

Pinpoint pain codes & assign them correctly

G89 Warnings

Per the Guidelines [Section I.C.6.b.1]):

If the pain is not specified as acute or chronic, post-thoracotomy, postprocedural, or neoplasm-related, do not assign codes from 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 fracture, spinal stenosis) should be assigned as the principal diagnosis. No code from category G89 should be assigned.

G89 As Primary

Per the Guidelines [Section I.C.6.b.1)(a)]:

Category G89 codes are acceptable as principal diagnosis or the first-listed code: When pain control or pain management is the reason for the admission/encounter. ... The underlying cause of the pain should be reported as an additional diagnosis, if known.

Per the Guidelines [Section I.C.6.b.1)(b)(ii)]:

The sequencing of category G89 codes with site-specific pain codes (including chapter 18 codes), is dependent on the circumstances of the encounter/admission ... If the encounter is for pain control or pain management, assign the code from category G89 followed by the code identifying the specific site of pain.

Postoperative Pain

Per the Guidelines [Section I.C.6.b.3)(a-b)]:

The default for post-thoracotomy and other postoperative pain not specified as acute or chronic is the code for the acute form.

Routine or expected postoperative pain immediately after surgery should not be coded. Postoperative pain not associated with a specific postoperative complication is assigned to the appropriate postoperative pain code in category G89.

Postoperative pain associated with a specific postoperative complication (such as painful wire sutures) is assigned to the appropriate code(s) found in Chapter 19, Injury, poisoning, and certain other consequences of external causes. If appropriate, use additional code(s) from category G89 to identify acute or chronic pain (G89.18 or G89.28).

Chronic Pain

Per the Guidelines [Section I.C.6.b.4)]:

Chronic pain is classified to subcategory G89.2. There is no time frame defining when pain becomes chronic pain. The provider's documentation should be used to guide use of these codes.

Per the Guidelines [Section I.C.6.b.6)]:

Central pain syndrome (G89.0) and chronic pain syndrome (G89.4) are different than the term "chronic pain," and therefore codes should only be used when the provider has specifically documented this condition.

Neoplasm-Related

Per the Guidelines [Section I.C.6.b.5]):

Code G89.3 is assigned to pain documented as being 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.

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 management. The underlying neoplasm should be reported as an additional diagnosis.

When the reason for the admission/encounter is management of the neoplasm and the pain associated with the neoplasm is also documented, code G89.3 may be assigned as an additional diagnosis. It is not necessary to assign an additional code for the site of the pain.