

DVAC Coding Guidelines

DRG Validation Advisory Committee

The following guidelines are for coding assistance only and are not to be used in determinations for appropriate level of care. They are not meant to replace the official coding guidelines contained in Coding Clinic but are to be used as a tool for determining if documentation supports coding a condition. The use of physician queries is suggested to clarify ambiguous documentation.

PAIN CODING GUIDELINE

PREAMBLE

Pain is a complex syndrome with causes arising from a variety of sources. Three main categories include acute, chronic and neuropathic. Acute and chronic pain are classified as somatogenic indicating there is a physical cause, however, when no physical cause for the pain can be identified it is classified as psychogenic. Pain caused by damage to nervous tissue or disorders of the nervous system is classified as neuropathic pain. Trying to determine if pain is acute or chronic may present difficulty and may require querying the physician to clarify the type of pain.

For more information reference the ICD-9-CM pain coding guidelines and ICD-9-CM neoplasm coding guidelines.

CHARACTERISTICS OF ACUTE AND CHRONIC PAIN

*Per ICD-9: there is no time frame defining when pain becomes chronic pain. The provider's documentation should be used as a guide in the selection of these codes.

<u>Characteristic</u>	<u>Acute Pain</u>	<u>Chronic Pain</u>
Onset and duration	Abrupt onset; duration short	Gradual onset; persists longer than the expected healing time
Intensity	Moderate to severe	Moderate to severe
Cause	Specific; biologically identifiable	Cause may or may not be well defined
Physiologic response	Predictable autonomic hyperactivity: increased blood pressure, pulse and respiratory rate; dilated pupils; pallor; perspiration; nausea and/or vomiting	Normal autonomic activity

Emotional/behavioral response	Anxious; unable to concentrate; restless; distressed but optimistic about relief from pain	Depression and fatigue; immobility or physical inactivity; social withdrawal; sees no relief in sight, expects long-term pain
Responses to analgesics	Effective pain relief	Often ineffective pain relief

1. GENERAL CODING INFORMATION

- A. If the pain is not specified as acute or chronic, do not assign codes from category 338, except for post-thoracotomy pain, postoperative pain, neoplasm related pain, or central pain syndrome.
- B. The ICD-9 instructional note indicates to assign 307.89 for any pain associated with psychological factors. If that kind of pain is documented as coexisting with any other pain condition classifiable to a code from the 338 category, then 307.89 should be assigned as an additional code. If the only kind of pain documented is due to psychological factors, then the only code that should be assigned is 307.80. This is per the excludes notes under the 338 code category.
- C. The same principles apply to pain documented as due to trauma. Limit the use of these codes to when the encounter is primarily for pain management subsequent to or after the initial encounter for the injury. Use an additional code to specify the site of the pain.
- D. When an admission or encounter is for a procedure aimed at treating the underlying condition (e.g., spinal fusion, kyphoplasty), a code for the underlying condition (e.g., vertebral fracture, spinal stenosis) should be assigned as the principal diagnosis. No code from category 338 should be assigned unless criteria is met to qualify as postoperative pain.
- E. When an admission or encounter is for a procedure aimed at treating the underlying condition and a neurostimulator is inserted for pain control during the same admission/encounter, a code for the underlying condition should be assigned as the principal diagnosis and the appropriate pain code should be assigned as a secondary diagnosis.

2. Pain due to devices, implants and grafts

- A. Pain associated with devices, implants or grafts left in a surgical site (for example painful hip prosthesis) is assigned to the appropriate code(s) found in Chapter 17, Injury and Poisoning. Use additional code(s) from category 338 to identify acute or chronic pain due to presence of the device, implant or graft (338.18, 338.19 or 338.28-338.29).

3. Postoperative Pain

- A. Post-thoracotomy pain and other postoperative pain are classified to subcategories 338.1 and 338.2, depending on whether the pain is acute or chronic. The default for post-thoracotomy and other postoperative pain not specified as acute or chronic is the code for the acute type of pain.
- B. Postoperative pain must be documented as pain beyond that which is normal in order to be appropriate to assign a code. Routine or expected postoperative pain immediately after surgery should not be coded.

4. Acute Pain

- A. Generally acute pain patients will have resources expended on finding the cause of the pain. This would include diagnostic workup (lab, ultrasounds, CTs) and may include consulting with a variety of physicians to determine the cause or probable cause of the pain. Documentation may indicate a new/recent onset of pain not present in the patient's past medical history.

5. Chronic Pain

- A. Chronic pain is usually long-lived and may stem from prolonged stimulation of nerve fibers that sense pain.
- B. Persisting pain that was originally the result of an injury is also classified as chronic pain.
- C. Persistent pain out of proportion of the original insult or injury.
- D. Pain that persists longer than the expected healing time.
- E. The focus is on controlling pain rather than expending extensive resources on finding the cause of the pain. Diagnostics may be done, but usually not as extensive as with acute or new onset of pain. Documentation may reflect a history of pain and control or attempts to control. There is no time frame for defining when pain becomes chronic. Chronic pain may require referrals to pain clinics and/or implantation of pain control pumps.

6. Acute on Chronic Pain

- A. The first-listed diagnosis should be based on the principle reason for the encounter. If an acute injury was the reason for the encounter it should be sequenced first. Secondary codes may include the code for the anatomical site of the chronic pain and the chronic pain code. These codes should be assigned if the chronic condition was still present and/or affected the patient care and treatment for that particular encounter.

7. **Neoplasm Related Pain**

- A. Code 338.3 is assigned to pain documented as related, associated or due to cancer, primary or secondary malignancy, or tumor. This code is assigned regardless of whether the pain is acute or chronic.
- B. This code may be assigned as the principal or first-listed code when the stated reason for the admission/encounter is documented as pain control/pain.
- C. Neoplasm-related pain not only results from the advancement of the disease, but also from cancer treatments that damage nervous tissue. __

8. **Chronic pain syndrome**

- A. This condition is different than the term “chronic pain,” therefore this code should only be used when the provider has specifically documented chronic pain syndrome.
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