December 2, 2022

Delivered via email to: nchsicd10CM@cdc.gov

Re: ICD-10-CM Proposal for Creation of New ICD-10-CM codes: Discogenic Back Pain and Leg Pain

To: ICD-10 Coordination and Maintenance Committee Meeting – March 9, 2023

ISASS thanks CDC/ICD-10 Group for allowing the International Society for the Advancement of Spine, supported by both AAOS and AANS, to present again, in an open forum, the creation of new ICD-10-CM diagnosis codes for describing pain associated with lumbar and lumbosacral degenerative disc disease (DDD) or lumbar 'discogenic' disease. ISASS presented previously on March, 2021 and we were encouraged by Maintenance Committee Advisors to co-ordinate with other stakeholder organizations. ISASS met with and shared the draft application and rationale with the AAOS and the AANS. Both stakeholders aligned in support of the need for a new ICD-10-CM code set. The ISASS proposal draft was then edited by David Berglund MD, MPH, Medical Officer/Classification and Public Health Data Standards. A Second Submission was presented March 9, 2022 and no questions were posed during Committee Meeting. This proposal is based on feedback from Dr. Berglund on October 20, 2022 teleconference and September 1, 2022 additional comments. Those additional comments are addressed where appropriate within the context of the following paragraphs and are attached as an exhibit.

Physicians utilize a variety of diagnostic labels which lack granularity with regard to lumbar degenerative disc disease (DDD) associated with either midline axial or sclerotomal, non-radicular/non-sciatic referred leg pain. Intervertebral disc degeneration, lumbar region or ICD-10-code M51.36 is a generic medical classification as listed by the WHO under the range – Dorsopathies (disorders of the back or spine). Basically, Dorsopathy is Problem Data[1]. The presence or absence of pain associated with degenerative disc disease in the low back is an important factor in clinical decision making in regard to selecting the appropriate treatment. Pain may present in the low back, or may occur in the leg, or both as a result of lumbar discogenic disease. Symptomatic lumbar discogenic disease represents an increasingly large burden to the cost of health care and is captured by Health Concern Data[1]. Currently, symptomatic lumbar and lumbosacral discogenic back pain would be assigned ICD-10-CM code M54.8 – Other dorsalgia. Using this same rationale, ICD-10-CM code M79.606 for pain in leg, unspecified would be assigned to lumbar and lumbosacral discogenic non-radicular leg pain; alternatively, one might use ICD-10-CM code M79.2 for neuralgia and neuritis, unspecified for this nociceptive referred leg pain.

Clearly, there are no appropriate ICD-10-CM sub-terms for 'discogenic' pain. In addition, absence of pain is generally a sign that the degenerative disc disease is non-noxious. Lumbar disc degeneration also is not a definitive diagnosis as it only represents at most a morphologic sub-grade of disc degeneration by the most widely known T2-based Pfirrmann grading scoring tool available for MRI survey interpretation of the lumbar spine. MRI has provided a paradigm shift in how lumbar spine pathology is managed; the diagnosis of DDD predates MRI and was originally based on X-ray. Treatment expectations have evolved with our understanding of provocative discography and MRI. Restorative/regenerative treatment measures address dark discs, Pfirrman grades 3-7 out of 8 grades. Lumbar disc degeneration may, however, advance further via atraumatic/traumatic mechanisms from fissuring/bulging to a displaced disc herniation and/or stenosis which are adequately characterized at this prevailing time by ICD-10-CM subcategory M51.2 for displacement/intervertebral disc disorder and ICD-10-CM codes M48.06 & M48.07 – lumbar stenosis. Later treatment options for lumbar disc herniation and/or stenosis include surgical decompression to address herniation-induced dermatomal radiculopathy/sciatica and stenosis-induced myelopathy. The degeneration process is a cascade, not a stable, static snapshot but rather a developing, dynamic changing presentation. The prefix dorso- means "dorsum" or "dorsal" spine which: (1) is an anatomical term for the back of the human body; and (2) constitutes the 'backside' extending through the cervical, thoracic, and lumbar regions of the spine. As one can clearly see, it is NOT enough to substitute the present, albeit inaccurate ICD-10-CM codes for lumbar and lumbosacral degenerative disc as they do not draw a clear distinction between what is Problem Data and what is Health Concern Data and thus create a barrier of interoperability with confusion and a perceived overlap.

Health Concerns are the focus of change that is to be managed toward an agreed upon outcome. Optimizing health outcome is the goal with value-based care. Additionally, evidence-based outcomes are best analyzed with improved documentation and understanding, which are facilitated by enhanced ICD-10-CM codes which should result in better care for symptomatic individuals, better health for populations, and lower cost for the Global Burden of Disease. Chronic Low Back Pain (CLBP) is the most expensive occupational disorder in the United States and worldwide.

The words 'lumbago' and 'sciatica' have their origins in Latin and Greek roots and appeared first in modern European languages in the 1600's[2]. Historically, pain radiating from the back (lumbago) and down the leg was described in terms of the pain's anatomical location, as the cause of these pains was generally obscure. Back pain location can be described by region and for the purposes of this proposal are limited to a lumbar proposal only as MRI Pfirrmann grades are confined to the lumbar spine only and thus major advances in spine care have mostly targeted treatment in the lumbar spine. Sciatica has become further antiquated as its past included leg pain, unspecified. Sciatica has, however, come to mean dermatomal/radicular leg pain and may be differentiated from nociceptive/referred (sclerotomal)/non-radicular by exam. That is to say that radiculopathy is diagnosed clinically by a positive straight leg raise, Lasegue's sign, crossed Lasegue's sign, positive bowstring,

positive femoral stretch test and motor/sensory/reflex change. Symptomatic lumbar discogenic disease is diagnosed clinically by axial midline back pain, pain with flexion, sitting intolerance, positive provocative with sustained hip flexion and absence of motor/sensory/reflex change and positive discography.

The current additional pain codes (G89.11; G89.18; M54.9; M54.5; G89.29; M79.604) do not adequately address the various sources of chronic low back pain (CLBP), nor the predominant source of CLBP – discogenic low back pain (DLBP). DLBP represents 30-50% of CLBP versus facet joint pain ~31%, sacroiliac joint pain ~18% and other sources ~8%[3,4]. Chronic low back pain or lumbago has 6 sources including: (1) discogenic; (2) facetogenic [ICD-10-CM code M40.36]; (3) neurocompressive including herniation and stenosis; (4) sacro-iliac [ICD-10-CM code M46.1]; (5) vertebrogenic [diagnosed in part by Modic I/II changes with ICD-10-CM code M54.51]; and (6) psychogenic [ICD-10-CM F45.42].

The newest ICD-10 code for vertebrogenic pain, "pain coming from endplate bone", couples the symptoms with the etiology. The association between lumbar DDD and low back pain (LBP) has been well established[(5,6)] and warrants similar coding schema for "pain coming from the disc".

Notably, vertebrogenic pain was granted an ICD-10-CM code for the lumbar spine only. Vertebrogenic pain codes have NOT been applied to either the cervical or thoracic spine. Obviously, neither the cervical or thoracic spine involvement is capable anatomically of manifesting symptoms with the low back and/or radicular OR non-radicular/sclerotomal pain in the leg(s). This same anatomical application to lumbar spine applies to discogenic back pain.

Discogenic back pain associated with DDD can be multifactorial and difficult to treat. The type of pain present and whether it is primarily LBP or leg pain and/or both is an important component of the clinical assessment. Treatments for discogenic back pain have ranged from anti-inflammatory medications to invasive procedures including spinal fusion and spinal arthroplasty. There has also been a growing interest in developing strategies that aim to repair the degenerative disc biologically, or to supplement tissue lost to 3egenerateve disc disease[7,8,9]. ISASS requests modernized ICD-10-CM codes that enable the identification of pain present with lumbar and lumbosacral degenerative disc disease and enable the pain to be characterized as involving either the lumbar region only, the leg only, or both the back and leg, which will be of benefit for distinguishing, tracking, and improving algorithms and treatments for this common and important clinical issue. Discogenic non-radicular symptoms are NOT to be muddled with radicular/sciatic/neurocompressive symptoms. Lumbar discogenic back and non-radicular symptoms remain ignored within the current ICD-10 schema while vertebrogenic symptoms do not.

The AMA has recently added CPT Category I codes for Basivertebral Nerve Ablation (BVNA, 64628 and 64629) for symptomatic vertebrogenic low back pain and associated with ICD-10-

CM M54.1, as the CDC recognized a need for differentiating various types of LBP to ensure correct diagnosis. Additionally, CMS has recently announced that it is soliciting comments on potentially underutilized Medicare services, indicating that they are considering using their statutory authority to promote review of families of services. Currently, the treatment of painful Lumbar DDD manifesting as CLBP and/or leg pain is treated with the following, either: (1) a family of Category III codes (0627T, +0628T, +0629T, and +0630T) using percutaneous allogenic cells/tissue-based product; or (2) salvage Category I/III codes for Lumbar Total Disc Arthroplasty (22857, 22862, 0163T [now 228XX], and 0165T). Regrettably, because the ICD-10 coding schema is both non-specific and/or out-of-date for Lumbar DDD manifesting as LBP and/or leg pain, many of these services get identified by payers as either (1) investigational or (2) non-covered. Data collection supporting these services are flawed and under-reported leaving private carriers an opportunity to bias their own policy coverage such that their profits are maximized while nuancing what is the rationing of spine care and/or shifting the costs to Medicare.

Additional coding will serve patients more efficiently – will guide non-surgical, surgical care, acute and non-acute care. New ICD-10-CM codes will affect remedies for the immediate future.

We respectfully request the addition of the new codes originally requested at the March 2022 ICD-10-CM Coordination and Maintenance Committee Meeting with the addition of "discogenic back pain" for further distinction to be considered at the March 2023 ICD-10-CM Coordination and Maintenance Committee Meeting.

The requested updates are listed below:

TABULAR MODIFICATIONS

M51 Thoracic, thoracolumbar, and lumbosacral intervertebral disc disorders

M51.3 Other thoracic, thoracolumbar and lumbosacral intervertebral disc degeneration

M51.36 Other intervertebral disc degeneration, lumbar region

Add M51.360 Other intervertebral disc degeneration, lumbar region with lumbar discogenic back pain only

Add M51.361 Other intervertebral disc degeneration, lumbar region with leg pain only

Add M51.362 Other intervertebral disc degeneration, lumbar region with lumbar discogenic back pain and leg pain

Add M51.369 Other intervertebral disc degeneration, lumbar region without mention of lumbar back pain or leg pain

M51.37 Other intervertebral disc degeneration, lumbosacral region

Add M51.370 Other intervertebral disc degeneration, lumbosacral region with lumbar discogenic back pain

Add M51.371 Other intervertebral disc degeneration, lumbosacral region with leg pain only

Add M51.372 Other intervertebral disc degeneration, lumbosacral region with lumbar discogenic back pain and leg pain

Add M51.379 Other intervertebral disc degeneration, lumbosacral region without mention of lumbar back pain or leg pain

Sincerely,

Mogan P. Lorio MD

Mogan Lorio, MD
ISASS Coding and Reimbursement Task Force Chair
ISASS RUC Advisor

September 2022 Reviewer Comments Exhibit

Lumbar Degenerative Disc Disease with and without Pain
We do not agree with the proposal to create codes for degeneration of the intervertebral discs of the lumbar and lumbosacral regions with back pain (M51.360 and M51.370), leg pain (M51.361 and M51.371), back pain and leg pain (M51.362 and M51.372), or without mention of pain (M51.369 and M51.379). The request for new codes was presented because an important part of the clinical assessment by the provider is to know whether the pain is primarily low back pain or sciatic. However, the proposed codes overlap with codes that currently exist for pain with intervertebral disc disorders. For example, in the Index, "Sciatica with lumbago due to intervertebral disc disorder" references "Disorder, disc, with radiculopathy." Code M51.16, Intervertebral disc disorders with radiculopathy, lumbar region, is assigned for the lumbar region and code M51.17, Intervertebral disc disorders with radiculopathy, lumbosacral region, is assigned for the lumbosacral region. Additionally, disc degeneration is the definitive diagnosis. Pain of the leg and/or back is a routine symptom that is associated with the condition. The proposed codes do not seem necessary.

Lumbar Degenerative Disc Disease With and Without PainWe do not support the code proposal for lumbar degenerative disc disease with and without back and leg pain. We have several concerns regarding this code proposal. Some of the proposed new codes overlap with subcategory M51.1, Thoracic, thoracolumbar and lumbosacral intervertebral disc disorders with radiculopathy. Per current Index entries and the inclusion term under this subcategory, sciatica due to intervertebral disc disorders (including sciatica due to degenerative disc disease) is classified to subcategory M51.1, and no code would additionally be assigned from subcategory M51.3, Other thoracic, thoracolumbar and lumbosacral intervertebral disc degeneration, when sciatica is present. Therefore, it is not clear how sciatica fits with this code proposal and when the proposed new codes for lumbar or lumbosacral intervertebral disc degeneration with leg pain would be assigned versus the existing M51.1- codes.
Also, the proposal does not encompass all anatomic sites for degenerative disc disease, nor does it include a comparable code expansion for intervertebral disc displacement (subcategory M51.2). It is not clear why it wouldn't also be beneficial to identify the presence of pain associated with intervertebral disc displacement, or pain with thoracic or thoracolumbar intervertebral disc degeneration.

Lumbar Degenerative Disc Disease with and without Pain
[We do] not support the creation of new codes for lumbar degenerative disc disease with pain. ICD-10-CM currently contains codes to classify the conditions of lumbar and lumbosacral degenerative disc disease and various associated pain conditions.Examples of ICD-10-CM pain codes are as follows:• G89.11 acute pain, due to trauma • G89.18 other acute postprocedural pain• M54.9 back pain • M54.50 lumbar region pain • G89.29 other chronic pain• M79.604 pain in right leg M51, Thoracic, thoracolumbar

and lumbosacral intervertebral disc disorder, contains codes identify myelopathy, and radiculopathy (sciatica) along with disc displacement. The current classification of lumbago, lumbago due to displacement, intervertebral disc is M51.27. The code descriptors indicate the region of the displacement as the lumbago is assumed.
If the back and/or leg pain is not currently classified with the M51.0- or M51.1 code descriptions, incorporating additional codes to identify the type and location of pain utilizes the current codes without creating additional confusion regarding the appropriate code(s) to assign for degenerative disc disease. Assignment of current pain codes would provide additional clinical details such as severity of pain (acute or chronic) and laterality of leg pain. [We recommend] a Coding Clinical article regarding the assignment of pain codes if clarification is necessary when coding these conditions.

Topic: Lumbar Degenerative Disc Disease With and Without Pain I support the addition of these proposed codes with modification. Add an Excludes1 note for Lumbar back pain due to other intervertebral disc degeneration to M54.5 ‘Low back pain’ and for leg pain due to other intervertebral disc degeneration to M79.65 and M79.66.

M54.5 Low back pain

Excludes1: low back strain (S39.012)Add low back pain due to other intervertebral disc degeneration (M51.360, M51.362, M51.370, M51.372)
lumbago due to intervertebral disc displacement (M51.12-)
lumbago with sciatica (M54.4-)

M79.65 Pain in thigh

Add Excludes1: thigh pain due to other intervertebral disc degeneration (M51.361, M51.362, M51.371, M51.372)

M79.66 Pain in lower leg

Add Excludes1: lower leg pain due to other intervertebral disc degeneration (M51.361, M51.362, M51.371, M51.372)

References:

1: Healthit.gov; USCDIV1; SNOMED International, Systemized Nomenclature of Medica Terms (Smomed CT®) US Edition September 2019 Release

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7: Peng BG. Pathophysiology, diagnosis, and treatment of discogenic low back pain. *World J Orthop*. 2013; 4(2):42–52. Published 2013 Apr 18. doi: https://doi.org/10.5312/wjo.v4.i2.42 .

8: Beall DP, Wilson GL, Bishop R, Tally T. VAST Clinical Trial: Safely Supplementing Tissue Lost to Degenerative Disc Disease International Journal of Spine Surgery April 2020, 7033; DOI: https://doi.org/10.14444/7033

9: Beall DP, Davis TT, DePalma M, et al. Viable disc tissue allograft supplementation; one- and two-level treatment of degenerated intervertebral discs in patients with chronic discogenic low back pain: one year results of the VAST randomized controlled trial. *Pain Physician*. 2021;24(6):465-477.