

Eli's Rehab Report

Reader Question: Post-Op Pain Management Diagnoses Vary

Question: Medicare denied one of our rehab physician's postoperative pain management claims (the carrier cited an incorrect diagnosis code). Which ICD-9 code supports medical necessity for postoperative pain management claims?

New York Subscriber

Answer: Some carriers have very specific guidelines for acceptable post-op diagnoses, so check your carrier's local medical review policies (LMRP) for a complete list. New York's Empire Medicare, for example, requires practices to submit V58.49 (Other specified aftercare following surgery) to designate that they performed postoperative pain management.

Other carriers prefer that you report the cause of the pain. For instance, if a patient has pain following knee surgery, you should report 719.46 (Other and unspecified disorders of joint; pain in joint; lower leg). Some carriers accept 958.8 (Other early complications of trauma) for post-op pain management if the patient has early trauma complications, such as compartment syndrome resulting from nerve and tendon compression.

Although learning your carriers' acceptable postoperative pain diagnoses is helpful, you should still code based on the individual case and the supporting documentation, not the ICD-9 code that you know will guarantee reimbursement.