Western Australian Coding Rule

0318/12 Failed back syndrome

ACCD Coding Rule *Failed back syndrome* (Ref No: Q3106) was retired on 30 June 2017. ICD-10-AM/ACHI/ACS Tenth Edition (effective 1 July 2017) provides guidelines for procedural complications in ACS 1904 *Procedural complications*. 
Western Australian Coding Rule

0916/14 Failed back syndrome

WA Coding Rule 0716/04 *Failed back syndrome* is superseded by ACCD Coding Rule *Failed back syndrome* (Ref No: Q3106) effective 1 Oct 2016; (log in to view on the ACCD CLIP portal).

DECISION

WA Coding Rule 0716/04 *Failed back syndrome* is retired.

[Effective 1 Oct 2016, ICD-10-AM/ACHI/ACS 9th Ed.]
Western Australian Coding Rule

0716/04 Failed back syndrome

Q.

How should failed back syndrome be coded?

A.

Failed back syndrome is a synonym for postlaminectomy syndrome.

ACS 1344 Postlaminectomy syndrome instructs coders that postlaminectomy syndrome (M96.1 Postlaminectomy syndrome, not elsewhere classified) is a term used to describe pain which persists in spite of back surgery attempted to relieve it and that it should only be coded when ‘postlaminectomy syndrome’ is documented.

We believe this instruction is intended to prevent coders from assigning M96.1 for back pain following surgery. It does not preclude the assignment of this code for synonyms of postlaminectomy syndrome.

Before assigning M96.1 for failed back syndrome, the medical record should be reviewed for evidence of previous laminectomy, discectomy, spinal fusion or foramenotomy to ensure documentation of ‘failed back syndrome’ is being used as a synonym for ‘postlaminectomy syndrome.’ Where there is no evidence of these procedures, seek clinician clarification.

DECISION

This query will be sent to the ACCD for clarification. In the mean-time, assign M96.1 Postlaminectomy syndrome, not elsewhere classified for failed back syndrome with documentary evidence of previous laminectomy, discectomy, spinal fusion or foramenotomy.

[Effective 20 Jul 2016, ICD-10-AM/ACHI/ACS 9th Ed.]