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# The Role of ISASS in Evolving the Spine Code Landscape: Lumbar Discogenic Pain Receives Specific ICD-10-CM Code

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On behalf of the International Society for the Advancement of Spine Surgery (ISASS), we are pleased to announce that the National Center for Health Statistics has granted and issued specific International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) codes for lumbosacral discogenic pain associated with degenerative disc disease (Table).<sup>1</sup> This action represents a significant advancement in our ability to differentiate, classify, and precisely diagnose chronic back pain syndromes. Lumbar and lumbosacral discogenic pain will now be appropriately included within the ICD-10-CM rubric along with other sources of back pain (eg, neurocompressive, facetogenic, sacroiliac, vertebrogenic, etc). The new codes will take effect on 1 October 2024.

ISASS has been at the forefront in identifying the importance of discogenic pain and advocating for specific diagnostic coding.<sup>2</sup> Indeed, the intervertebral disc has been the most intensively studied and characterized structure in the human spine. While countless research groups have contributed to our rich knowledge about degeneration of the intervertebral disc, several key individuals and an event were instrumental in our current perception of lumbar discogenic pain. First, known as the original “needle jockeys,” the esteemed triumvirate of Professors Charles Aprill, Nikolai Bogduk, and Richard Derby contributed an enormous body of seminal experimental research isolating physiological, biochemical, and morphological characteristics of the disc as potent pain generators.<sup>3</sup> Second, the development and clinical evaluation of intradiscal electrothermal therapy 2 decades ago provided renewed impetus to examine the anatomical features of internal disc disruption of

the annulus fibrosus.<sup>4</sup> While the technology proved to be only modestly efficacious and did not enjoy commercial success, it spurred interest in the development of novel treatments aimed at disc degeneration.<sup>5</sup>

Under the new ICD-10-CM codes, symptomatic lumbar discogenic disease is diagnosed clinically by axial midline back pain, pain with flexion, sitting intolerance, positive provocative test with sustained hip flexion, absence of motor/sensor/reflex change, and elective discography.<sup>6,7</sup> Discogenic back pain can occur with or without nonradicular/nonsciatic referred leg pain in a sclerotomal distribution.<sup>2</sup> We believe these codes will provide several advantages:

- **Precision in diagnosis:** Health care providers will have clearer criteria for diagnosing discogenic low back pain (LBP), allowing for more precise identification of the underlying pathology. This can guide treatment decisions and improve patient outcomes by ensuring that interventions are targeted to the specific cause of the pain.
- **Tailored treatment approaches:** With a better understanding of the specific nature of discogenic LBP, clinicians can tailor treatment approaches to individual patients. This may involve a combination of conservative therapies, minimally invasive procedures, and surgical interventions, depending on the severity and characteristics of the condition.
- **Innovation and research:** The availability of standardized codes can stimulate innovation and research in the field of spinal interventions. Researchers may be motivated to develop new techniques, devices, and therapies aimed at addressing discogenic LBP more effectively

**Table.** Current and new International Classification of Diseases, 10th Revision, Clinical Modification diagnostic codes for discogenic pain.

Current Code: Description	New Code: Description
<b>Lumbar Region</b>	
· M51: Thoracic, thoracolumbar, and lumbosacral intervertebral disc disorders	· M51.360: Other intervertebral disc degeneration, lumbar region with lumbar discogenic back pain only
· M51.3: Other thoracic, thoracolumbar and lumbosacral intervertebral disc degeneration	· M51.361: Other intervertebral disc degeneration, lumbar region with lower extremity pain only
· M51.36: Other intervertebral disc degeneration, lumbar region	· M51.362: Other intervertebral disc degeneration, lumbar region with discogenic back pain and lower extremity pain
	· M51.369: Other intervertebral disc degeneration, lumbar region without mention of lumbar back pain or lower extremity pain
<b>Lumbosacral Region</b>	
· M51.37: Other intervertebral disc degeneration, lumbosacral region	· M51.370: Other intervertebral disc degeneration, lumbosacral region with discogenic back pain only
	· M51.371: Other intervertebral disc degeneration, lumbosacral region with lower extremity pain only
	· M51.372: Other intervertebral disc degeneration, lumbosacral region with discogenic back pain and lower extremity pain
	· M51.379: Other intervertebral disc degeneration, lumbosacral region without mention of lumbar back pain or lower extremity pain

if they know there is a clearer pathway for reimbursement and utilization.

- **Expanded access to advanced therapies:** Reimbursement pathways for disc restoration, regeneration, and arthroplasty can increase patient access to advanced therapies for discogenic LBP, such as regenerative medicine techniques, motion-preserving implants, and other cutting-edge interventions previously underutilized due to reimbursement barriers.
- **Improved documentation and communication:** Standardized coding for discogenic LBP enhances documentation and communication between health care providers, insurers, and regulatory agencies. This can streamline administrative processes, facilitate accurate billing and reimbursement, and ensure that patients receive appropriate care based on established guidelines and protocols.

The ICD remains the standard (and most important) classification and diagnostic tool for epidemiology, health management, and clinical purposes. It is used globally as the foundation for the identification of health trends and statistics. Appropriately and accurately classifying patients with lumbar discogenic pain represents a significant, albeit long overdue, step forward in spinal care.

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