Codify
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OASIS Alert

Diagnosis Coding: Support Your OASIS Answers With New Pain Codes

But watch for inconsistencies.

Use new ICD-9 pain codes to help you show how pain impacts the care you provide.

If you can paint a clearer picture of what the patient is experiencing, you can justify additional therapy sessions or treatment to a skeptical reviewer, suggests consultant **Marvel Hammer** with **MJH Consulting** in Denver.

Pain codes can explain slower than expected progress toward therapy goals, remind clinicians to include pain management in the plan of care and support a trauma diagnosis in M0230, says coding and OASIS consultant **Lisa Selman-Holman** with Denton, TX-based **Selman-Holman & Associates**.

What changed? In the past, if pain was an expected part of the underlying diagnosis, you could not use a separate symptom code for the pain. Now pain codes are in a new category in the nervous system chapter of the 2007 ICD-9-CM coding manual and coding guidelines allow you to report pain integral to the condition.

Example: Before Oct. 1, for a patient with a neoplasm of the stomach who is experiencing 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.

On or after Oct. 1, new code 338.3 (Neoplasm related pain [acute] [chronic]) opens up new possibilities for reporting a cancer patient's pain, Selman-Holman says.

Look In The Nervous System Chapter

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).

Caution: List these pain codes as primary in M0230a only if pain management is the focus of your care, Selman-Holman says. And be sure your answers to OASIS items M0420 and M0430 are consistent with your decision to code pain.

Tip: If your state is working on improving pain levels with your Quality Improvement Organization, the new codes will be helpful in indicating a focus of care, Selman-Holman says. Also, if you code for a patient's pain in M0230 because it is the focus of care or in M0240, you'll get risk adjustment for these new nervous system chapter codes in several outcome categories, she says.