

MDS Alert

What Do You Think? Find Out How And When To Code Pain Diagnoses

Question: Are there ICD-9-CM codes that differentiate between acute and chronic pain?

Answer: The ICD-9-CM code book doesn't differentiate between acute and chronic pain; it differentiates pain by the site, which is the deciding factor for what to code, says **Ann Zeisset, RHIT, CCS, CCS-P**, practice manager for the **American Health Information Management Association**.

So either you'd code the location of the pain as a symptom - or once the physician or diagnosing clinician documents the underlying condition causing the pain, then code that condition (neoplasm, osteoarthritis, etc.), Zeisset sums up. "A patient may have more than one condition causing pain, so you'd code all of them," says Zeisset. If the person doesn't yet have diagnoses as to the cause of pain at multiple sites, code all of the locations - if the pain is documented and relates to the plan of care.

Question: Should SNFs include ICD-9-CM codes on the MDS and UB-92 to support pain management services billed?

Answer: Code pain in Section J (frequency, intensity and location) and put the underlying diagnosis causing the pain, if known, in Section I, suggests **Ann Cook, RHIA**, with **Ann Cook & Associates** in Birmingham, AL. She also advises using a pain symptom code in Section I3, which tells the location of the pain. "Many MDS software programs feed diagnosis codes to the UB-92, or the MDS nurse gives the billing department the relevant ICD-9-CM codes for the resident's skilled stay," she says.

To explain to the fiscal intermediary a pain management service such as an IV morphine pump or parenteral pain medication, Cook advises including an ICD-9 code explaining both the underlying condition causing the pain, such as cancer, and the pain symptom (location). "The goal is to get paid," she adds, "so you want to make sure the FI has no doubt what's going on as for the reason(s) for the skilled service."

What if the pain's etiology is unknown - for example, abdominal pain or new chest pain that has yet to be diagnosed? "In that case, code the site of the pain," Zeisset says. "Or if a patient is too weak to receive the necessary testing to figure out the cause of bone pain, as an example, or refused invasive tests, you'd code the pain's location."