



American Academy
of Value Based Care

Spondylopathy

Quick Reference Guide

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AAVBC Spondylopathy Quick Reference Guide

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1. CLINICAL SNAPSHOT

Definition: Spondylopathy refers to any pathological condition affecting the vertebral column. It is a functional classification used to group disorders that cause structural degeneration, inflammation, or deformity of the spine.¹

ICD-10 Codes: Use the **M47.x** series for general spondylosis and related degenerative conditions. This includes **M47.0x** for anterior spinal and vertebral artery compression syndromes, **M47.1x** for spondylosis with myelopathy (indicating spinal cord involvement), and **M47.2x** for spondylosis with radiculopathy (indicating nerve root involvement). If the condition is less specific, **M47.8x** for other spondylosis or **M47.9** for unspecified spondylosis may be used. Additionally, the **M48.x** series covers other spondylopathies such as spinal stenosis, spondylolisthesis, and Schmorl's nodes, while the **M49.x** series is reserved for spondylopathies occurring in diseases classified elsewhere, such as vertebral tuberculosis or brucellosis.

HCC/RAF V28: Spondylosis with Myelopathy (M47.1x). M47.12, and M48.062 maps to **HCC 93 (RAF 0.617)**. M47.2x, M48.061, M49.3x maps to **HCC 181 (RAF 0.385)**. M46.2x, M47.26, and M46.3X maps to **HCC 180 (RAF 0.421)**. M47.9 and M47.816 do not map to an HCC. M48.8X1-M48.8X9 map to **HCC 93 (RAF 0.617)**.

Diagnosis Category	ICD-10 Series	V28 HCC	RAF Value	Clinical Documentation Requirement
Inflammatory Spondylopathies	M46.x x	93/182	0.617/ 0.478	Infection/Infarction. Document active Discitis, Osteomyelitis (M46.2), or Sacroiliitis (M46.1)
Ankylosing Spondylitis	M45.x	93	0.617	Systemic. Document HLA-B27+, morning stiffness, or bamboo spine
Other Specified Spondylopathy	M48.8 X	93	0.617	Structural. Document OPLL, Baastrup's, or ligamentous ossification
Spondylosis w/ Myelopathy	M47.1x	182	0.478	Cord Signs. Must document ataxia, Hoffman's, or hyperreflexia
Spinal Stenosis w/ Claudication	M48.0 62	182	0.478	Functional. Must document neurogenic claudication/walking limits
Spondylosis w/ Radiculopathy	M47.2 x	181	0.380	Nerve Root. Must link root (e.g., L5) to objective deficit

Abbreviations: AS, Ankylosing Spondylitis;; CDI, Clinical Documentation Improvement; CSF, Cerebrospinal Fluid; CT, Computed Tomography; DDD, Degenerative Disc Disease; DJD, Degenerative Joint Disease; DTR, Deep Tendon Reflex; EHL, Extensor Hallucis Longus; ESI, Epidural Steroid Injection; HCC, Hierarchical Condition Category; Hoffman's, Hoffman's Sign; LSS, Lumbar Spinal Stenosis;; Treat; MRI, Magnetic Resonance Imaging; NC, Neurogenic Claudication; ODI, Oswestry Disability Index; OPLL, Ossification of the Posterior Longitudinal Ligament; PT, Physical Therapy; RADV, Risk Adjustment Data Validation; RAF, Risk Adjustment Factor; Radic, Radiculopathy; ROM, Range of Motion; SIJ, Sacroiliac Joint; SLR, Straight Leg Raise; V28, Version 28 Risk Adjustment Model

Prevalence: ~3 million Americans are affected by spondylopathy. The costs vary with spondylosis costing ~\$9,500 PMPY.

2. RECOGNITION & DIAGNOSIS

Medicare Screening/Diagnostic Workup²⁻⁶

Key Diagnostic Features

Key Diagnostic Factors	Other Diagnostic Factors	Risk Factors
<p>Localized Spinal Pain: Chronic, mechanical pain in the cervical (neck) or lumbar (low back) regions that typically worsens with movement or weight-bearing</p> <p>Radicular Symptoms: Shooting pain, numbness, or "pins and needles" (paresthesia) that follows a specific dermatomal pattern, indicating nerve root compression</p> <p>Reduced Range of Motion (ROM): Significant stiffness or physical inability to flex, extend, or rotate the spine comfortably</p> <p>Neurological Deficits: Objective findings on physical exam, such as diminished deep vein reflexes, muscle weakness (myotomal distribution), or a positive Babinski/Hoffman sign indicating cord involvement</p>	<p>Neurogenic Claudication: Leg pain or heaviness that occurs while walking and is relieved by leaning forward (the "shopping cart sign"), highly suggestive of spinal stenosis</p> <p>Morning Stiffness: Pain that is most severe upon waking and improves with activity, which may point toward an inflammatory spondylopathy like Ankylosing Spondylitis</p> <p>Crepitus: Audible or palpable "grinding" sensations during spinal movement, indicating advanced joint surface degeneration</p> <p>Imaging Findings: Presence of osteophytes (bone spurs), disc space narrowing, or vertebral slippage on X-ray, CT, or MRI</p>	<p>Advancing Age: The primary risk factor due to the cumulative "wear and tear" of the intervertebral discs and facet joints</p> <p>Repetitive Mechanical Stress: Occupational hazards (heavy lifting, vibration exposure) or high-impact sports that place chronic load on the vertebral column</p> <p>Previous Spinal Trauma: History of fractures or severe whiplash, which can accelerate degenerative changes in the affected segments</p> <p>Genetics: A family history of early-onset osteoarthritis or specific HLA-B27 positive inflammatory conditions</p> <p>Obesity: Increased body mass index (BMI) places higher axial load on the lumbar spine, accelerating the breakdown of the discs</p> <p>Congenital Anomalies: Pre-existing narrow spinal canal (congenital stenosis) or vertebral malformations</p>
<p>Abbreviations: BMI, Body Mass Index; CT, Computed Tomography; MRI, Magnetic Resonance Imaging; ROM, Range of Motion</p>		

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