

## Part B Insider (Multispecialty) Coding Alert

### ICD-10 Preparation: G89 Family Will Bring Chronic, Acute Pain Options

**Hint: One-to-one cross from ICD-9 eases transition.**

When ICD-10 goes into effect in October 2013, you'll have lots of new codes to learn when your physician diagnoses acute or chronic pain. Fortunately, each existing diagnosis has a straight crossover with a structure almost identical to ICD-9. Common choices under ICD-10 will include:

- G89.0 (Central pain syndrome)
- G89.11 (Acute pain due to trauma) or G89.21 (Chronic pain due to trauma) for trauma pain
- G89.12 (Acute post-thoracotomy pain) or G89.22 (Chronic post-thoracotomy pain) following thoracotomy (not otherwise specified)
- G89.18 (Other acute postprocedural pain) or
- G89.28 (Other chronic postprocedural pain) for NOS postoperative pain. Note the change in terminology from "postoperative" in ICD-9 to "postprocedural" in ICD-10.
- G89.3 (Neoplasm related pain [acute] [chronic]) for any type of neoplasm pain, including that caused by cancer, tumors, or primary or secondary malignancy
- G89.4 (Chronic pain syndrome) for chronic pain syndrome, including pain associated with significant psychosocial dysfunction.

Details: The G89 (Pain, not elsewhere classified) parent code notes many exclusions that you should report with other diagnosis codes. The majority of listed codes, however, are categorized as "excludes 2." That designation means "not included here" or indicates that the condition excluded is not part of the condition represented by the code but the patient might have both conditions at the same time (in which case you would report both codes to capture both conditions). If the primary reason for the visit or encounter is pain management, you will report the appropriate G89.xx code as primary.

Add on: When completing your claim, also code any related psychological factors associated with the pain. Submit F45.42 (Pain disorder with related psychological factors) with supporting documentation.