

Part B Insider (Multispecialty) Coding Alert

Part B Coding Coach: Prepare Now So Pain Management Diagnosis Coding for 2009 Is No Pain, All Gain

You may have to leave your 784.0 comfort zone in October

ICD-9 2009 may include more new codes than you've seen in a decade, and the almost two dozen new headache codes could make your head spin.

But don't reach for the aspirin just yet--here are insider tips to help you prepare and ease your pain before it even starts.

Code 784.0, Meet 339.XX

The lowdown: CMS just re-released the preliminary 2009 ICD-9 new diagnosis code list. The changes aren't official yet, but this rundown will give you a leg up on the changes that will most likely take effect Oct. 1, 2008.

The biggest shake-up: ICD-9 2009 may change your options so that 784.0 (Headache) will no longer be your go-to headache code. According to ICD-9 2008, this catchall code covers facial pain and any -not otherwise specified- head pain. But a new 2009 339.XX series could cover other headache syndromes, which will make your diagnosis coding that much more accurate.

-My physicians are more specific in their notes, so I welcome the more specific coding,- says **Angie Medrano, CPC**, coder with **Children's Hospital Neurology Foundation** in Boston.

-I do find more specific codes helpful, especially when it is called for in the payer policies,- says **Lonna Maile**, coding manager with **Hawaii Pacific Health**. The challenge for coders is educating the physician on the need for accurately documenting diagnoses to the highest specificity, Maile says.

Helpful advice: You'll need to work with your pain management specialist to be sure documentation matches up with the new coding choices, or you could be stuck reporting -unspecified- codes when your payers' policies require something more specific.

Tip: Once the codes become official, consider giving your pain management specialist a list of the new codes so he'll know what information you need to choose the most specific code. Here's how the ICD-9 2009 headache codes likely will appear.

Break Up Cluster Headaches

New subcategory 339.OX (Cluster headaches and other trigeminal autonomic cephalgias) will cover a variety of cluster headaches and headaches affecting one side of a subject's head. These include the following:

- 339.00--Cluster headache syndrome, unspecified
- 339.01--Episodic cluster headache
- 339.02--Chronic cluster headache
- 339.03--Episodic paroxysmal hemicrania
- 339.04--Chronic paroxysmal hemicrania
- 339.05--Short lasting unilateral neuralgiform headache with conjunctival injection and tearing
- 339.09--Other trigeminal autonomic cephalgias.

Note: Code 339.00 also includes cluster headache not otherwise specified (NOS), ciliary neuralgia, histamine cephalgia, lower half migraine, and migrainous neuralgia, while 339.03 includes paroxysmal hemicrania not otherwise specified, says **Stephen D. Silberstein, MD, FACP**, past president of the **American Headache Society**, director of the **Jefferson Headache Center** and neurology professor at **Thomas Jefferson University Hospital** in Philadelphia, during his presentation, -Headache Classification 2007- (www.cdc.gov/nchs/ppt/icd9/att1_headache_mar07.ppt).

Remember: [You use NOS codes when the medical record is insufficient for you to choose a more specific code, according to the HIPAA-mandated ICD-9 Official Guidelines. The abbreviation NOS is the equivalent of -unspecified.-](#)

Also helpful: [Codes 339.01-339.04 include the new terms -episodic- and -chronic.-](#)

[-Chronic- denotes pain persisting for more than three months. When you're coding for headaches, it has this meaning for secondary head-ache disorders, Silberstein says.](#)

Watch out: [For primary episodic headache disorders, such as migraines, Silberstein says, use the classification -chronic- whenever the headache occurs on more days than not for greater than a three-month period.](#)

[-Episodic,- on the other hand, indicates that the headache occurs on less than 15 days per month, he says.](#)

Exception: [Trigeminal autonomic cephalalgias \(TACs\) are the exception, Silberstein says. The chronic classification isn't used for TACs until a patient has unremitting headaches for more than a year.](#)

Take the Tension Out of TTH

ICD-9 2009 may also offer three new codes you can use for tension-type headaches (TTH):

- 339.10--Tension type headache, unspecified
- 339.11--Episodic tension type headache
- 339.12--Chronic tension type headache.

Note: These codes will exclude tension headaches due to psychological factors classified under 307.81 (Tension headache), Silberstein says.

In other words: This list of tension-type headache codes in the potential new 339.XX range means your pain management specialist's documentation needs to offer enough information to code and differentiate accurately between -tension- headaches, which are in the Mental Disorders ICD-9 chapter, and the new -tension-type- headaches, which ICD-9 will likely place in the Nervous System ICD-9 chapter.

PTH Earns New Category

Post-traumatic headaches (PTH) represent another headache category you may see in ICD-9 2009. PTH can be part of post-concussion syndrome, Silberstein says, but it does not have to be.

So if the pain management provider documents PTH but doesn't document post-concussion syndrome, you may still be able to report one of the new PTH codes:

- 339.20--Post-traumatic headache, unspecified
- 339.21--Acute post-traumatic headache
- 339.22--Chronic post-traumatic headache.

Don't forget that once you have specific codes for most of the possible headache variants, you need to be careful with how you handle headache coding. Make sure you always code to the highest level of specificity, and be sure your pain management provider's documentation supports reporting these new diagnosis codes for 2009.

