

## Home Health ICD-9/ICD-10 Alert

### CODING HOW-TO: EASE SYMPTOM CODING ACHES WITH NEW PAIN DIAGNOSIS CODES

**New pain codes in M0240 can help support the need for additional therapy.**

You may be tempted to list a symptom code for a patient's pain when you are providing pain management. But when a symptom is integral to the patient's condition, you should not code for it--coding for the condition itself is sufficient. However, starting Oct. 1, you'll have new options for reporting pain.

Now, for a patient with a neoplasm of the stomach who has stomach pain, "I would list the neoplasm as the primary diagnosis, and I wouldn't report pain at all because that's included [in the neoplasm diagnosis]," says **Lucie Carter Lopez, RN, BA, HCS-D**, clinical supervisor with **Interim Health Care** in Fresno, CA.

But as of Oct. 1, new code 338.3 (Neoplasm related pain [acute] [chronic]) opens up new possibilities for reporting a cancer patient's pain, says **Lisa Selman-Holman, JD, BSN, RN, HCS-D, COS-C**, consultant and principal of **Selman-Holman & Associates** in Denton, TX.

#### Turn To A New Chapter For Pain

The pain codes are in a new category in the nervous system chapter, Selman-Holman says. Previously, pain has always been a symptom code, so you wouldn't code for pain if it was integral to the condition being treated, she says. But with the new codes' location in the nervous system chapter, you can report pain even if pain is considered included in the condition, she explains.

The new 338.xx series includes 11 new codes to better describe pain conditions:

- 338.0 (Central pain syndrome)
- 338.11 (Acute pain due to trauma)
- 338.12 (Acute post-thoracotomy pain)
- 338.18 (Other acute postoperative pain)
- 338.19 (Other acute pain)
- 338.21 (Chronic pain due to trauma)
- 338.22 (Chronic post-thoracotomy pain)
- 338.28 (Other chronic postoperative pain)
- 338.29 (Other chronic pain)
- 338.3 (Neoplasm related pain [acute] [chronic])
- 338.4 (Chronic pain syndrome)

#### Don't Overlook These Pain Code Uses

Unless pain management is the primary focus of care, you should use these codes in M0240, Selman-Holman explains. "Having specific pain codes could help you justify a great deal of care," notes **Lori Ladd**, area director and medical liaison for **Purdue Pharma** in Stamford, CT.

Starting Oct. 1, you will be able to code pain even when it is integral to the disease or condition, says coding consultant **Sparkle Sparks, MPT, HCS-D, COS-C**, with Redmond, WA-based OASIS Answers. "But the pain should be significant enough that you are addressing it in your plan of care," Sparks advises.

**Tip:** List these pain codes as primary in M0230a only if pain management is the focus of your care, says Selman-Holman.

**Coding example:** Suppose a physical therapist is working with a patient who has limited range of motion and trouble walking due to pain after a total hip replacement. The therapist might use 781.2 (Abnormality of gait) as her payment diagnosis after V54.81 (Aftercare following joint replacement), says Selman-Holman. But in addition to coding the joint replacement, she could use new code, 338.18 to note the acute postoperative pain that's hindering the patient's walking, suggests nurse consultant **Marvel Hammer** with **MJH Consulting** in Denver.

Reporting secondary diagnoses might seem like extra, unnecessary work. But if you can paint a clearer picture of what the patient is experiencing, these codes could help justify additional therapy sessions or even additional modalities, Hammer points out. Pain can also explain slower-than-expected progress a patient is making toward therapy goals, Selman-Holman says.

**Helpful:** Pain codes can also support trauma diagnoses in M0230 and remind clinicians to include pain management in the plan of care.

**Use caution:** These new pain codes will enable coders to indicate that pain is the primary focus of care when that situation exists, says **Judy Adams, RN, BSN, HCS-D**, with Charlotte, NC-based LarsonAllen. But discussion during the **ICD-9-CM Coordination and Maintenance Committee** meetings has included concern that these codes may be used inappropriately, she notes. At least one of the cooperating parties disagreed with placing the new pain codes in the nervous system chapter and believed them to be more appropriate in the symptoms chapter.

Providers need to remember to code for the most acute condition and not for symptoms integral to that diagnosis, Adams maintains. The primary driver for adding these expanded pain codes is the growth in pain management as a medical subspecialty, she explains. But home health can benefit from these additional codes when pain is a focus of care.

Pain relief or pain management is a patient's right, and providers cannot ignore the presence of pain in the patient, Selman-Holman adds. Pain management has become an important part of our interventions and plans of care, she says.