

Outpatient Facility Coding Alert

ICD-10 Update: Pin the Abdominal Pains in the Outpatient Patients With R10 Codes

What is the trick of painless reporting of abdominal pain?

Hint: It's simple to report but needs extensive investigation to pinpoint the reason for the complaint. Yes, we are talking about abdominal or stomach pain. Come October, you'll find a fairly straightforward transition for this symptom in ICD-10. Take notice of the new codes introduced to give you more options for colic and severe abdominal pain.

1. Refresh Your Basics

Abdominal pain is any pain that you may feel in the region between your chest and groin also referred to as the stomach or belly. The pain could be concentrated in a particular area that starts suddenly and unexpectedly and the main culprits could be a problematic appendix or gallbladder. The pain may also manifest as a generalized pain in your stomach belly, usually due to a stomach virus, indigestion, or gas. One more type of pain may present itself as a cramp likely to be due to gas and bloating or as colic pain that comes in waves. Kidney stones and gallstones are common culprits of colic pain.

The physician will order tests such as endoscopy, colonoscopy, barium enema, CT scan, ultrasound and also blood, urine, and stool tests to confirm the cause for the pain.

2. Know the Straight Crossover ICD-10 Codes

Under the ICD-9 system, you have the 789.0x (Abdominal pain) range for various types of abdominal pain, where code 789.0x expands from 0 to 9 with each expansion either describing a particular location of the pain or the generality of the pain. You can find the ICD-10 equivalents under the R10.-- (Abdominal and pelvic pain) range, where the fourth digit expands in 0-3 and 8 and 9.

The easy part is that almost all the current ICD-9 codes crosswalk directly to ICD-10 equivalents. The code 789.00 (Abdominal pain unspecified site) will walk over directly to ICD-10 code R10.9 (Unspecified abdominal pain). You can find direct crossovers for 789.01 (Abdominal pain right upper quadrant) and 789.02 (Abdominal pain left upper quadrant) in R10.11 (Right upper quadrant pain) and R10.12 (Left upper quadrant pain) respectively.

Similarly lower abdominal pain codes 789.03 (Abdominal pain right lower quadrant) and 789.04 (Abdominal pain left lower quadrant) walk straight to R10.31 (Right lower quadrant pain) and R10.32 (Left lower quadrant pain). Codes 789.05 (Abdominal pain periumbilic) and 789.06 (Abdominal pain epigastric) get representation in ICD-10 codes R10.33 (Periumbilical pain) and R10.13 (Epigastric pain). Code for general pain 789.07 (Abdominal pain generalized) gets translated to R10.84 (Generalized abdominal pain).

3. Keep Track of the Non-Specific Pain Codes Switches

Other than the easy one-to-one matches for the abdominal pain codes, you will have to remember a few new codes in the ICD-10 system. For example, 789.09 (Abdominal pain other specified site) can now translate to any of the three ICD-10 codes R10.10 (Upper abdominal pain, unspecified), R10.2 (Pelvic and perineal pain), or R10.30 (Lower abdominal pain, unspecified) depending upon the gastroenterologist's interpretation of the relative location of the pain.

Some new classifications have also been added in ICD-10. For example, there's a new code R10.0 (Acute abdomen) for severe abdominal pain (generalized) (with abdominal rigidity). However, CPT® cautions that this code excludes abdominal rigidity NOS (R19.3), generalized abdominal pain NOS (R10.84), or localized abdominal pain (R10.1-R10.3-). One other category R10.8- (Other abdominal pain) has been added where the fourth digit expands to 1 to 4 with R10.81

(Abdominal tenderness), R10.82 (Rebound abdominal tenderness), R10.83 (Colic) and R10.84 already discussed. Codes R10.81 and R10.83 further expand into the sixth digits 0-7 and 9 to add more specificity and give more power to the physician to pinpoint the diagnosis. The expansions for both codes go as:

- 1 -- Right upper quadrant
- 2 -- Left upper quadrant
- 3 -- Right lower quadrant
- 4 -- Left lower quadrant
- 5 -- Periumbilic
- 6 -- Epigastric
- 7 -- Generalized
- 9 -- ..., unspecified site

Coding scenario: A 25-year-old man presents with stomach pain. The physician notes right-sided sharp abdominal pain for one day, worse with movement, no vomiting or diarrhea. Last bowel movement (BM), the same morning, was of normal consistency. Abdomen examination reveals decreased bowel sounds in right lower quadrant (RLQ), tenderness to deep palpation in RLQ with rebound, as well as no localized tenderness or palpable masses in rectal exam.

While coding this, if you didn't have RLQ in the exam, you may use code 789.00 as that would be the appropriate ICD-9 code to list for the documentation. Here, you would instead report the specific quadrant diagnosis that the physician indicates in the exam: 789.03 for RLQ pain. If the physician wrote "left lower quadrant (LLQ) and RLQ pain," then you would use 789.09 because this is the default code for multiple sites. Under ICD-10, you would code R10.9 for the unspecified pain.

For the RLQ, you would visit code R10.31 and for the LLQ and RLQ, the appropriate code could be R10.2 or R10.30 based on physician's documentation.