



Elements of ED Coding (Emergency Department)

Objectives

In this course we will review the conventions of emergency department (ED) services and coding. An ED performs hundreds of procedures and services each day. This course will highlight some of the services provided in an emergency department.

The course will define services, discuss code usage, and modifiers if applicable.

You'll need a current CPT and ICD-9 manual to answer practice questions throughout the course. You will be allowed more than one try to answer the practice questions.

At the end of the course there is a review quiz. You'll have one try to answer each review question. At the end of quiz the software will automatically score your quiz.



Some Facts About the ED

The CDC (Centers for Disease Control) published a report called the National Hospital Ambulatory Care Survey. In 2007 the following information was collected about emergency departments in the United States.

- ▶ There were 116.8 million visits to the emergency room.
- ▶ 39.4 million of those visits were injury related. (The majority of these injuries were unintentional - such as falls, motor vehicle accidents, struck by object, etc.)
- ▶ 18% of these patients were seen in less than 15 minutes.
- ▶ 12.5% of emergency visits resulted in a hospital admission.
- ▶ 1.8% of patients were transferred to another hospital.

Critical Care in the ED

A physician who specializes in emergency medicine can bill for critical care services, as long as his documentation supports such a claim.

An emergency room physician can **not** bill both critical care and emergency room visits for the same patient on a given date. If the emergency room physician provides critical care in the emergency department and continues to provide critical care to that patient in the ICU (or other unit where critical care is provided), then the emergency medicine physician should report critical care codes for the total duration of time the physician spends with the patient, which includes the emergency room visit.



Practice 13

A 5 year old boy is seen in the ED with pain in the right arm and is unable to move the arm. X-rays confirm a fracture of the humeral shaft (the fractured bone did not break through the skin). The patient's mother explained he was climbing on the jungle gym at the park and fell.

Using your ICD-9 manual, provide the diagnosis code for the fracture and the E code for the cause of the fractured humerus. (Fill in the blanks below with the answers. Press Enter after each entry.)

Diagnosis code for fracture.

E code for the cause of the fracture.

Table - Undetermined

Table of Drugs and Chemicals

E Codes (external causes)

Poisoning This column lists poisoning codes.	Accident Codes in this category report accidental overdose of drug, wrong substance given or taken, drug taken inadvertently, accident in usage of drugs and biologicals in medical and surgical procedures.	Therapeutic Use Codes in this column report a correct substance administered in therapeutic or prophylactic dosage, and is the external cause of an adverse effect the patient experienced from the drug.	Suicide Attempt These codes describe circumstances where self-inflicted injuries or poisoning occur are coded from the column.	Assault Injury or poisoning caused by another person with intent to injure or kill are reported with codes from this column.	Undetermined is reported when the poisoning or injury cannot be determined if it was intentional or accidental.
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Information on the cause of injury or poisoning is documented by the physician in the patient's medical record. Information extracted from the medical record will determine correct code selection.

Practice 18

Match the definition on the left to the degree of burn on the right. Incorrect answers will be immediately rejected.

Damage to epidermis and part of dermis.

Superficial, burn damage epidermis only.

Epidermis and dermis are destroyed. Sensory nerve endings damaged.

First degree burn

Second degree burn

Third degree burn

Practice 33

Codes 24600 and 24605 both report elbow dislocation. Identify the characteristics of each of these two codes.

Click on all that apply.

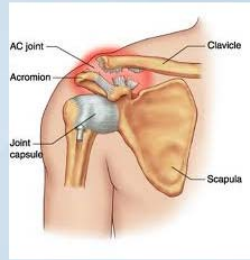
- X-rays are included.
- Closed dislocation.
- Reduction involved.
- Open dislocation.
- Reduction is not performed.
- Performed in the ED only.
- Anesthesia may be used.
- X-rays are reported separately.

Shoulder Dislocation

Code 23540 reports a dislocation of the acromioclavicular joint (the space between the acromion, scapula, and clavicle). This may also be called a shoulder separation.

This closed treatment involves the affected shoulder and arm being placed in a sling or other type of brace for healing. No manipulation is involved in 23540.

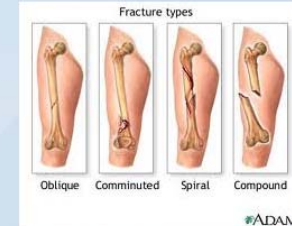
In code 23545 manipulation of the joint is used to return it to its proper position. Anesthesia maybe used for this treatment. The affected arm and shoulder is placed in a sling or other type of brace.



Types of Fractures

Below is a list of types of fractures. The condition of the fracture will determine how it is treated.

- **Extra-articular** - fracture line **does not** extend through the joint or **intra-articular** - fracture line **does** extend through the joint - this is the more serious fracture.
- **Displaced** - fractured bones are not aligned or **undisplaced** or **non-displaced** - fractured bones are in good alignment.
- **Simple** - closed fracture.
- **Complex or compound** - open fracture.
- **Two part, three part, or four part** fracture.
- **Comminuted** - bone broke into several small pieces.
- **Spiral fracture** - at least one part of the bone has been twisted.
- **Oblique fracture** - a fracture that is diagonal to the bone's axis.



Rib Cage Anatomy

The human rib cage consists of:

- ▶ 24 ribs (or 12 pairs of ribs)
- ▶ sternum - large flat bone in the center front of the cage.
- ▶ 12 thoracic vertebrae

The function of the rib cage is not only to provide skeletal structure to the human body, but also protection for two vital organs in our bodies, the heart and lung. The sternum (the most durable bone) is directly over the heart. The rib cage is also a chamber where the lung can expand during breathing. Muscles between the ribs expand when inhaling and move down to gently squeeze the air out when exhaling.

Treating a rib fracture can be difficult and painful. In the following pages we'll highlight rib services provided in the ED.

Click the rib cage button on the right to see a detailed picture.



Rib Cage

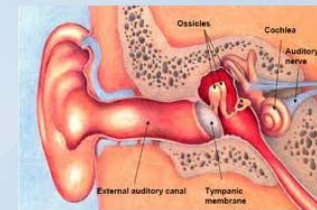
External Auditory Canal

The **external auditory canal** is a passageway in the temporal lobe of the skull that starts at the ear and extends inward and slightly upwards. The canal is lined with skin and hair is approximately 1 inch long.

The outer one-third of the canal is lined with a membrane containing ear wax producing cells and hair cells. This protects the eardrum at the end of the canal.

The outer two-thirds of the canal contains no glands or hair cells.

Code 69020 reports drainage of an abscess of the external auditory canal. This involves making an incision in the external canal to drain the abscess. Sometimes packing is inserted to absorb the drainage and to help with healing. Usually no other treatment is needed and closure of the incision is not required. Local anesthesia is included with the service and is not reported separately.



Laryngoscope - Direct

Codes 31530 and 31531 describe a **direct laryngoscopy**. **Direct laryngoscopy** allows a view of the larynx directly through the scope. **These** codes include applying a topical anesthetic to the oral cavity, pharynx, and the larynx. The laryngoscope is inserted into the patient's mouth.

In code 31530 the larynx is viewed and the foreign body is spotted and removed with small forceps. Code 31531 involves the use of a microscope or telescope to locate and remove the foreign body.



The larynx is viewed directly from the scope.

The Codes

The following are complex repair codes common in an ED setting. Anatomical sites are group together by code.

- ▶ **Complex repairs of the trunk**
 - 13100 - 1.1 cm - 2.5 cm
 - 13101 - 2.6 cm - 7.5 cm
 - 13102 - each additional 5 cm or less.
- ▶ **Complex repairs of the scalp, arms and/or legs**
 - 13120 - 1.1 cm - 2.5 cm
 - 13121 - 2.6 cm - 7.5 cm
 - 13122 - each additional 5 cm or less
- ▶ **Complex repairs of the forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet.**
 - 13131 - 1.1 cm to 2.5 cm
 - 13132 - 2.6 cm to 7.5 cm
 - 13133 - each additional 5 cm or less



Practice 93

Match up the code on the right by clicking on and dragging it to its matching description on the left. Incorrect answers will be immediately rejected.

Exploration of penetrating wound; extremity

20100

Exploration of penetrating wound of the chest.

20101

Exploration of penetrating wound of the abdomen/flank/back.

20102

20103

Exploration of penetrating wound of the neck.

Spirometry Services

Spirometry (meaning the measuring of breath) is a common form of **pulmonary function test (PFT)**. This test measures the volume and/or speed of air that can be inhaled and exhaled. Spirometry is helpful in assessing conditions such as **asthma**, **pulmonary fibrosis**, **cystic fibrosis**, and **chronic obstructive pulmonary disease (COPD)**.

Code 94010 reports spirometry services that includes pulmonary lab procedures and interpretation of test results. If reporting code 94200 (maximum breathing capacity maximal voluntary ventilation) do not report code 94010 with it. Because 94010 is included with 94200.

An example of using this code is if the patient has problems breathing and is wheezing a spirometry test may be performed.

