

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

### Reader Questions: 780.99, 729.1, 724.2: You'll Need Specifics to Report Chronic Pain

**Question:**

Which diagnosis code should I report for a patient with chronic pain?

--New York Subscriber

**Answer:**

The term "chronic pain" normally means that the patient has had the pain condition for more than three months. Seeing this term on a chart makes your job more difficult because it's so general. Because some physicians define chronic as persisting for three months and others define chronic as persisting for six months, you may not choose any of the chronic pain codes in the 338 category without the physician specifying chronic pain.

Some coders recommend reporting 780.99 (Other general symptoms) in this situation, but others balk at using such a nonspecific descriptor. A diagnosis such as 729.1 (Myalgia and myositis, unspecified) could work if the patient has chronic muscle pain and meets the criteria for fibromyalgia.

Ideally, the medical record will provide more information so you can code according to the site of pain (such as 724.2, Lumbago, for low back pain).

Encourage your clinicians and physicians to document more specific diagnoses so you'll have the details to ensure accurate coding.

Asking questions such as "Where is the patient's pain?" or "What hurts?" helps you narrow your coding choices.