

## Internal Medicine Coding Alert

### You Be the Coder: Diagnosing is Important in Initial Vs. Follow-Up Fracture Visit

**Question:** Our physician treated a patient for a fracture of the second metatarsal. A follow-up X-ray four weeks later showed that the fracture had failed to heal at all. How should we report the diagnoses?

Nevada Subscriber

**Answer:** You should follow different coding requirements for each of the encounters. For the first visit with an initial diagnosis of fracture, report 825.25 (Fracture of other tarsal and metatarsal bones, closed; metatarsal bone[s]). You may also want to report an appropriate "E" code as a secondary diagnosis to identify the cause of the injury, if known. For the second visit, the diagnosis should be 733.82 (Nonunion of fracture). Include late-effect code 905.4 (Late effect of fracture of lower extremities) as the secondary diagnosis.

**Looking ahead:** Under ICD-10, you'll choose the best diagnoses from the range S92.32□ (Fracture of second metatarsal bone ...). Select the last two digits of the code based on a variety of factors, including the foot involved, the type of fracture (displaced, nondisplaced, open, closed), the type of encounter, and the type of healing (routine or delayed, nonunion or malunion). For example, compare the full descriptors of S92.324A (Nondisplaced fracture of second metatarsal bone, right foot; initial encounter for closed fracture) and S92.324K (Nondisplaced fracture of second metatarsal bone, right foot; subsequent encounter for fracture with nonunion). As with ICD-9, you may want to use a secondary code to indicate the cause of the injury, if known. In ICD-10, such codes will be found in chapter 20, "External Causes of Morbidity," spanning V00-Y99.