Pain Management Coding Cheat Sheet

Common Pain Management Diagnoses (ICD-10 Codes)

| ICD-10 Code | Description | Notes |
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Pain Management Procedures (CPT Codes)

| CPT Code | Description | Notes |
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Additional Pain Management Services

| Service Type | CF1 Code | Description | Notes |
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Common Pain Management Diagnoses (ICD-10 Codes)

| ICD-10 Code | Description Notes | | |
|-------------|---|--|--|
| G89.0 | Acute pain, not elsewhere classified For general acute pain not sp | | |
| G89.11 | Acute pain due to trauma | Pain associated with recent injuries | |
| G89.12 | Acute post-thoracotomy pain Post-operative pain from thora surgery | | |
| G89.18 | Other acute postoperative pain | Acute pain following other surgeries | |
| G89.21 | Chronic pain due to trauma | Chronic pain from past injuries | |
| G89.22 | Chronic post-thoracotomy pain | Chronic pain after thoracic surgery | |
| G89.28 | Other chronic postoperative pain Chronic pain following oth surgery | | |
| G89.29 | Other chronic pain Chronic pain not elsewhe classified | | |
| M54.5 | Low back pain Common for nonspecific low pain | | |
| F45.41 | Chronic pain syndrome Chronic pain with significant psychological factors | | |
| M54.2 | Cervicalgia | Use for neck pain not attributed to another disorder | |
| G43.909 | Migraine, unspecified, not intractable Use for migraines without a specified pattern | | |
| G62.9 | Polyneuropathy, unspecified Consider specifying type if tests confirm | | |
| M16.9 | Osteoarthritis of hip, unspecified | Document side if known for more precise coding | |
| M17.9 | Osteoarthritis of knee, unspecified | Include details on the affected knee if possible | |

Pain Management Procedures (CPT Codes)

| CPT Code | Description | Notes |
|----------|--|--|
| 62323 | Injection(s), of diagnostic or therapeutic substance(s) (e.g., anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic | Often requires prior authorization. |
| 62325 | ; lumbar or sacral (caudal) | Check payer policies for coverage specifics. |

| 64450 | Injection, anesthetic agent(s); other peripheral nerve or branch | Use for nerve pain not managed by oral medications. |
|-------|--|---|
| 64405 | Injection, anesthetic agent(s); greater occipital nerve | Effective for chronic headaches or migraines. |
| 64635 | Destruction by neurolytic agent, facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint | Consider multidisciplinary evaluation beforehand. |
| 64640 | Neurolysis, peripheral nerve; other than specified | Document nerve location and reason for neurolysis. |
| 20552 | Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s) | Ideal for localized muscle pain. |
| 20553 | Injection(s); single or multiple trigger point(s), 3 or more muscles | Use for widespread myofascial pain. |

Additional Pain Management Services

| Service Type | CPT Code | Description | Notes |
|---------------------|-----------------|---|--|
| Physical Therapy | 97110 | Therapeutic procedure, one area, each 15 minutes | Requires a documented treatment plan. |
| Psychotherapy | 90832 | Psychotherapy, 30 minutes (with patient and/or family member) | May need to specify focus of therapy in notes. |
| Consultation | 99241- 99245 | Office consultation for a new or established patient | Use the higher codes for more complex consultations. |