

## Outpatient Facility Coding Alert

### Reader Question: Assign Fracture Dx to Relevant Surgical Code, Only

**Question:** We have a patient who underwent an open reduction and internal fixation (ORIF) for a left, displaced lateral malleolus fracture in addition to an ORIF for left proximal fibular fracture. Should I include both diagnosis codes on both procedures?

Minnesota Subscriber

**Answer:** In your example, you should not designate both diagnosis codes to both procedures, despite the fact that the fractures are within close proximity to one another. Just as you would if the provider performs the procedures on entirely separate anatomic sites (i.e. left leg, right leg), you will only apply the diagnosis relevant to each respective procedure.

For the ORIF of the left, displaced lateral malleolus fracture, you will apply code 27792 (Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed). For the ORIF of the left, proximal fibular fracture, you will apply code 27784 (Open treatment of proximal fibula or shaft fracture, includes internal fixation, when performed).

As for the diagnoses, you will attach S82.62XA (Displaced fracture of lateral malleolus of left fibula, initial encounter for closed fracture) to 27792. You will then attach S82.832A (Other fracture of upper and lower end of left fibula, initial encounter for closed fracture) to code 27784.