

Outpatient Facility Coding Alert

ICD-10: Ankylosing Spondylitis Coding Options Explode Under ICD-10

Providers will need to document spinal area for success.

Patients diagnosed with ankylosing spondylitis (720.0) might come to your facility for treatment by a pain management specialist, orthopaedist, neurologist, or other providers. When you encounter the condition, it's important to know anatomic details in order to choose the correct diagnosis.

Refresher: Ankylosing spondylitis is an arthritic disorder of the spine. Indications of the condition include pain and stiffness of the neck extending to the lower back region. Over time, the spinal region may grow or fuse together, causing a rigid spine and limiting normal movement. Symptoms can worsen or improve or stop completely. The disease has no cure, but medicines can relieve the pain, swelling, and other symptoms.

Transition to ICD-10: The ICD-10 system offers code M45.9 for ankylosing spondylitis of unspecified sites in the spine. However, if you know the type and the site, you have a range of options to choose from, which makes the coding more specific and billing becomes easier and logical.

Many conditions that currently fall under 720.0 will have individual codes for ICD-10. For example, you'll have specific diagnoses for ankylosing spondylitis of the occipito-atlanto-axial region (M45.1) versus the cervical region (M45.2), cervicothoracic region (M45.3), and others. The related category for other specified spondylopathies also expands by specific region (M48.8X-).

New choice: You'll also have a new coding option for ankylosing spondylitis of the sacral and sacrococcygeal region (M45.8).

Note: Make sure that your provider documents the site of manifestation to ensure you file the correct diagnosis. If you don't have that information, you'll need to report a more general code such as M48.8X9 (Other specified spondylopathies, site unspecified).