

Pain Management Coding Alert

Reader Question: Consider Migraines a Related Dx

Question: Our provider diagnosed a patient with chronic migraines and headaches r/t (related to) fibromyalgia. Should I regard the migraines as a symptom and just code the fibromyalgia, or should I code the chronic migraines along with it?

New Mexico Subscriber

Answer: Fibromyalgia, as defined by Stedman's Medical Dictionary, "is a disorder of unknown cause characterized by chronic widespread aching and stiffness, involving particularly the neck, shoulders, back, and hips." Stedman's goes on to note "other diagnostic criteria ... include pain on both sides of the body, both above and below the waist, as well as in an axial distribution (cervical, thoracic, lumbar spine, or anterior chest)," and "point tenderness," which "must be found in at least 11 of 18 specified sites."

Associated conditions include "fatigue, a sense of weakness or inability to perform certain movements, paresthesia, difficulty sleeping, and headaches," and fibromyalgia "frequently occurs in conjunction with migraine headaches, temporomandibular joint dysfunction, irritable bowel syndrome, restless legs syndrome, chronic fatigue, and depression," according to Stedman's.

Under these circumstances, you would not regard the migraines as a symptom but as a related condition. Consequently, as ICD-10 guideline 1.B.6 states that "additional signs and symptoms that may not be associated routinely with a disease process should be coded when present," you would code both M79.7 (Fibromyalgia) along with the appropriate migraine code such as a code from the G43.7- (Chronic migraine without aura) code group.