

## Pain Management Coding Alert

### Reader Question: Make Sure External Morbidity Codes Are Secondary

**Question:** In the interests of painting the most complete diagnosis picture possible, our coding manager wants us to use external causes of morbidity ICD-10 codes from now on. I must admit I'm not too familiar with them; can you give me a rundown on the external causes of morbidity coding?

Arkansas Subscriber

**Answer:** The external causes of morbidity codes are in chapter 20 of ICD-10 (codes V00 through Y99). According to the manual, "this chapter permits the classification of environmental events and circumstances as the cause of injury, and other adverse effects." You'll use these codes as secondary codes; you must have other diagnosis codes that prove medical necessity for a given service.

There are more than 20 subcategories in chapter 20 to represent different types of external causes, including:

- Pedestrian injured in transport accident;
- Car occupant injured in transport accident;
- Water transport accidents;
- Slipping, tripping, stumbling, and falls;
- Exposure to smoke, fire, and flames;
- Exposure to forces of nature;
- Intentional self-harm;
- Assault; and
- Complications of medical and surgical care.

**Example:** Let's say the PM physician performs a level-three evaluation and management (E/M) service for an established patient who suffers from right-sided shoulder, arm, and abdominal pain due to a skateboard accident; he crashed sideways into a guard rail while skating.

For the most complete diagnosis coding, you'd include the following ICD-10 codes on your 99213 (Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused history; An expanded problem focused examination; Medical decision making of low complexity ...) claim:

- M25.511 - Pain in right shoulder
- M79.601 - Pain in right arm
- R10.11 - Right upper quadrant pain
- V00.132\_ - Skateboarder colliding with stationary object.

Be sure to report the codes in that order; or, at the very least, list the V code as last on the claim. You should not be reporting an E/M code with a V code as the primary diagnosis.

**Seventh character conundrum:** Remember to also choose a seventh character for the V code, depending on the visit's status:

- Use seventh character A for an initial encounter to treat the injury.
- Use seventh character D for a subsequent encounter to treat the injury.
- Use seventh character S for a sequela encounter to treat the injury. For coding purposes, sequela means treatment for the late or after-effects of an injury, such as postoperative pain.

