

ICD-10 CODE UPDATE

Effective October 1, 2021, some of the code changes and additions will impact chiropractic offices.

Codes Deleted effective 10/1/2021

M54.5 Low Back Pain

(Replace with more specific codes M54.50, M54.51 or M54.59 as defined below)

Codes Added effective 10/1/2021

G44.86 Cervicogenic Headache

M54.50 Low Back Pain, Unspecified

M54.51 Vertebrogenic low back pain,

M54.59 Other low back pain

M45.A1 Non-radiographic spondyloarthritis of occipito-atlanto-axial region

M45.A2 Non-radiographic spondyloarthritis of cervical region

M45.A3 Non-radiographic spondyloarthritis of cervicothoracic region

M45.A4 Non-radiographic spondyloarthritis of thoracic region

M45.A5 Non-radiographic spondyloarthritis of thoracolumbar region

M45.A6 Non-radiographic spondyloarthritis of lumbar region

M45.A7 Non-radiographic spondyloarthritis of lumbosacral region

M45.A8 Non-radiographic spondyloarthritis of sacral and sacrococcygeal region

M45.AB Non-radiographic spondyloarthritis of multiple sites in spine

CODE EXPLANATIONS:

M54.5_ codes are representative of low back pain.

Using this set of codes captures a symptom that the patient has but doesn't necessarily indicate what is causing the symptom. Therefore, this code is not a very one strong to use, especially in the primary position. Some insurance companies won't accept the code and will deny it if used in the primary position.

If you are going to use these codes, it's important to understand the definition of each

M54.50 Low Back Pain, Unspecified

Loin pain

Lumbago NOS

Lumbago is a term that indicates low back pain but does not specify the origin of the pain. It could include pain that is acute or chronic, as well as mild to severe. Mechanical causes could involve the joint, disc, nerve, muscles, or ligaments.

Do not use this code in combination with any of the Excludes 1 codes below as it can result in a denial. (For the codes below, low back pain is implied/included within the code)

Excludes1: low back strain (S39.012)

lumbago due to intervertebral disc displacement (M51.2-)

lumbago with sciatica (M54.4-)

Excludes1: psychogenic dorsalgia (F45.41)

Excludes1: current injury - see injury of spine by body region

discitis NOS (M46.4-)

*As a reminder, if you know the cause of the pain, use the more specific code instead of the pain code.

S39.012, Low back strain

M51.2_, Lumbago due to intervertebral disc displacement

M54.4_, Lumbago with sciatica

M54.51 Vertebrogenic low back pain, Low back vertebral endplate pain

Vertebrogenic low back pain describes a specific condition in which the vertebral endplate is damaged and diagnosed using objective MRI findings of Modic changes and endplate defects.

Do not use this code in combination with any of the Excludes 1 codes below as it can result in a denial. (For the codes below, low back pain is implied/included within the code)

Excludes1: low back strain (S39.012)

lumbago due to intervertebral disc displacement (M51.2-)

lumbago with sciatica (M54.4-)

Excludes1: psychogenic dorsalgia (F45.41)

Excludes1: current injury - see injury of spine by body region

discitis NOS (M46.4-)

M54.59 Other low back pain

When reporting “other,” documentation should be specific as to the type.

Do not use this code in combination with any of the Excludes 1 codes below as it can result in a denial. (For the codes below, low back pain is implied/included within the code)

Excludes1: low back strain (S39.012)

lumbago due to intervertebral disc displacement (M51.2-)

lumbago with sciatica (M54.4-)

Excludes1: psychogenic dorsalgia (F45.41)

Excludes1: current injury - see injury of spine by body region

discitis NOS (M46.4-)

Based on these definitions, using M54.50 or M54.59 will likely be the most appropriate replacement to the previous M54.5 code. However, whenever you can be more specific as to the cause of the low back pain, do so. It is also important to understand the difference between “other” and “unspecified”.

An “other” code means that there are codes for some diagnoses, but there is not one specific for the patient’s condition. In this case, the physician knows what the condition is, but there is no code for it.

An “unspecified” code means that the condition is unknown at the time of coding. An “unspecified” diagnosis may be coded more specifically later if more information is obtained about the patient’s condition. Historically, unspecified is a code that providers would be encouraged to avoid unless it was the only applicable code as insurers typically don’t like the use of this code.

M45.A_ Non-radiographic axial spondyloarthritis of _____.

This set of codes reflects pain/stiffness that is inflammatory/autoimmune in origin. It often starts in the pelvis and can affect other spinal joints or other joints in the body but it is not demonstrating radiographic changes, hence non-radiographic. This condition may be a precursor to the radiographic changes that are later seen in Ankylosing Spondylitis. The patient may also note that other areas of the body are affected, including the eyes, G/I, and skin.
