Compression fracture coding
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Clinical question

What is the proper way to code an osteoporotic fracture?

Recommendations

Compression fractures come in two varieties: "pathologic" and "traumatic."

- Pathologic compression fractures can be related to osteoporosis, and have the diagnosis code 733.13.
- Traumatic compression fractures are not related to osteoporosis or another underlying disease process like cancer, but rather to trauma of otherwise normal bone, and have diagnosis codes of 805.x.

For a review of the best way to evaluate and treat osteoporotic fractures, see the April 2015 Clinical Pearl, "Preventing recurrent osteoporotic fractures in elderly patients" (https://provider.ghc.org/open/providerCommunications/clinicalPearls/20150413-fractures.pdf).

Once you have diagnosed either type of compression fracture, be careful to code it correctly. This is important for clinical accuracy, as well as risk-adjusted reimbursement and HEDIS® performance.

How could this change my practice?

For a new compression fracture diagnosis, be sure to clarify which section of the spine is affected. In particular, avoid choosing the generic "compression fracture" code. For many patients, the fracture becomes a chronic condition that needs to be addressed in subsequent months or years. Please be sure not to just re-code your initial diagnosis automatically, but rather consider carefully what diagnoses, if any, should be coded when following up with your patient.
Here are the common options:

- **Recode the same diagnosis.** Do this if the patient is under active treatment (such as taking alendronate) for a *pathologic* (733.13, osteoporotic) compression fracture. This is analogous to continuing to code atrial fibrillation because a patient is on warfarin or a beta-blocker.

- **Change the diagnosis to "Aftercare of Traumatic Fracture" (V54.1).** Do this if the patient is still under active treatment for a *traumatic* fracture (805.x).

- **Change the diagnosis to "History of Compression Fracture of Spine" (V15.51).** Do this if the patient is still having symptoms or otherwise needs surveillance, but is no longer receiving treatment. This could apply to either a pathologic or traumatic fracture.

- **Don't code anything.** Do this if the patient is no longer having symptoms and is not under active treatment.

**Why did we select this topic?**

The most important reason to be careful and not reflexively make the same diagnosis is to make sure we have the most accurate clinical record for your patients. In addition, there are at least two other reasons:

- Coding the fracture incorrectly can lead to an erroneous diagnosis being submitted to Medicare.
- Recoding a pathologic (osteoporotic) diagnosis when there is no active treatment creates a HEDIS miss, resulting in a lowering of your quality scores.