CODEX
CODING DECODED

Chapter 6: Diseases of the Nervous System (G00–G99)

ICD-10-CM General Guidelines — Quick Reference for Students

1. Dominant / Nondominant Side Defaults

Applies to category G81 (Hemiplegia/hemiparesis) and G83.1–G83.3 (Monoplegia of lower limb / upper limb / unspecified) when the affected side is documented but not specified as dominant/nondominant, and no default exists elsewhere in the classification.

Documented Side / Patient Type	Default
Right side affected	Dominant
Left side affected	Non-dominant
Ambidextrous patient	Dominant

2. Category G89 (Pain) — General Rules

- G89 codes add detail about acute/chronic and neoplasm-related pain — they can be used alongside codes from other chapters.
- Do NOT assign a G89 code if the pain isn't specified as acute, chronic, post-thoracotomy, postprocedural, or neoplasm-related.
- Do NOT assign a G89 code when the underlying (definitive) diagnosis is known — UNLESS the encounter is specifically for pain control/management, not treatment of the underlying condition.

Key exception: If the admission/encounter is a procedure to treat the underlying condition itself (e.g., spinal fusion, kyphoplasty), code the underlying condition as principal diagnosis — no G89 code at all.

3. When G89 CAN Be the Principal Diagnosis

- Encounter is specifically for pain control/management (e.g., steroid injection for back pain from a displaced disc) — code the underlying cause as an additional diagnosis, if known.
- Encounter is for neurostimulator insertion for pain control — the pain code is principal/first-listed.
- Exception: if the same admission also treats the underlying condition, the underlying condition becomes principal and the pain code becomes secondary.

4. G89 + Site-Specific Pain Codes — Sequencing

Use both a G89 code and a site-specific pain code together when the G89 code adds information the site code doesn't provide (e.g., acute vs. chronic).

Reason for Encounter	Sequencing
Pain control / pain management	G89.– code FIRST, then the site-specific code (e.g., G89.11 Acute pain due to trauma, then M54.2 Cervicalgia)
Any other reason, and no definitive diagnosis confirmed yet	Site-specific pain code FIRST, then the G89.– code

Pain due to devices, implants, and grafts is covered separately under Section I.C.19.

5. Postoperative Pain

- Follow provider documentation, plus Sections III and IV of the Guidelines.
- Default for unspecified post-thoracotomy/postoperative pain is the ACUTE code.
- Routine/expected pain immediately after surgery is NOT coded at all.

Situation	Code To
Postoperative pain with no specific complication	Appropriate postoperative pain code within G89
Postoperative pain WITH a specific complication (e.g., painful wire sutures)	Chapter 19 injury/complication code; add G89.18 or G89.28 if acute/chronic pain needs to be identified

6. Chronic Pain, Neoplasm-Related Pain & Pain Syndromes

Chronic pain — G89.2

- No fixed timeframe defines “chronic” — go by provider documentation.

Neoplasm-related pain — G89.3

- Used for pain related to cancer/tumor (primary or secondary), regardless of acute or chronic.
- May be principal/first-listed when the encounter is for pain control (report the neoplasm as an additional code).
- May be an additional code when the encounter is for neoplasm management and pain is also documented — no separate site code is needed in that case.

Central pain syndrome (G89.0) & chronic pain syndrome (G89.4)

Not the same as “chronic pain”: These two codes require the provider to specifically document that exact condition — they are not interchangeable with a general “chronic pain” diagnosis.

7. Key Codes at a Glance

Code	Meaning	Watch-out
G81.–	Hemiplegia / hemiparesis	Dominant/nondominant default rules apply
G83.1–G83.3	Monoplegia (lower / upper / unspecified)	Same dominant/nondominant default rules
G89.11 / G89.12	Acute pain due to trauma / post-thoracotomy	Sequenced first for pain-management encounters
G89.18	Other acute postoperative pain	Used with a Chapter 19 code if there's a specific complication
G89.2–	Chronic pain	No defined time threshold — documentation-driven
G89.28	Other chronic postoperative pain	Paired with a Chapter 19 code if complication-related
G89.3	Neoplasm-related pain (acute or chronic)	Principal only for pain-control encounters
G89.0	Central pain syndrome	Requires explicit provider documentation
G89.4	Chronic pain syndrome	Requires explicit provider documentation — not just “chronic pain”

Study tip: *before reaching for a G89 code, ask two things: “is the underlying cause known?” and “is this encounter actually FOR pain control?” — the answers decide whether G89 is used at all, and where it sequences.*