

## Home Health ICD-9/ICD-10 Alert

### READER QUESTIONS: Break Through Fracture Coding Confusion

**Question:** We have admitted a Medicare home health patient, who has exhausted all auto insurance benefits. She was in an auto accident causing multiple major fractures and injuries. She has had multiple surgeries including open reduction internal fixation on both her left shoulder and left hip. She suffered multiple fractures of her left leg, a fractured right heel and has had pin placement in her right hand. She has a removable soft cast to all areas with orders for non-weight bearing of lower extremities, and no pulling or using hands or left shoulder. The documentation we were provided with has left us unclear as to whether the fractures were repaired with the surgeries, because of her non-weight bearing status.

Can a motor vehicle accident E code be one of the diagnoses? I was taught that if a fracture occurs and is repaired you can not code the fracture, but should code aftercare of orthopedic surgery. But how should we code for fractures we aren't sure were repaired?

Florida Subscriber

**Answer:** Report codes from the V54.1 (Aftercare for healing traumatic fracture) category for your patient's fractures--it doesn't matter what kind of treatment the fracture received. According to The Coding Clinic 4th Quarter 2003, only the initial treatment setting can code the acute fracture code from the 800-829 (Fractures) category. All other treatment settings must use the aftercare codes. It doesn't matter if the patient had surgery, if the fracture was casted, splinted or if she was just sent home with pain pills, you would still report the aftercare code. However, you may code the fracture code in M0190 (inpatient diagnosis), M0210 (diagnosis requiring medical or treatment change) or M0245 (HHRG calculation).

E codes to explain how an injury happened are optional in home health. If you choose to use the E code for the MVA, you may only use it in M0240 and you should place it at the bottom of the list of diagnoses. Also consider that your patient is a Medicare secondary payor so that the E code for MVA would not throw up a red flag. However if you were billing Medicare as primary payor and coded the E code for MVA, it might cause the intermediary to send an additional development request.

Unless otherwise indicated, reader questions were answered by **Lisa Selman-Holman, JD, BSN, RN, CHCE, HCS-D, COS-C**, consultant and principal of **Selman-Holman & Associates** in Denton, TX.