

Eli's Rehab Report

Reader Question: Repetitive Strain Injury

Question: Our physiatrist has been treating a patient who has what he describes as "repetitive strain injury" in the patient's wrist. The biller coded the claims using the carpal tunnel syndrome ICD-9 code, and we have been getting paid. However, we just did an internal audit, and the physiatrist said that the repetitive strain injury diagnosis has its own code. Medicare says this is not specific enough to reimburse for the physician's treatment of the patient. What should we do?

New York Subscriber

Answer: There is no specific ICD-9 code assigned to repetitive strain injury (RSI), mainly because it describes many different conditions in various sites of the body. Even though the patient does not have carpal tunnel syndrome (354.0), she probably has a condition such as tendinitis (726.0-726.90), bursitis (726.0-727.69), epicondylitis (726.31-726.32), trigger finger (727.03) or another condition that resulted from the repetitive strain. You should speak with the physiatrist and determine more specifically the cause of the RSI to pinpoint which ICD-9 code should be used.

If you determine that the patient's condition is something that is not listed on the local medical review policy for the service that the physiatrist has been performing, you will have to reimburse your carrier for any claims it has paid when you erroneously assigned the carpal tunnel diagnosis. Write to your carrier and alert them to the fact that you made a mistake on some earlier claims and want the claims reprocessed with the correct ICD-9 code. Your internal audit may have cost you some money, but you will be in compliance in the future.