

Eli's Rehab Report

Changes Affect Fractures, Accidents and Dislocations

With the release of CMS Transmittal 01-91, PM&R practices will have to become accustomed to new diagnosis codes for dislocated joints and accidents and revised descriptions on codes for pathologic fractures. Medicare carriers have been instructed to accept these new ICD-9 codes, as well as the 2001 codes, through Dec. 31. However, beginning Jan. 1, 2002, the carriers will accept only the 2002 codes.

Joint Dislocation Additions

Most significant to physiatry practices is the new category of developmental joint dislocation codes (718.7), which requires a fifth digit to denote the site:

1. [ICD-9 718.70](#) developmental dislocation of joint, site unspecified
2. [ICD-9 718.71](#)... shoulder region
3. 718.72 ... upper arm
4. 718.73 ... forearm
5. 718.74 ... hand
6. 718.75 ... pelvic region and thigh
7. 718.76 ... lower leg
8. 718.77 ... ankle and foot
9. 718.78 ... other specified sites
10. 718.79 ... multiple sites.

"These new diagnoses more accurately describe conditions such as hip dislocation caused by acquired problems, such as osteoarthritis [715.90-715.99], versus congenital dislocations (which patients are born with, represented by 754.30-754.35) and traumatic dislocations, such as when a patient falls and breaks her hip (835.00-835.13)," says **Laureen Jandroep, OTR, CPC, CCS-P CPC-H**, owner of A+ Medical Management and Education, a national coding and reimbursement school and consulting firm in Absecon, N.J.

Pathological Fracture Text Revised

PM&R practices often treat patients who suffer from fractures because their bones have been weakened by other conditions such as osteoporosis (733.00-733.09). The text for 733.1 (pathologic fracture) has been revised to specifically exclude stress fractures (733.93-733.95). "Stress fractures are usually the result of altered biomechanics," Jandroep says. "For example, a flat foot [pronated] in normal conditions would not develop a stress fracture, but an athlete with flat feet could sustain a stress fracture by repetitive usage."

New E Codes Released

PM&R practices routinely use E codes to describe external causes of injury. Particularly in those practices that treat high numbers of workers' compensation and sports injury patients, E codes can help describe the exact cause of the injury so that the insurer is aware of every detail of what occurred. To assist in pinpointing that specificity, CMS has released 10 new E codes relevant to PM&R practices:

11. E888.0 fall resulting in striking against sharp object (note: use additional code to identify object [such as E920])
12. E888.1 fall resulting in striking against other object
13. E888.8 other fall
14. E888.9 unspecified fall
15. E917.3 striking against or struck accidentally by furniture without subsequent fall
16. E917.4 striking against or struck accidentally by other stationary object without subsequent fall (such as bumping into a fence)
17. E917.5 striking against or struck accidentally by object in sports with subsequent fall (such as being knocked out by a baseball)
18. E917.6 strike caused by a crowd, by collective fear or panic with subsequent fall (such as being stepped on by a crowd of people who are fleeing from a fire)
19. E917.7 struck against or by furniture with subsequent fall
20. E917.8 striking against or struck accidentally by other stationary object with subsequent fall (such as passing out after a lamp-post falls against you).

"Remember that E codes are supplementary codes," Jandroep says, "and should never be the primary code on a claim form." For example, if a patient suffered a fracture of the shaft of his left femur after a sofa he was unloading from a truck fell onto his thigh, the diagnosis codes would appear as follows: 821.01 (fracture, shaft of femur); E917.7.