

Eli's Rehab Report

You Be the Coder: One Diagnosis Code or Two?

Question: If a patient has knee pain and shoulder pain, should we report each diagnosis, or should we report the "multiple joint pain" code instead?

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Answer: You should report both the knee pain ([ICD-9 719.46](#)) and shoulder pain (719.41) diagnoses. Because ICD-9 requires that you code to the highest degree of specificity, reporting both diagnoses is more accurate. If a patient has general aches and pains, or says that when it rains her joints ache, you should report the multiple joint pain code (719.49) instead.

Reporting both 719.46 and 719.41 may help you down the road, depending on whether the physiatrist plans to perform any procedures to alleviate the patient's pain. If you inject cortisone into the patient's knee and shoulder, for example, the specific diagnoses will show the insurer why you deserve reimbursement.

If you aren't sure which diagnosis to list first on your claim form, ask the physician which site produced the most pain. If the patient's shoulder pain outweighed her knee pain, you should list 719.41 first.