

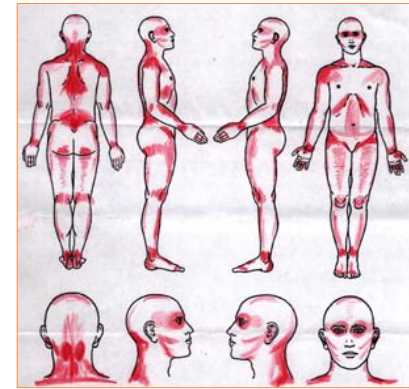
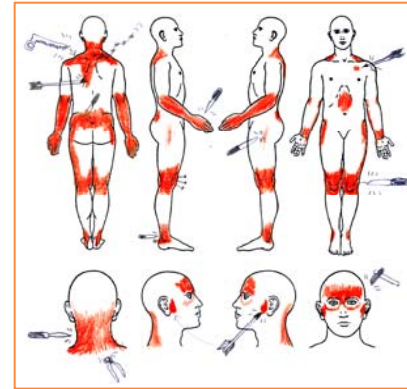
Why do we need an ICD10 Code for chronic pain?

Workshop 4

„Health economic models in pain treatment“,  
Brussels, May 5th 2010

Dr. Reinhard Thoma  
President  
Professional Association of  
Pain Specialists in Germany (BVSD)



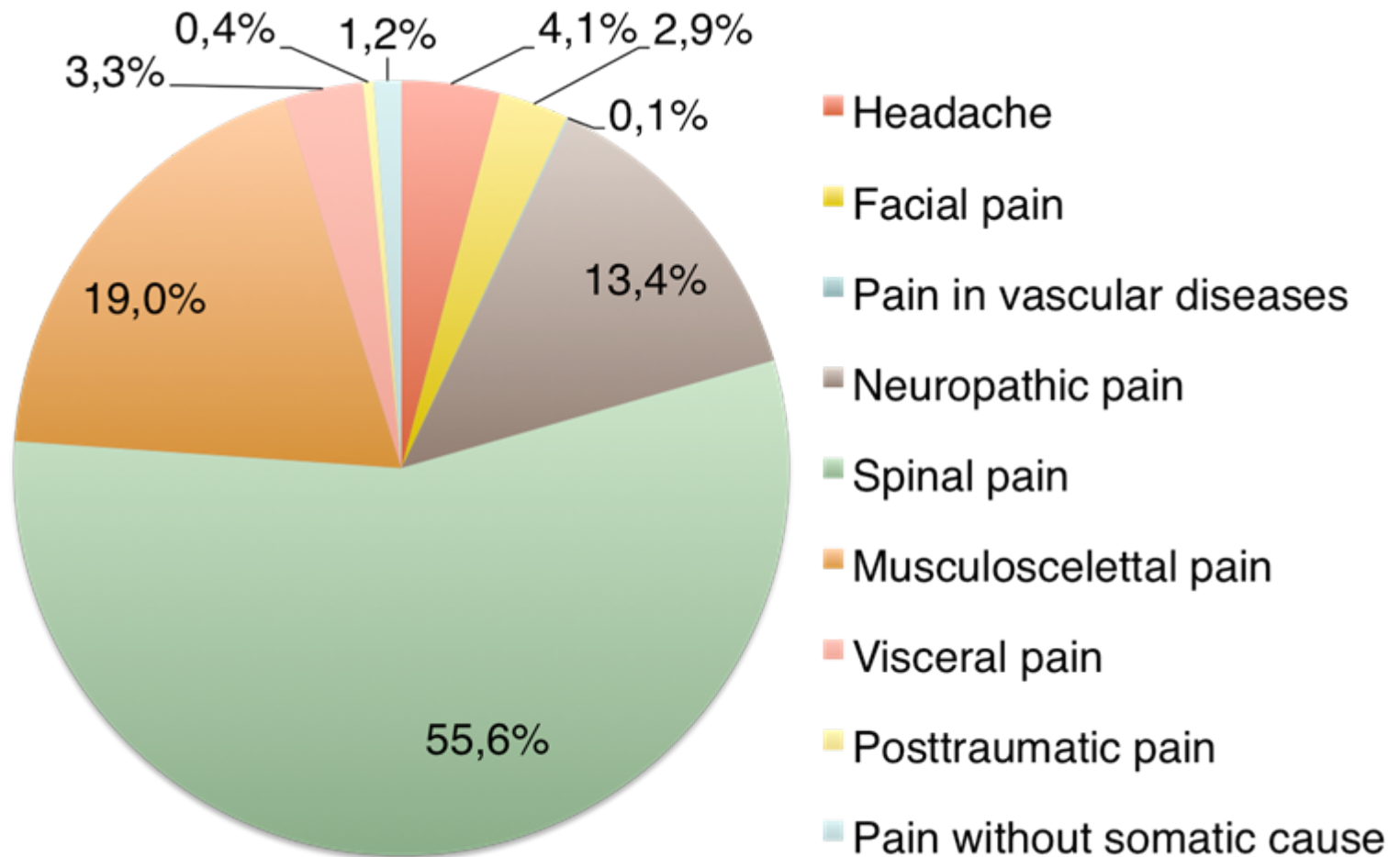


## Characteristics

- ▶ Wide spread pain
- ▶ Long lasting medical history
- ▶ Psycho-social problems
- ▶ **Many unsuccessful treatments**



# Pain syndromes in a medical care center for pain therapy



Algesiologikum Medical Care Center, 1.10.2008 – 30.4.2010, N=1.126

# Pain Codes in ICD 10 (1)



ICD Code	Title
F41.0	Panic disorder [episodic paroxysmal anxiety]
F44	Dissociative [conversion] disorders
F45.4	Persistent somatoform pain disorder
F52.6	Nonorganic dyspareunia
F62.8	Other enduring personality changes
F65.5	Sadomasochism
F68.0	Elaboration of physical symptoms for psychological reasons
G43	Migraine
G44	Other headache syndromes
G50.0	Trigeminal neuralgia
G50.1	Atypical facial pain
G54.6	Phantom limb syndrome with pain
G54.7	Phantom limb syndrome without pain
H57.1	Ocular pain
H92.0	Otalgia
I20.9	Angina pectoris, unspecified
J34.8	Other specified disorders of nose and nasal sinuses
J39.2	Other diseases of pharynx
K07.6	Temporomandibular joint disorders
K08.8	Other specified disorders of teeth and supporting structures
K10.8	Other specified diseases of jaws

K13.7	Other and unspecified lesions of oral mucosa
K14.6	Glossodynia
K62.8	Other specified diseases of anus and rectum
M25.5	Pain in joint
M53.3	Sacrococcygeal disorders, not elsewhere classified
M54.1	Radiculopathy
M54.2	Cervicalgia
M54.3	Sciatica
M54.5	Low back pain
M54.6	Pain in thoracic spine
M54.8	Other dorsalgia
M54.9	Dorsalgia, unspecified
M75.8	Other shoulder lesions
M79	Other soft tissue disorders, not elsewhere classified
M79.1	Myalgia
M79.2	Neuralgia and neuritis, unspecified
M79.6	Pain in limb
M89.8	Other specified disorders of bone
N23	Unspecified renal colic
N48.8	Other specified disorders of penis
N50.8	Other specified disorders of male genital organs
N64.4	Mastodynia
N94	Pain and other conditions associated with female genital organs and menstrual cycle
N94.0	Mittelschmerz

# Pain Codes in ICD 10 (2)



World Health  
Organization

ICD  
Version 2007

ICD Code	Title
N94.8	Other specified conditions associated with female genital organs and menstrual cycle
R07	Pain in throat and chest
R07.0	Pain in throat
R07.1	Chest pain on breathing
R07.2	Precordial pain
R07.3	Other chest pain
R07.4	Chest pain, unspecified
R10	Abdominal and pelvic pain
R10.0	Acute abdomen
R10.1	Pain localized to upper abdomen
R10.2	Pelvic and perineal pain
R10.3	Pain localized to other parts of lower abdomen
R10.4	Other and unspecified abdominal pain
R14	Flatulence and related conditions
R19.3	Abdominal rigidity
R20.8	Other and unspecified disturbances of skin sensation
R30	Pain associated with micturition
R39.8	Other and unspecified symptoms and signs involving the urinary system

ICD Code	Title
R51	Headache
R52	Pain, not elsewhere classified
R52.0	Acute pain
R52.1	Chronic intractable pain
R52.2	Other chronic pain
R52.9	Pain, unspecified
T82.8	Other complications of cardiac and vascular prosthetic devices, implants and grafts
T83.8	Other complications of genitourinary prosthetic devices, implants and grafts
T84.8	Other complications of internal orthopaedic prosthetic devices, implants and grafts
T85.8	Other complications of internal prosthetic devices, implants and grafts, not elsewhere classified

# Pain Codes in ICD 10 (2)

ICD Code	Title
N94.8	Other specified conditions associated with female genital organs and menstrual cycle
R07	Pain in throat and chest
R07.0	Pain in throat
R07.1	Chest pain on breathing
R07.2	Preco
R07.3	Other
R07.4	Chest
R10	Abdor
R10.0	Acute
R10.1	Pain l
R10.2	Pelvic
R10.3	Pain l
R10.4	Other
R14	Flatule
R19.3	Abdor
R20.8	Other and unspecified disturbances of skin sensation
R30	Pain associated with micturition
R39.8	Other and unspecified symptoms and signs involving the urinary system

ICD Code	Title
R51	Headache
R52	Pain, not elsewhere classified
R52.0	Acute pain
R52.1	Chronic intractable pain
R52.2	Other chronic pain

**Current ICD-10 diagnoses do not address the biopsychosocial character of chronic pain adequately!**



a horrible cancer pain

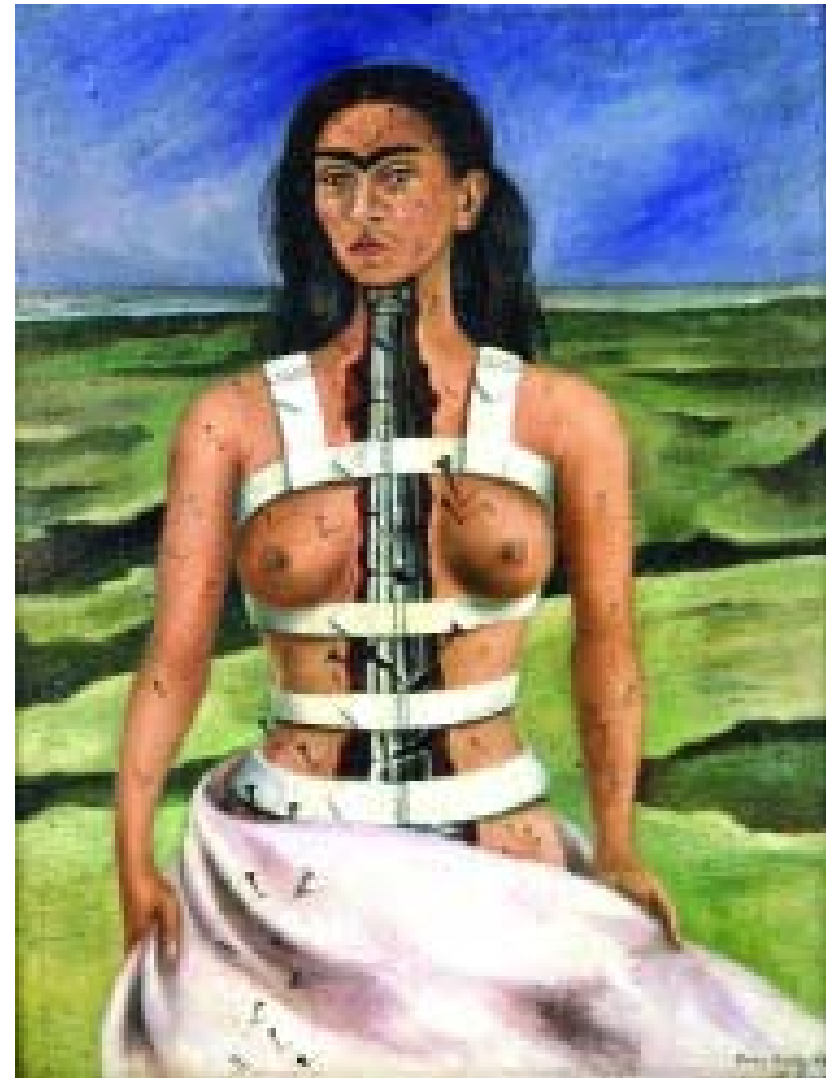
# Is kyphoscoliosis painful?



Congenital scoliosis  
(ICD Q 67.5)

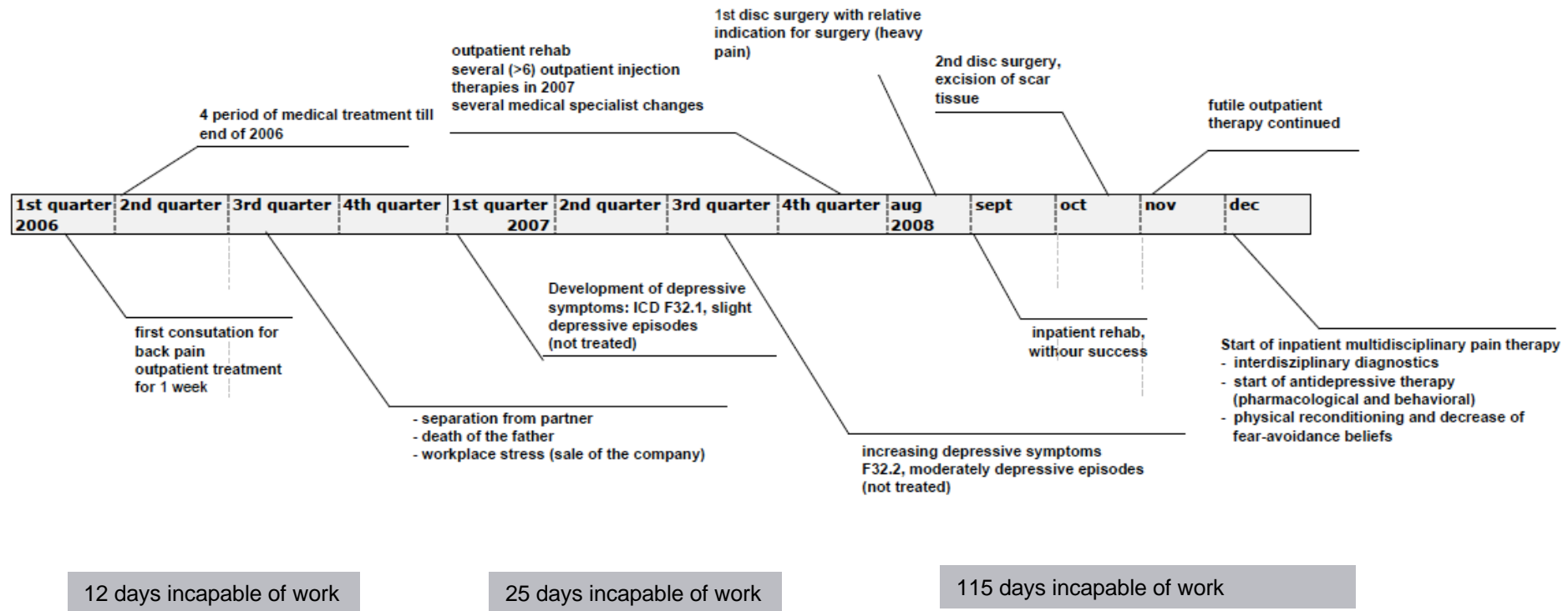


# Are post-surgical conditions painful? Failed back surgery syndrome (ICD M96.1)



# Case study

female, 46 years, personnel specialist



# The ICD does not allow an adequate identification of chronic pain patients



- Identification of patients with chronic pain according to claims
- is based on prescription and diagnoses data of one nationwide sickness fund (DAK)
  - 65 Combinations of Clinical Classification Software (CCS) groups
  - aggregated to 9 „CCS pain types“
  - allow to allocate 77,1 % of all patients with more than 1 opioid prescription

Freytag A. et al Schmerz 2010 · 24:12–22

# Identification of patients with chronic pain according to claims



CCS Pain type	Rate pain patients
Pain due to arthrosis	26,3 %
Pain due to intervertebral disc disorder	18,0 %
Other specific back pain	13,1
Neuropathic pain	6,7 %
Non-specific back pain	4,5 %
Headache	4,2 %
Pain after traumatic fractures	2,4 %
Pain of multimorbid high maintenance patients	1,3 %
Cancer Pain	0,6 %

Freytag A. et al Schmerz 2010 · 24:12–22

# F45.41: Chronic pain disorder with somatic and psychological factors



**Table 2 German criteria for the classification of pain disorder**

For the diagnosis of 'Pain disorder', the following four criteria are required:

- (1) The existence of persistent, intense pain leading to clinically significant distress or impairment in social, occupational, or other important areas of functioning
- (2) Psychological factors can be identified that contribute to the course, treatment response or consequences of the pain condition, e.g.
  - attention focusing on pain perception
  - over-interpretation of pain perception and pain consequences, catastrophizing
  - mental rumination about pain-associated factors
  - unflexible monocausal attribution of pain to organic causes
  - avoidance behaviour, fear of pain-causing situations, physical deconditioning
- (3) If biomedical factors or relevant physiological aspects can be defined, a diagnosis of 'pain disorder with somatic and psychological factors' should be considered; if no biomedical or relevant physiological aspects can be defined, a diagnosis of 'somatoform pain disorder' should be considered<sup>a</sup>
- (4) The diagnoses should not be used if the pain symptoms are exclusively present in the context of depressive or schizophrenic disorders

Rief, Zenz, Schweiger, Rüdell, Henningsen, Nilges (2008) Current Opinion in Psychiatry 21:178–181

# ICD-10 2009 German modification

## Code F45.41 – contributing societies



**Table 1 List of contributing societies**

German name	English translation of society names	Contact person
Deutsche Gesellschaft zum Studium des Schmerzes DGSS	German Pain Society	Zenz, Nilges
Deutsche Gesellschaft für Psychiatrie, Psychotherapie und Nervenheilkunde DGPPN	German Society for Psychiatry, Psychotherapy, and Neuroscience	Schweiger
Fachgruppe Klinische Psychologie und Psychotherapie der DGPs	Division of Clinical Psychology and Psychological Intervention, German Society of Psychology	Rief
Deutsche Gesellschaft für klinische Psychotherapie und psychosomatische Rehabilitation DGPPR	German Society for Clinical Psychotherapy and Psychosomatic Rehabilitation	Rüddel
Deutsche Gesellschaft für Psychotherapeutische Medizin DGPM	German Society for Psychotherapeutic Medicine	Henningsen
Deutsche Gesellschaft für Verhaltensmedizin und Verhaltensmodifikation DGVM	German Society for Behavioural Medicine and Behaviour Modification	Rief
Deutsches Kollegium für psychosomatische Medizin DKPM	German Collegium for Psychosomatic Medicine	Henningsen

Rief, Zenz, Schweiger, Rüddel, Henningsen, Nilges (2008) Current Opinion in Psychiatry 21:178–181

„Chronic pain disorder with somatic and psychological factors“

- describes
  - how to use this new diagnosis,
  - which boundaries have to be considered,
  - how comorbid and associated conditions can be classified.
- distinguishes the new code from other pain-associated diagnoses
- Recommends solutions for the coding of comorbid conditions.
- Outlines the difference between everyday pain symptoms and pain disorders.

Nilges P, Rief W.: F45.41: chronic pain disorder with somatic and psychological factors. A coding aid, Schmerz (2010) DOI 10.1007/s00482-010-0908-0

# F45.41 Coding

## Differential diagnoses

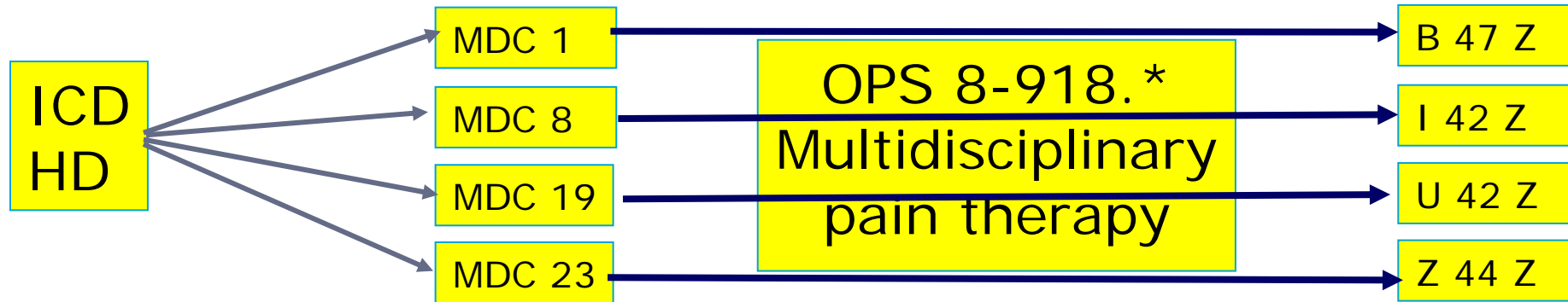


- Pain conditions without medical significance
- Acute pain conditions
- Chronic mere somatic pain conditions
- Somatoform pain disorders (F45.40)
- Other somatoform disorders (F45.0 – F45.1)
- Depression (F31 –F34)
- Phobic anxiety disorders (F40)
- Other anxiety disorders (F41)
- Enduring personality changes (F62.80)
- Psychological and behavioural factors associated with disorders or diseases classified elsewhere (F54)

Nilges P, Rief W.: F45.41: chronic pain disorder with somatic and psychological factors. A coding aid, Schmerz (2010) DOI 10.1007/s00482-010-0908-0



# Multidisciplinary pain therapy inpatient remuneration via flat rate per case

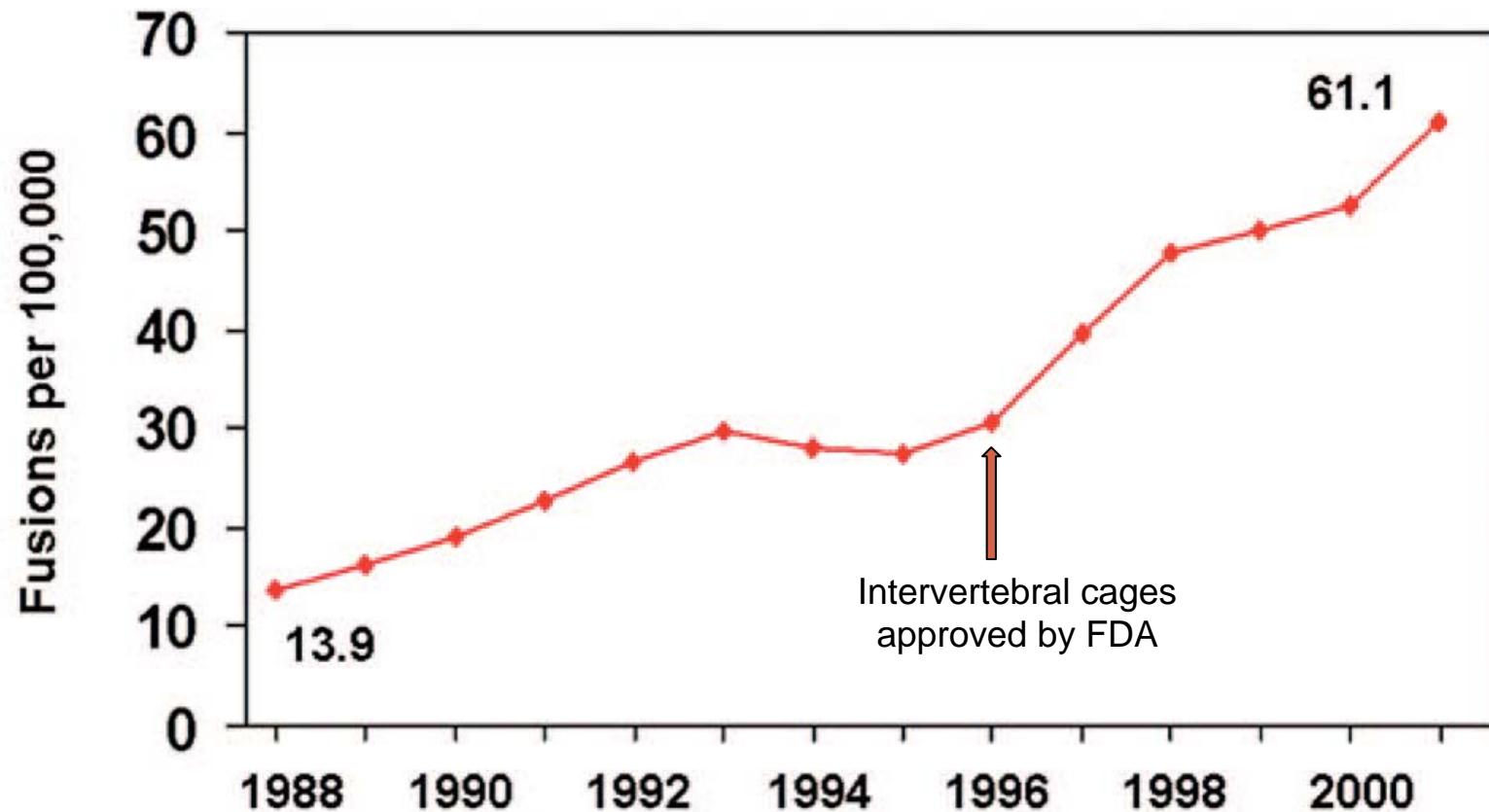


Basic case value 2010: 2.935,49 €

Pain	DRG	KG 2005	CW 2006	CW 2007	CW 2008	CW 2009	CW 2010
Neuropathic pain	B47 Z	1,331	1,376	1,485	1,477	1,435	1,402
Pain in musculoskeletal disorders	I42 Z	1,239	1,213	1,308	1,278	1,186	1,248
Pain in psychiatric disorders	U42 Z	1,52	individual remuneration per hospital Baviera: 190-380 €/day 20 days treatment: 3.800 to 7.600 €				
Pain in disorders affecting health status	Z44 Z	1,527	1,439	1,727	1,039	1,276	1,451

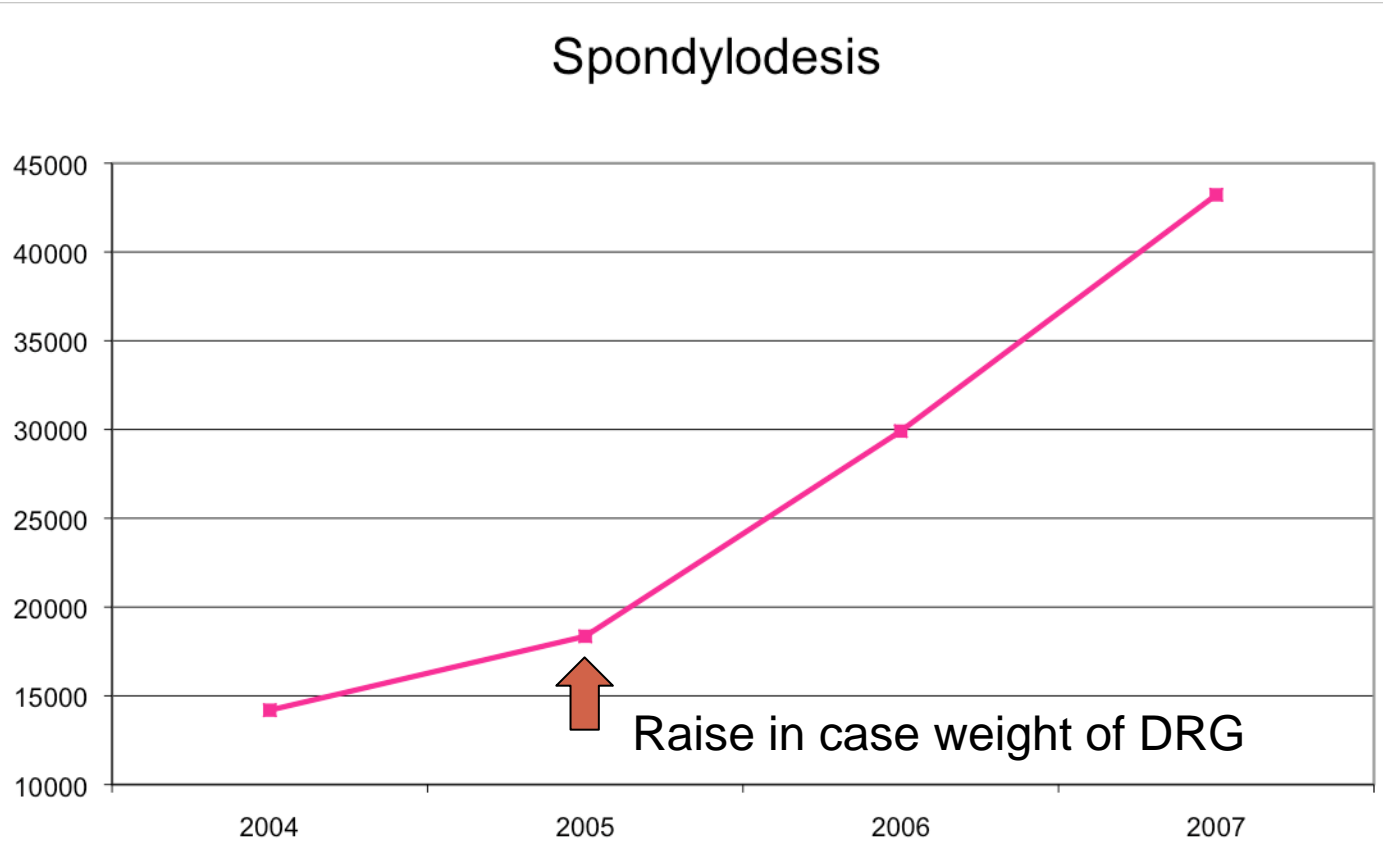
# How do changes in coding system influence clinical practice?

## d Lumbar fusion rates, degenerative spine conditions



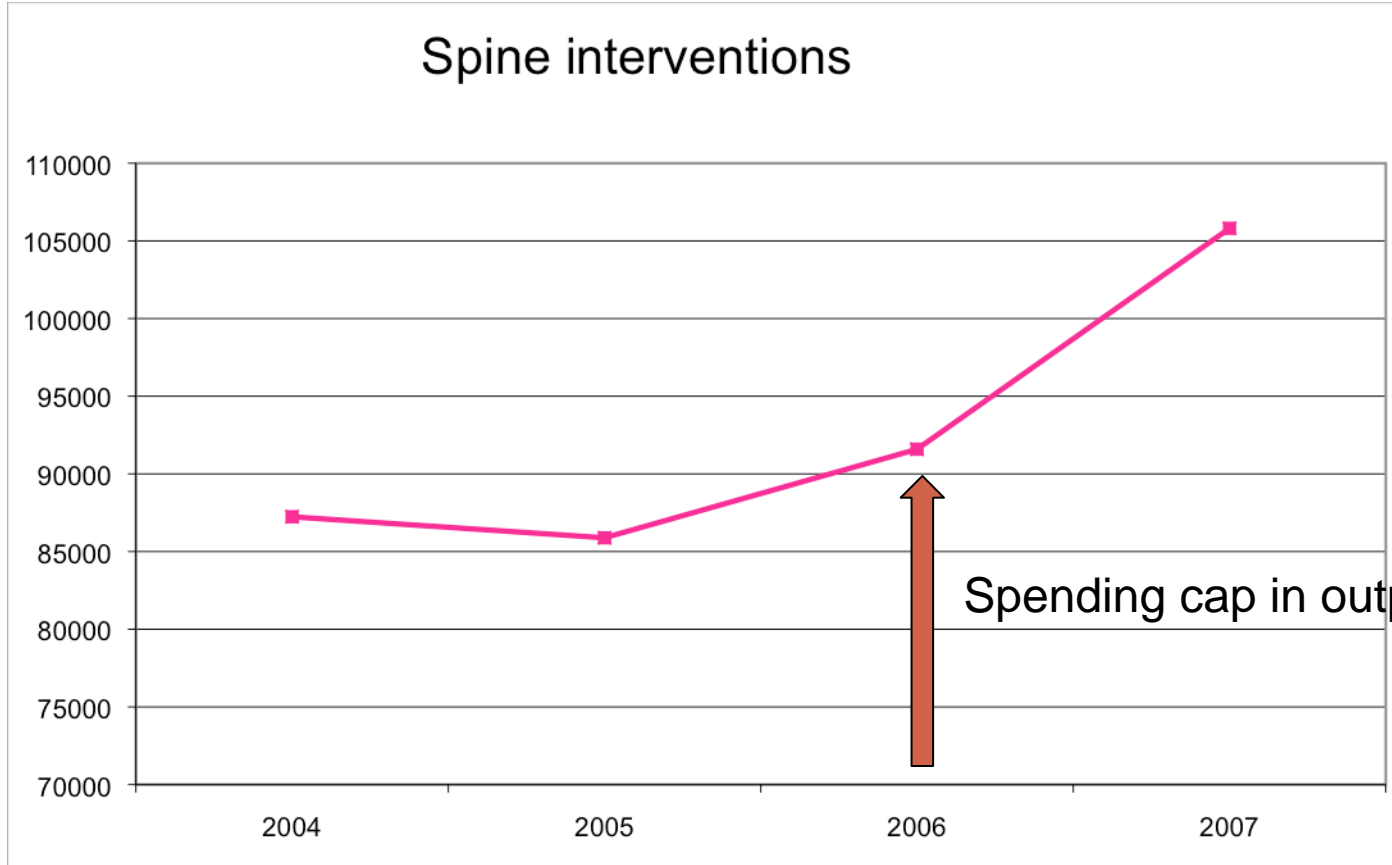
Medicare population, from Deyo: J Am Board Fam Med 2009;22:62– 68

# Development of performance (back pain) 2005 – 2008 (inpatient)



Raise 204 %

# Intersectoral shift, driven by change in physician fee schedule of the substitute funds



2005 – 2008 (inpatient)

## Competition on the Wrong Things Zero-Sum Competition in German Health Care

- Competition to **shift costs**
- Competition to **increase bargaining power**
- Competition to **capture patients and restrict choice**
- Competition to **restrict services in order to reduce costs**

None of these forms of competition  
**increases value for patients**

Adapted from: Porter M. (2006), Value based competition on result

- don't exist
- are not diagnosable
- are not reimbursable
  
- Patients without an accurate diagnosis
  - feel abandoned and helpless
  - have suicide thoughts
  - seek assisted suicide
  - must not become victims of inactiveness or political disputes

- don't need treatment
- don't need teaching
- aggravate the lack of pain specialists
- cut off managed care concepts
- cause costs that cannot be calculated
- Were not adequately remunerated

- Additional treatment effort for chronic pain morbidity and comorbidity is codable.
- Basis of DRG system (Hospital flat rate per case):
- Basis for morbidity oriented risk adjustment scheme (Morbi-RSA):
- Need for clear rules to differentiate the new code from other codes
- Need for international efforts to ICD Code chronic pain in upcoming ICD-11



Thank you for your attention!

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