Memo

Date: October 17, 2025
To: All Providers, APPs, Clinical Staff, Scheduling, Billing & Coding
From: Medical Director & Coding Director
Subject: ICD-10-CM Changes Effective October 1, 2025

Bottom Line

- G89 usage: Continue to report **G89 (Pain, NEC) in addition to** the site/etiology code **when the encounter is for pain control/management** (acute, chronic, acute on chronic, or post-op). **Do not** add G89 if the visit is **only** evaluating a symptom without a pain-management focus.
- **R10 specificity:** The **R10 chapter expanded** with new options, including **flank** and more granular **pelvic/perineal pain**. Many codes now require a **5th character for side** (right/left/bilateral/unspecified). Use the most specific laterality available.

Key Timeline & Documents

The CDC and CMS released the FY 2026 ICD-10-CM diagnosis code set for use from October 1, 2025, to September 30, 2026.

FY 2025 updates (effective October 1, 2024) remain valid until end-September 2025

Update Volume & Scope

The FY 2026 ICD-10-CM update consists of the following key changes:

- New codes: 487
- Revised codes: 38
- Deleted codes: 28

These changes include expansions across many chapters, modified instructions (Excludes 1/2, Code First, Use Additional), and granularity improvements

---

Specificity - Pain Management Codes

- **Category G89 (Pain, not elsewhere classified)**
  - May be used as a principal or first-listed diagnosis when pain control or pain management is the reason for the encounter (e.g., neurostimulator insertion, pain injection).
  - When site-specific pain is also coded (e.g., cervicalgia, dorsalgia):
  - If pain control is the focus → code G89 first, then the site-specific code.
  - If encounter is not for pain management, and no definitive diagnosis is established → code site-specific pain first, then G89

- **Postoperative Pain**
  - Routine expected postoperative pain → not coded.
  - Postoperative pain is not associated with a complication → assign G89 postoperative pain codes.
  - Postoperative pain due to complication → code as injury/complication (Chapter 19); add G89 as secondary if appropriate.
  - If documentation only states "postoperative pain" without further detail → default to acute postoperative pain (G89.18).
- **Core Pain Coding Practice Updates**
  - Use specific G89 codes where possible:
    - G89.21 – Chronic pain due to trauma
    - G89.28 – Other chronic postprocedural pain
    - G89.29 – Other chronic pain NEC
    - G89.4 – Chronic pain syndrome
    - G89.3 – Neoplasm related pain
  - Pair G89 codes with site-specific codes when applicable (e.g., limb or neurological pain).
  - Document psychological/behavioral factors related to chronic pain using F-codes (e.g., anxiety, depression).
  - Differentiate acute vs chronic pain: ≥3 months = chronic.
- **New & Revised Pain-Related Codes (FY 2026)**
  - Expanded "R" -series symptom codes: 12 new codes for abdominal, pelvic, and perineal pain, breaking down R10.2 (pelvic/perineal pain) into six laterality-specific options.
    - **Pelvic/Perineal Pain**
      - R10.20 – Unspecified side
      - R10.21 – Right side
      - R10.22 – Left side
      - R10.23 – Bilateral
      - R10.24 - Suprapubic pain
    - **Lower Abdominal Pain**
      - R10.30 – Unspecified side
      - R10.31 – Right side
      - R10.32 – Left side
      - R10.33 – Bilateral
    - **Abdominal Pain**
      - R10.85 - Multiple Site
      - Flank Tenderness
      - R10.8A1 - Right side
      - R10.8A2 - Left side
      - R10.8A3 - Suprapubic
      - R10.8A9 - Unspecified side
    - **Flank Pain**
      - R10.A0 – Unspecified side
      - R10.A1 – Right side
      - R10.A2 – Left side
      - R10.A3 – Bilateral

- **Deleted Codes & Mapping**
  - Now maps to R10.20–R10.23 depending on documentation.
- **Key Notes**
  - Use new laterality-specific codes instead of generic R10.2.
  - Select unspecified codes (R10.20, R10.30, R10.A0) only when documentation does not identify side or sex.
  - Encourage providers to document location + laterality to capture the highest specificity (5/6th digits).

– End of Memo –