

## Optometry Coding & Billing Alert

### READER QUESTION ~ Never Use E Codes as Primary

**Question:** I've never really understood E codes and when I should use them. Would you explain what they are exactly and why I need to add them to my claims?

North Dakota Subscriber

**Answer:** E codes describe external causes of injuries or accidents. They range from the common (E880.9, Fall on or from stairs or step; other stairs or steps) to the obscure (E847, Accidents involving cable cars not running on rails). Basically, E codes can help you explain to payers how an injury happened.

**Pointer:** E codes do not change your reimbursement amount because they are really for information only. You should never report E codes in lieu of a diagnostic code to describe an injury, but E codes help the carrier understand how the patient was injured. They also support the work-related nature of certain injuries to differentiate workers- compensation (WC) care from non-WC care.

Although the E codes aren't payment codes, they explain the -environmental events, circumstances and conditions- that caused the injury, states the ICD-9 manual. Therefore, you should never report an E code as your primary diagnosis, but you should instead list it after the main diagnosis.

Correct diagnosis coding requires you to report this added information. The E codes are part of the ICD-9 system, which instructs you to code an encounter as specifically as possible.

Agencies also use this supplemental information for statistical purposes. The E codes help public-health officials plan prevention programs and indicate, with diagnosis codes, a classification system for injuries. If an insurer, such as California Blue Cross Blue Shield, routinely rejects claims containing E codes, you'll have to do some extra work to obtain payment, such as by submitting a paper claim with chart notes.