

Pain Management Coding Alert

ICD-10: Separate Polymyalgia Rheumatica From Giant Cell Arteritis

Keep a single diagnosis code with the new system.

Polymyalgia rheumatica (PMR) is not one of the most common diagnoses your pain management physician will assign, but you need to know about the condition in case you ever have to code for it.

When you coded with ICD-9, you reported diagnosis 725 (Polymyalgia rheumatica). You still have a single code for the condition in ICD-10, with the same descriptor: M35.3.

Take note: Polymyalgia rheumatic often is associated with another condition, giant cell arteritis. ICD-10 makes clear that you do not report both diseases with M35.3. Instead, you submit M31.5 for giant cell arteritis with polymyalgia rheumatica.

Diagnosis: There are no specific tests for polymyalgia rheumatic, which means a diagnosis is suggested by the history and physical examination. Patients with PMR are typically over 50 years of age. Your provider will note muscle tenderness and shoulder range of motion is limited by pain. Patients often indicate their symptoms are worse in the morning or after a period of inactivity. Blood tests for inflammation generally are abnormal, as indicated by a significant elevation in the erythrocyte sedimentation rate (sed rate or ESR) and/or C-reactive protein.

What it is: Polymyalgia rheumatic is a disorder of the muscles and joints characterized by aching muscle pain and stiffness, affecting both sides of the body, and involving the shoulders, arms, neck, and buttock areas. The cause is unknown. Recent research has indicated that genetic (inherited) factors play a role in who becomes afflicted with the illness.