by pain in the back of the head and suboccipital region. Treatment depends on the symptoms or if the cause is known the treatment is directed to the cause. Assign code 723.8, other syndromes affecting cervical region, for occipital neuralgia. If a nerve block is performed, assign code 04.81, injection of anesthetic into peripheral nerve for analgesia. (See *Coding Clinic*, first quarter 2000, pages 7 and 8.)

### **Ocular torticollis**

Visual problems causing tilting of the head are referred to as ocular torticollis. Assigning a code depends on the ocular condition causing the torticollis; i.e., nystagmus, 379.50, strabismus, 378.9, or fourth nerve palsy, 378.53. The ocular condition is the principal diagnosis with a secondary diagnosis of torticollis, 723.5, torticollis, unspecified. (See *Coding Clinic*, second quarter 2001, page 21.)

### **Pathologic fracture**

A pathologic fracture is a break in a diseased bone due to weakening of the bone structure by pathologic processes, such as osteoporosis or neoplasm, without any identifiable trauma or following only minor trauma. A physician must determine when a patient has severe bone disease if the level of injury is in accordance with the degree of trauma suffered by the patient, so as to determine if the fracture should be coded as a traumatic or pathologic fracture. (See *Coding Clinic*, fourth quarter 1993, pages 25 and 26.)

Spinal cord injury from a pathological compression deformity of T8 with identified vertebral body metastatic carcinoma is assigned codes 733.13, pathological fracture of vertebrae (principal diagnosis), 336.3, myelopathy in other diseases classified elsewhere, and 198.5, secondary malignant neoplasm of other specified sites, bone and bone marrow. (See *Coding Clinic*, third quarter 1999, page 5.)

**Postlaminectomy syndrome**

Postlaminectomy syndrome is a buildup of scar tissue after a laminectomy has been performed. This can be assigned code 722.8x when the physician documents a patient's pain is due to scar tissue formed following disk surgery. If an MRI shows a new herniated disc then a code for the herniated disc should be assigned. (See *Coding Clinic*, second quarter 1997, page 15 and *Coding Clinic*, January-February 1987, page 7.)

**Radiofrequency neuroablation for pain reduction**

Radiofrequency neuroablation or neurolysis performed to reduce the amount of pain in a patient with a history of a L-1 compression fracture is assigned code 04.2, Destruction of cranial and peripheral nerves. The treated nerve normally repairs itself in three to six months. (See *Coding Clinic*, third quarter 2002, page 11.)

**Sandifer syndrome**

Sandifer syndrome is synonymous with gastroesophageal reflux and torticollis. Assign codes 530.81, esophageal reflux and 723.5, torticollis. (See *Coding Clinic*, first quarter 1995, page 7.)

**Spinal arachnoiditis due to postoperative scarring**

Spinal arachnoiditis due to postoperative scarring following back surgery is manifested by chronic back pain or leg pain. The code assignment is found under postlaminectomy syndrome, 722.8x, or kyphosis, postlaminectomy, 737.12. (See *Coding Clinic*, January-February 1987, page 7.)

**Spontaneous fracture**

A spontaneous fracture is one occurring as the result of disease of a bone or from some undiscoverable cause and not due to trauma. These fractures are always pathologic and coded to classification 733.1, pathologic fracture.

A diagnosis of spontaneous fracture is always coded to 733.1, pathologic fracture, regardless of whether the documentation includes the underlying condition. (See *Coding Clinic*, September-October 1985, page 13.)

**Stress fracture**

Stress fractures are caused by overuse or repetitive jarring of the bone. The most common sites for stress fractures are the metatarsal bones in the feet, the lumbar spine, the neck of the femur and the tibia and fibula.

Stress fractures are assigned codes 733.93-5. These codes were new as of October 1, 2001. Previously, stress fractures were classified with pathological fractures. (See *Coding Clinic*, fourth quarter 2001, pages 48 and 49.)

**Subluxation of spine/chiropractor**

The 839.xx series, other, multiple, and ill-defined dislocations, are not assigned for conditions treated by a chiropractor. When a subluxation of the spine is treated by a chiropractor, the 739.x series, nonallopathic lesions, NEC, should be assigned. (See *Coding Clinic*, fourth quarter 1995, page 51.)

