

Pain Management Coding Alert

ICD-10: Take 2 Steps to Strengthen Your Vertebral Fracture Diagnosis Coding

Tip: Start by confirming the underlying cause.

Osteoporotic vertebral fractures are almost twice as common as other osteoporotic fractures in the wrist or hip, according to the American Academy of Orthopedic Surgeons. Many of these patients (nearly 700, 000 each year) might see your pain management physician for treatment before or after surgery, so be sure you know how to assign the correct diagnosis.

Starting point: Under ICD-9, you report code 733.13 (Pathological fracture of vertebrae) for pathological fracture of vertebrae. This single ICD-9 code corresponds to several ICD-10 codes that specifically address the underlying cause of the fracture. Read on for news on how to choose the correct one.

Step 1: Confirm the Cause of Fracture

For an osteoporotic vertebral fracture that occurs due to aging, you should report code M80.08XA (Age-related osteoporosis with current pathological fracture, vertebra[e], initial encounter for fracture).

For any other cause of the osteoporotic fracture like steroid use, hypogonadism, or endocrinological conditions, you'll report ICD-10 code M80.88XA (Other osteoporosis with current pathological fracture, vertebra[e], initial encounter for fracture).

When the fracture is caused by neoplastic conditions, such as metastasis, you'll choose ICD-10 code M84.58XA (Pathological fracture in neoplastic disease, other specified site, initial encounter for fracture). When the vertebral fracture occurs due to any other disease condition, you'll report ICD-10 code M84.68XA (Pathological fracture in other disease, other site, initial encounter for fracture).

Another option in ICD-10 is code M84.48XA (Pathological fracture, other site, initial encounter for fracture), which specifies that the fracture is a pathological fracture.

"You should use the most descriptive code when choosing your diagnosis," says Gregory Przybylski, MD, director of neurosurgery for the New Jersey Neuroscience Institute, JFK Medical Center, in Edison. Since there are diagnostic codes for pathological vertebral fractures, don't use the diagnostic codes that attribute the fracture to another site.

Step 2: Focus on the Collapsed Vertebra's Location

Sometimes your physician might perform kyphoplasty (which you might report with 22523, Percutaneous vertebral augmentation, including cavity creation [fracture reduction and bone biopsy included when performed] using mechanical device, one vertebral body, unilateral or bilateral cannulation [e.g., kyphoplasty]; thoracic) to treat a patient with collapsed vertebra. If so, you'll report specific diagnosis codes depending upon the anatomical location of the fracture.

As an example, the primary choices for an NOS type of code that doesn't include specificity regarding causation will be:

- M48.52XA ☐ Collapsed vertebra, not elsewhere classified, cervical region, initial encounter for fracture
- M48.54XA ☐ Collapsed vertebra, not elsewhere classified, thoracic region, initial encounter for fracture
- M48.56XA ☐ Collapsed vertebra, not elsewhere classified, lumbar region, initial encounter for fracture.

Specify junctions: If your physician documents a vertebral fracture and collapse at the junction of two spinal regions,

you'll again find very specific diagnoses:

- M48.51XA (Collapsed vertebra, not elsewhere classified, occipito-atlanto-axial region, initial encounter for fracture) for collapse at the junction of the cervical region with the skull
- M48.53XA (Collapsed vertebra, not elsewhere classified, cervicothoracic region, initial encounter for fracture) for collapse at the junction of the cervical and thoracic region
- M48.55XA (Collapsed vertebra, not elsewhere classified, thoracolumbar region, initial encounter for fracture) for the collapse at the junction of the thoracic and lumbar regions
- M48.57XA (Collapsed vertebra, not elsewhere classified, lumbosacral region, initial encounter for fracture) for collapse at the junction of the lumbar and sacral regions.

An exception is code M48.58XA (Collapsed vertebra, not elsewhere classified, sacral and sacrococcygeal region, initial encounter for fracture) which you can report for collapse in both the sacral and junction of sacrum and the tail bone, also called the coccyx.