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Soreness, Discomfort, Aches & Pains

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International Classification of Diseases, Clinical Modification (ICD-10-CM) codes are currently the cornerstone of classifying diseases, injuries, and healthcare encounters.[1] With the growing emphasis on linking quality and payment, and the move toward value-based purchasing, reporting additional clinical detail is critical. For example, quality care for cancer patients may include evaluation, monitoring, and treatment of multiple comorbidities and adverse treatment reactions.

There is little doubt that existing payment models do not adequately reimburse for varying levels of severity, risk, and complexity. Providers who are taking care of severely ill, high-risk patients and providing some of the most complex care are being reimbursed at the same level as providers who do not take on that level of severity or complexity.

The current payment model incentivizes the provision of high-volume care to low-risk patients and creates a disincentive for the care of sicker patients. ICD-10 provides a mechanism for realigning incentives to allow rewards for those clinicians who perform needed services for the more severely ill.

According to the American Health Information Management Association (AHIMA), ICD-10 will improve national healthcare initiatives, such as Meaningful Use, value-based purchasing, payment reform, and quality reporting. Without ICD-10 data, there will be serious gaps in the ability to extract important patient health information needed to support research and public health reporting, and move to a payment system based on quality and outcomes. ICD-10 represents the foundation of these initiatives because it codifies patient health conditions and procedures performed to improve or maintain those conditions.[2]

The push to include providers in delivering accountable care in a financially responsible environment is evolving. Models are continuing to develop that allow providers who are part of integrated delivery systems to take on the risk of care delivery and share the rewards of high-quality, efficient care. The ability of ICD-10 to provide better detail to define risk, severity, anatomical detail, comorbidities, complications, disease stages, after effects of treatment, and a variety of other key parameters will be critically important in effectively managing patients and reaping the rewards of efficient care delivery.

Coding More than Malignancy

While it is essential to report the location of the patient's malignancy, including all secondary sites, and/or medical conditions that require treatment, other diagnosis codes are necessary to capture the full extent of treatment provided and account for all resource expenditures. For example, cancer patients often have nausea, vomiting, fatigue, skin reactions, or pain. While there are limited diagnosis code options for many of these conditions, the codes for patient pain are wide-ranging and multifaceted. Some patients present with pain, either discomfort related to the malignancy or unrelated aches, while others develop or experience pain during the course of care.

According to The Joint Commission (TJC), it is estimated that in the United States more than 76 million people suffer from pain.[3] Pain is a disorder characterized by the sensation of marked discomfort, suffering, or agony resulting from the stimulation of specialized nerve endings, causing physical and/or psychological misery and distress. Pain can affect all aspects of an individual's life, resulting in problems such as difficulty interacting with others, loss of sleep, irritability, and depression.

TJC first established standards for pain assessment and treatment in 2001 in response to the national outcry about the widespread problem of under-treatment of pain; these standards include:

- The hospital educates all licensed practitioners on assessing and managing pain.
- The hospital respects the patient's right to pain management.
- The hospital assesses and manages the patient's pain.

It is important to recognize that TJC standards do not require the use of drugs for pain management, nor do these standards specify the use of a particular drug.

On March 18, 2016, the Department of Health and Human Services (HHS) released a *National Pain Strategy* that outlines the federal government's first coordinated plan for reducing the burden of chronic pain that affects millions of Americans.[4]

The *National Pain Strategy* report adds that chronic pain is a manageable disease, and is more prevalent than cancer, diabetes, and heart disease combined. Most

Americans will experience chronic pain or care for someone with chronic pain.[5] The report concludes that although pain is one of the most common reasons for healthcare visits, most health profession education programs have yet to give it adequate attention.

In the 2017 Outpatient Prospective Payment System (OPPS) Final Rule, CMS states that healthcare providers have expressed concern that patient safety questions about pain management in the Hospital Value-Based Purchasing program may influence prescribing practices. While there is no empirical evidence of such an effect, CMS finalized the removal of the pain management dimension of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey to eliminate any financial pressure clinicians may feel to overprescribe medications. CMS will continue the development of alternative questions related to provider communications and pain, and will solicit comments in future rulemaking.

Classifying Pain

In healthcare, diagnosis codes are used as a tool to group and identify diseases, disorders, symptoms, illnesses, injuries, and other reasons for patient encounters, diagnostic studies, and therapeutic treatment. Diagnostic coding is the translation of written descriptions of patient medical conditions into ICD-10-CM. According to the National Institutes of Health (NIH), the use of disease codes from the ICD has expanded from classifying morbidity and mortality information for statistical purposes to diverse sets of applications in research, healthcare policy, and healthcare finance.[6] If the assignment of ICD codes is considered a common measurement process, then the patient's true disease and the assigned ICD codes present a picture of the individual patient.

But in order to present this picture of the patient's signs, symptoms, and diagnoses, clinicians may find it necessary to report more than a single diagnosis code. The principal diagnosis is the condition established after study to be chiefly responsible for requiring the care, based on written provider documentation.

Additional codes are then assigned for other clinical conditions that require evaluation, diagnostic, or therapeutic interventions. These aggregate diagnosis codes serve to illustrate the complexity of care provided, and the quality of services necessary to effectively treat the individual patient. In addition, diagnosis codes may change for oncology patients during the patient care trajectory or course of therapy. Conditions present at the time of the initial encounter may resolve during treatment and other medical issues may become evident. Or the patient may have an adverse reaction to a drug or treatment, but once addressed this effect is eliminated.

To be reimbursed for services provided to patients, hospitals and physicians need to provide proof of the procedures that they performed. Currently, this is achieved by assigning a CPT or HCPCS procedure code to each patient encounter, procedure, or supply. But providing these codes is not enough to receive reimbursement; in addition, providers must justify why the corresponding procedures are medically necessary. In order to do that, each patient service must be reported with the appropriate ICD-10-CM codes that support the procedure performed.

In addition, quality measures and outcomes data require a consistent representation of conditions and procedures that can be provided by the ICD-10 classification. ICD-10-CM is currently the best candidate for cross-enterprise interoperability, or care coordination.

The wealth of diagnosis codes available with ICD-10-CM means that documentation should define the patient's medical condition as precisely as possible. Using patient pain as an example, the medical coder would require the exact anatomic location of the pain, cause or source of the pain, and quality of the pain (acute, aching, stabbing, etc.). Refer to pages 15-16 for excerpts from the 2017 Official Guidelines for Coding and Reporting that relate to ICD-10-CM pain codes.

The Future of Pain Management

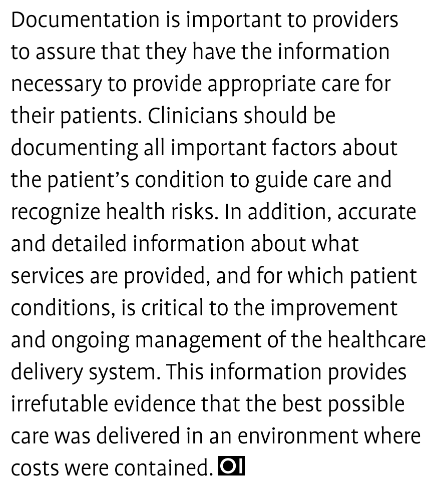
The United States has a pain epidemic, with some 100 million Americans in chronic pain day in and day out. And, while the process of assigning diagnosis codes for patient care is complicated, patient classification using medical records is becoming a critical task in the healthcare industry. It's important to remember that accurate documentation and complete and compliant coding impacts almost all areas of quality reporting and, ultimately, provider reimbursement.

Table 1. Common ICD-10-CM Pain Codes Used in Oncology

CODE	DESCRIPTOR	CODE	DESCRIPTOR
R52	Pain, unspecified (or generalized pain)	**M54.6**	Pain in thoracic spine
G50.1	Atypical facial pain	**M79.1**	Myalgia (myofascial pain syndrome)
G54.6	Phantom limb syndrome with pain	**M79.7**	Fibromyalgia
G89 .0	Central pain syndrome	**N23**	Renal colic (kidney pain)
G89.11	Acute pain due to trauma	**N50.82**	Scrotal pain
G89.12	Acute post-thoracotomy pain	**N50.811**	Right testicular pain
G89.18	Other acute postprocedural pain	**N50.812**	Left testicular pain
G89.21	Chronic pain due to trauma	**N64.4**	Mastodynia (breast pain)
G89.22	Chronic post-thoracotomy pain	**N94.819**	Vulvodynia, unspecified
G89.28	Other chronic postprocedural pain	**R07.0**	Pain in throat
G89.29	Other chronic pain	**R07.1**	Chest pain on breathing (costochondral pain, diaphragmatic pain)
G89.3	Neoplasm related pain (acute)(chronic)	**R07.2**	Precordial pain
G89.4	Chronic pain syndrome	**R07.81**	Pleurodynia (or rib pain)
H92.01	Otalgia, right ear	**R07.82**	Intercostal pain
H92.02	Otalgia, left ear	**R07.89**	Other chest pain (anterior wall pain, musculoskeletal chest pain)
H92.03	Otalgia, bilateral	**R10.0**	Acute abdomen
H57.11	Ocular pain, right eye	**R10.10**	Upper abdominal pain, unspecified
H57.12	Ocular pain, left eye	**R10.11**	Right upper quadrant pain
H57.13	Ocular pain, bilateral	**R10.12**	Left upper quadrant pain
I20.9	Ischemic chest pain	**R10.13**	Epigastric pain
K08.89	Toothache	**R10.2**	Pelvic and perineal pain
K14.6	Glossodynia (painful tongue)	**R10.30**	Lower abdominal pain, unspecified
K62.89	Proctitis (anal or rectal pain)	**R10.31**	Right lower quadrant pain
M53.3	Coccygodynia	**R10.32**	Left lower quadrant pain
M54.2	Cervicalgia	**R10.33**	Periumbilical pain
M54.30	Sciatica, unspecified	**R10.84**	Generalized abdominal pain
M54.31	Sciatica, right side	**R39.82**	Chronic bladder pain
M54.32	Sciatica, left side	**R51**	Headache (facial pain)
M54.5	Low back pain	**R68.84**	Jaw pain (mandibular pain, maxilla pain)

Table 1, left, provides a sample listing of ICD-10-CM pain codes. In addition to the codes listed in Table 1, there are also 16 ICD-10-CM diagnosis codes for abdominal tenderness or rebound tenderness, 36 codes for migraines, 39 codes for headache syndromes, 21 codes for pain in joints, 31 codes for pain in limbs, codes for radiculopathy, lumbago with sciatica, neuralgia, and dorsalgia. When reviewing codes for pain in the Alphabetic Index of the ICD-10-CM Manual, the medical coder may be directed to an unspecified disease code (such as code **K82.9**: Disease of gallbladder unspecified, for gallbladder pain). If the pain is the result of antineoplastic treatment, one of the following codes would also be reported:

- **Y84.2:** Radiotherapy as the cause of abnormal reaction of the patient, or of later complications, without mention of misadventure at the time of the procedure.
- **T45.1X5–:** Adverse effect of antineoplastic and immunosuppressive drugs.



Document, Document, Document

Documentation is important to providers to assure that they have the information necessary to provide appropriate care for their patients. Clinicians should be documenting all important factors about the patient's condition to guide care and recognize health risks. In addition, accurate and detailed information about what services are provided, and for which patient conditions, is critical to the improvement and ongoing management of the healthcare delivery system. This information provides irrefutable evidence that the best possible care was delivered in an environment where costs were contained. OI

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References

1. CDC. International Classification of Diseases, (ICD-10-CM/PCS) Transition: Background. Available online at: cdc.gov/nchs/icd/icd10cm_pcs_background.htm. Last accessed Feb. 2, 2017.

2. Health Data Consulting. ICD-10 Advantages to Providers: Looking Beyond the Isolated Patient Provider Encounter. Available online at: http://healthdataconsulting.com/_wp/wp-content/uploads/2012/04/ICD10Advantages012812.pdf. Last accessed Feb. 2, 2017.

3. The Joint Commission. Debunking Pain Standard Myths. Available online at: jointcommission.org/topics/pain_management.aspx. Last accessed Feb. 2, 2017.

4. NIH: The Interagency Pain Research Coordinating Committee. National Pain Strategy. Available online at: iprcc.nih.gov/National_Pain_Strategy/NPS_Main.htm. Last accessed Feb. 2, 2017.

5. NIH. National Pain Strategy: A Comprehensive Population Health-Level Strategy for Pain. Available online at: iprcc.nih.gov/docs/HHSNational_Pain_Strategy.pdf. Last accessed Feb. 2, 2017.

6. CMS. Access to Care Issues Among Qualified Medicare Beneficiaries (QMB). Available online at: cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/Access_to_Care_Issues_Among_Qualified_Medicare_Beneficiaries.pdf. Last accessed March 1, 2017.

7. CDC. ICD-**10**-CM Official Guidelines for Coding and Reporting FY 2017. Available online at: cdc.gov/nchs/data/icd/10cmguidelines_2017_final.pdf. Last accessed Feb. 2, 2017.

2017 ICD-10-CM Official Guidelines for Coding and Reporting: Pain

The 2017 ICD-10-CM Official Guidelines for Coding and Reporting include several instructions for the reporting of pain-related diagnosis codes, including[7]

- Assign code **F45.41** for pain that is exclusively related to psychological disorders. As indicated by the Excludes 1 note under category **G89**, a code from category **G89** should not be assigned with code **F45.41**.
- Code **F45.42** (Pain disorders with related psychological factors) should be used with a code from category **G89** (Pain, not elsewhere classified) if there is documentation of a psychological component for a patient with acute or chronic pain.
- Codes in category **G89** (Pain, not elsewhere classified) may be used in conjunction with codes from other categories and chapters to provide more detail about acute or chronic pain and neoplasm-related pain, unless otherwise indicated below.
- If the pain is not specified as acute or chronic, post-thoracotomy, postprocedural, or neoplasm-related, do not assign codes from category **G89**.
- A code from category **G89** should not be assigned if the underlying (definitive) diagnosis is known, unless the reason for the encounter is pain control/management and not management of the underlying condition.
- 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

(*continued on page 16*)