

## Optometry Coding & Billing Alert

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

**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 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 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.