Spinal Diagnoses
Best Practice Documentation

Click on the desired Diagnoses link or press Enter to view all information.

Diagnoses:

- Spinal Stenosis
- Spondylopathies
- Disc Herniation / Disc Degeneration
- Vertebral Fractures
- Traumatic Vertebral Fracture
- Pathological and Stress Fractures
- Compression Fracture
- Osteoporosis
- Spinal Fusions
- Intraoperative and Postoperative Complication
- Hematoma due to a Procedure

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Spinal Stenosis

Specify to the highest degree of specificity the exact anatomical location of the stenosis

- Spinal
  - Cervical
  - Cervicothoracic
  - Lumbar
  - Lumbosacral
  - Occipito-atlanto-axial
  - Sacrococcygeal
  - Thoracic
  - Thoracolumbar
- Intervertebral Foramina
- Neural Canal

Spinal Stenosis Documentation Example

Insufficient Documentation	Best Practice Documentation
• L2-L3 Stenosis	• PT presents with L2-L-3 **Lumbar Spinal Stenosis**

**Note- If symptoms suggest radiculopathy, document this as an additional diagnosis.*

Spondylopathies

- Ankylosing spondylitis
- Other inflammatory spondylopathies
  - Spinal enthesopathy
  - Sacroiliitis
  - Osteomyelitis
  - Infection of intervertebral disc (pyogenic) (specify infectious organism)
  - Discitis
- Spondylosis
  - Anterior spinal artery compression syndrome
  - Vertebral artery compression syndrome
  - Other spondylosis, also include:
    - with or without myelopathy
    - with or without radiculopathy
- Spinal Stenosis
- Ankylosing hyperostosis (Forestier)
- Kissing spine
- Traumatic spondylopathy

- Indicate Region of Spine
  - Multiple sites
  - High cervical region (C2-C3 and C3-C4)
  - Mid-Cervical (C4-5, C5-6 and C6-C7)
  - Cervicothoracic (C7-T1)
  - Thoracic
  - Thoracolumbar
  - Lumbar
  - Lumbosacral
  - Sacral/Sacrococcygeal

Spondylopathies Documentation Example

Insufficient Documentation

- 50 year old male presents with chronic back pain radiating down left leg due to spondylosis.

Best Practice Documentation

- 50 year old male presents with chronic back pain radiating down left leg.
- Diagnosis: **Lumbar** spondylosis **with radiculopathy**

Disc Herniation / Degeneration

- Condition:
  - Herniation (displacement)
  - Degeneration
- Disk with associated Condition
- Disc herniation(disc displacement)
  - Radiculopathy
  - Myelopathy
- For excision of intervertebral disc – differentiate between removal of a portion or all of an intervertebral disc

Intervertebral Disc Disorder Documentation Example

Insufficient Documentation

- 43 year old female presents with chronic neck pain and numbness of both arms. Patient admitted for surgical intervention.

Best Practice Documentation

- 43 year old female presents with **cervical disc displacement with radiculopathy .** Cat scan reveals herniation of C4-C5. Admission required for ACDF C4-C5.

Vertebral Fractures

- Fracture Type
  - Traumatic
  - Pathologic
  - Stress/Fatigue
  - Compression (non-traumatic is coded to collapsed vertebra)
- Identify the progress of the fracture treatment:
  - Episode of Care:
    - Subsequent
      - With routine healing
      - With delayed healing
      - With nonunion
      - With malunion
    - Sequela

Traumatic Vertebral Fractures

- Region of spine
- Number of vertebrae fractured
- Type:
  - Open
  - Closed
- Severity
  - Wedge compression
  - Stable burst
  - Unstable burst
  - Other
- Mechanism of injury:
  - How it happened
    - Where it happened
- Episode of Care:
  - Subsequent (With routine healing, With delayed healing, With nonunion, With malunion
  - Sequela

Pathologic and Stress Fractures

Pathologic or stress fractures require additional key elements for best practice documentation.

- Pathologic Fractures
  - Etiology
    - Osteoporosis
    - Neoplastic disease
    - Other (specify)
- Stress Fractures
  - Also known as fatigue or march fractures
  - Identify external cause of the fracture
- Identify the progress of the fracture treatment:
  - Episode of Care:
    - Subsequent
      - With routine healing
      - With delayed healing
      - With nonunion
      - With malunion
    - Sequela

Compression Fracture

- Type
  - Traumatic – will code to traumatic fracture of the vertebra
  - Non-traumatic
    - Specify underlying cause
      - Pathologic due to neoplasm
      - Pathologic due to osteoporosis
      - Pathologic due to other diagnosis
      - Stress fracture

Vertebral Fracture Documentation Example

Insufficient Documentation

- 65 year old female scheduled for kyphoplasty due to unrelenting chronic back pain due to compression fracture of L1.

Best Practice Documentation

- 65 year old female scheduled for kyphoplasty due to unrelenting chronic back pain due to **compression fracture of L1 due to osteoporosis**.

Osteoporosis

- Type
  - Age-related
  - Localized (Lequesne)
  - Other:
    - Drug-induced (specify drug)
    - Idiopathic
    - Disuse
    - Post oophorectomy
    - Postsurgical (specify)
    - Post-traumatic (specify)
- Document with or without pathological fracture

Spinal Fusions

- Column fused
  - Anterior
  - Posterior
- Approach
  - Anterior
  - Lateral
  - Posterolateral
  - Lateral transverse
- Type device(s) used:
  - Interbody fusion device
  - Autologous bone graft
  - Non autologous bone graft
  - Other
- Number of joints fused

Intraoperative and Postoperative Complication

The terms "Post Op" and "Status Post" are considered vague and requires further clarification to determine if in fact the condition is a complication. The key elements needed for best practice documentation include:

- The affected body system
- The specific condition
  - Acute blood loss anemia
  - Accidental laceration (of specified organ)
  - Hematoma
  - Ileus
- Whether the condition is a/an
  - Complication of care or due to the procedure
  - Expected procedural outcome
- When did the complication occur
  - Intraoperative Complication
  - Postoperative Complication

Postoperative Complication Documentation Example

Insufficient Documentation	Best Practice Documentation
• Post-op ileus. POD # 3.	• S/P RHC POD # 3 Negative BS, NGT **Prolonged ileus 2/2 extensive adhesions.**
• Patient VQ scan positive for pulmonary embolism. History of TKR two weeks ago.	• **Post-Op patient developed a pulmonary embolism most likely resulting from immobility from recent TKR.**

Hematoma due to a Procedure

- Site of the hematoma
  - Depth
    - Skin
    - Subcutaneous tissue
    - Musculoskeletal
- Procedure associated with the hematoma
  - The clinical significance of the hematoma
    - considered a postoperative complication
    - or an expected outcome
    - Unrelated to the procedure
      - Due to other chronic condition
      - Due to anticoagulants

Key Documentation Concepts

- Document specific site or region of the spine affected.
- Include myelopathy or radiculopathy as an additional diagnosis, when applicable.
- Document underlying cause, such as trauma, osteoporosis, neoplasm, etc.
- Documentation any modes of treatment or failed response to treatment to support medical necessity

Take the Extra Step!

Document :

- ALL chronic conditions – present and stable but managed.
- Significance of abnormal tests (i.e.: UTI, electrolytes, echo)
- Clarify whether diagnoses are ruled in or ruled out
- Establish cause-and-effect relationships (i.e. PICC line infection)
- Laterality, if applicable
- Explain the "why" and " because" to support medical necessity
- Any tobacco use, abuse, dependence, history of smoke exposure (e.g., second hand, occupational, etc.)
- Document Present on Admission (POA) status , especially if diagnosis isn't confirmed until day two or three of admission.