

OASIS Alert

Diagnosis Coding: Use E Codes To Solve Trauma Code Problems

If you've ever wondered whether to bother with E codes, here's a good reason why you should.

Don't reject E codes out of hand - some agencies find them helpful.

When home health agencies received word that V and E codes would be available for home care coding last October, many imagined they'd use both types of codes regularly. But it turns out agencies are lagging behind when it comes to using E codes.

These codes -E800 (Railway accident) to E999 (Late effect of injury due to war operations or terrorism) - classify the external causes of injuries or poisoning.

E codes are used very little in home care, says senior clinical consultant **Judy Adams** with Charlotte, NC-based **LarsonAllen Health Care Group**. Codes are primarily a way to track mortality and morbidity data, and E codes are mostly used in the primary care setting to report the specific circumstances underlying an accident, injury or poisoning, she says.

Warning: You should never use an E code as a primary diagnosis and you never rate their severity, the **Centers for Medicare & Medicaid Services** explains in its OASIS education material.

When to use E codes: HHAs can use E codes to determine the payor source, says consultant **Lynda Dilts-Benson** with **Reingruber & Co.** in St. Petersburg, FL.

"Trauma and E codes are companion codes," reminds coding expert **Prinny Rose Abraham** with Minneapolis-based **HIQM Consulting**. If there is a trauma code as the primary diagnosis, there should be an E code in M0240 explaining how the trauma occurred, she says. Common E codes include those for falls, adverse reactions to medications, late effects of external causes, complications of care and late effects of an injury, Abraham says.

Initial encounters will warrant regular E codes, while late effects of an initial injury your agency is treating will require late-effect E codes, explains coding expert **Sue Prophet-Bowman** with the **American Health Information Management Association**.

Because CMS does not require E codes, most agencies aren't using them, reports consultant **Melinda Gaboury** with Nashville, TN-based **Healthcare Provider Solutions**.

Smart idea: Gaboury gives an example of when using E codes could help an HHA. Agencies still struggling to get clinicians to use open wound codes correctly could require an E code every time an open wound code is the primary diagnosis, she suggests. "Looking for an E code and not finding one is a good way to help clinicians learn when and when not to use an open wound code diagnosis," she tells **Eli**.