

Home Health ICD-9/ICD-10 Alert

Coding Quiz: Test Your Pain Coding Savvy With These Scenarios

How would you code pain associated with migraine?

Figuring out when - and when not - to code for a patient's pain often leaves home health coders complaining of some pain of their own.

Put your decision-making skills to the test by asking yourself why you shouldn't code pain separately in each of the following common scenarios:

Scenario #1: A patient has back pain associated with herniation of an intervertebral disc.

In this case, you'd simply code the intervertebral disc herniation (722.x). You wouldn't assign an additional code for pain because the back pain is integral to the patient's condition. The same logic applies to back pain caused by a kidney stone.

Scenario #2: A patient frequently complains of migraine headaches.

This patient's pain is the direct result of her migraine, so you'd list only the appropriate code from the 346 series. While it's true that not all patients with migraine experience pain, most do. Therefore, the pain is an expected result of the patient's diagnosis.

Scenario #3: A patient with gastritis is complaining of abdominal pain.

Again, the pain in this scenario is an expected part of the diagnosis, so you wouldn't code it separately. You'd list only 535.5x to indicate the gastritis. If, however, the abdominal pain was of unknown etiology, you'd use code 789.0x (Abdominal pain).

Scenario #4: A patient has chest pain due to unstable angina.

Code only the unstable angina (411.1) - the associated pain is expected and therefore goes without coding. As in scenario #3, though, if the chest pain is of unknown etiology, you'd use code 786.50 (Chest pain, unspecified).

Editor's Note: These scenarios were provided by **Dio Namocatcat, HCS-D, CPC**, medical coder and consultant for **Visiting Nurse Regional Health Services Inc.** in Brooklyn, NY.