What are E-codes and why are they important?

What is an E-code?
An external cause of injury code or E-code is used when a patient presents to a healthcare provider with an injury. The E-code is part of the World Health Organization's International Classification of Diseases (ICD) system used in clinical settings to characterize and standardize health events. For clinical settings such as hospital or emergency department visits, the ICD-version 9- Clinical Modification [ICD-9-CM] is being used in the US until October 2014 when it will transition to version 10. For deaths, ICD-10 has been utilized in the US since 1999. ICD-10 and ICD-10-CM no longer refer to these codes as E-codes but as external causes of morbidity and mortality.

The ICD-9-CM E-code explains the *circumstances* of an injury. E-codes classify injuries according to:

1. Intent (e.g. unintentional, homicide/assault, suicide/self-harm, undetermined)
2. Mechanism (e.g. motor vehicle, fall, firearm, poisoning)
3. Place of occurrence (e.g. playground)
4. Activity (e.g. walking or running)[1]

E-codes essentially capture the "who, what, where, why, and how" surrounding an injury event.

When are E-codes used?
E-codes are used when a diagnostic code indicates an injury. For hospital and emergency department visits, E-codes are used in addition to the diagnostic codes for administrative purposes including billing and reimbursement. Though all states collect E-codes on a mandatory or voluntary basis, E-code data are often incomplete, missing, or incorrect. Complete medical documentation is critical for accurate and detailed E-coding. In North Carolina, among 24/7 acute-care ED facilities (120+) in 2012, only 15 facilities were missing an E-code for more than 15% of injury related ED visits. Statewide in 2012, about 12% of injury-related ED visits with an injury diagnosis code had no E-code.

Why should I care about E-codes?
E-codes are important for hospitals and providers because E-codes can help to ensure **timely reimbursement** from payers. In the absence of E-codes, payers may request additional information regarding the injury that can be readily supplied by an E-code. If E-codes are not included on a claim, it can delay reimbursement until the payer can obtain the necessary information, usually from the patient or through additional record requests, and determine if there is another party responsible for the claim.[2,3]

For example, imagine a woman presents to the ED with a fractured arm. If she fractured her arm…

-at work, then Workers' Compensation insurance might pay the medical bills.
-while shopping at a store, the store's liability insurance might pay for the medical bills.
-in a motor vehicle crash, then her automobile insurance might be billed.
-after slipping in her bathtub in her own home, then her health insurance and/or her home owner's insurance might be billed.[3]

Spelling out to the payer exactly *what* the patient was doing, *where* the patient was, and *what* caused the injury through E-codes helps make the reimbursement process more efficient. In addition, the N.C. Division of Public Health uses E-codes to quantify the injury and violence burden across the state. These data are critical to help prevent or reduce future injury cases, understand the magnitude of the injury problem, recommend evidence-based injury prevention policies, and identify appropriate injury prevention resources.

[1] National Center for Injury Prevention and Control. (2009). Recommended Actions to Improve External-Cause-of-Injury Coding in State-Based Hospital Discharge and Emergency Department Data Systems. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention.
[2]Vaught, MS. December 2002 Bulletin - American Academy of Orthopedic Surgeons: Accurately code external causes of injury. Retrieved from http://www2.aaos.org/bulletin/dec02/cod.htm
[3]Safain, S. (2005). Insurance Coding and Electronic Claims for the Medical Office, 1st Edition. McGraw-Hill Higher Education.

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