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- Other and Multiple Issues - Assisting Providers with Transition	- Time Parameters	
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	AAPC ICD-10-CM Injury Coding for Orthopedics	

• Laterality • Time parameters • Site • Other issues	
Laterality • The addition of laterality into the code set is one of the reasons for the increased number of codes in ICD-10-CM. ICD-9-CM ICD-10-CM S42.301A Unspecified fracture of shaft of humerus, right arm, initial 812.21 Fracture of shaft of humerus, closed S42.302A Unspecified fracture of shaft of humerus, unspecified arm, initial S42.309A Unspecified arm, initial S42.309A Unspecified arm, initial	
Example A Patient presents with a fracture of the right humeral shaft. Fracture was reduced and cast placed. S42.301A Unspecified fracture of shaft of humerus, right arm, initial encounter for closed fracture (CD-10-CM Injury Coding for Orthopedics	

Example B	
 Patient presents with a oblique fracture of the right humeral shaft. Fracture was reduced and cast placed. 	
S42.331A Displaced oblique fracture of shaft of humerus, right arm, initial encounter for closed fracture	
AAPC ICD-10-CM Injury Coding for Orthopedics	
Time parameters	
Acute	
• Chronic	
Acute on Chronic	
Recurrent	
AAPC ICD-10-CM Injury Coding for Orthopedics	
Example A	
Joy presents for recheck on her gout of her left wrist. She states she has less pain and the joint seems to be more	
flexible. She says the allopurinol is helping.	
M10.032 Idiopathic gout, left wrist	
AAPC ICD-10-CM Injury Coding for Orthopodics	

Example B	
 Joy presents for a recheck on her chronic gout of her left wrist. She states she has less pain and the joint seems to be more flexible. She says the allopurinol is helping. 	
M1A.032 Idiopathic chronic gout, left wrist	
AAPC ICD-10-CM Injury Coding for Onthopedics	
Site	
Many codes in ICD-10-CM have site specificity, including:	
Shaft (distal, proximal)Distal or Upper end	
Proximal or Lower endLateral end (clavicle)	
Sternal end (clavicle)	
AAPC ICD-10-CM Injury Coding for Orthopedics	
Example A	
Jon is brought in by his mother for a recheck of his radial Torus fracture of the right arm. Everything is healing well	
after 2 weeks. Mom will bring him back next week for possible cast removal.	
S52.91XD Unspecified fracture of right forearm, subsequent	
encounter with routine healing	
AAPC ICD-10-CM Injury Coding for Orthopedics	

Example B	
 Jon is brought in by his mother for a recheck of his distal radial Torus fracture of the right arm. Everything is healing well after 2 weeks. Mom will bring him back next week for 	
possible cast removal.	
S52.521D Torus fracture of lower end of right radius, subsequent encounter with routine healing	
AAPC ICD-10-CM Injury Coding for Orthopedics	
Other and multiple issues In some cases, multiple issues previously discussed will be present (underlying condition, site, laterality).	
 Orthopaedist need full education on these areas to ensure that unspecified codes will not be used, or multiple provider queries to receive enough information to assign a code. 	
AAPC ICD-10-CM Injury Coding for Orthopedics	
Example A	
 78 year-old Patricia comes to the office complaining of pain in her wrist. She states she fell yesterday evening. She caught herself on both hands, but immediately had pain in her wrist. Plain films where 	
Diagnosis: Distal fracture of radius	
S52.509A Unspecified fracture of the lower end of unspecified radius, initial encounter for closed fracture	
W19.XXXA Unspecified fall, initial	
AAPC ICD-10-CM Injury Coding for Orthopedics	

Exa	am	n	le	Е
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- 78 year-old Patricia come to the office complaining of pain in her left wrist. She states she slipped while getting up from her chair and fell. She caught herself on both hands, but immediately had pain in her wrist. Plain films where obtained. Past medical history is positive for osteoporosis and hypertension. This is her first osteoporotic fracture. Diagnosis: Osteoporotic fracture of left distal radius
- M80.039A Age-related osteoporosis with current pathological fracture, left forearm. Initial encounter for fracture
- W07.XXXA Fall from chair



ICD-10-CM Injury Coding for Orthopedics

Documentation Requirements

 In order to assist providers with clinical documentation improvement, it is necessary that the coder/auditor/educator understand the documentation requirements of the most commonly coded conditions in their specialty.



ICD-10-CM Injury Coding for Orthopedics

Fractures

- Contributing factors
- Type
- Underlying conditions
- Anatomy
- Site
- Complications
- Localization/Laterality



ICD-10-CM Injury Coding for Orthopedics

35 year old presented to the emergency department with a painful, into write the propriet is a public and there is	
right wrist. Upon examination the wrist is swollen and there is pain with palpation of the wrist area with limited grip strength of the right hand. Pain is noted to be in the anatomic snuffbox and	
upon extension a radial deviation is noted. A mid third scaphoid fracture is confirmed by plain film. Fracture is reduced in office	
and patient is placed in a long arm cast.	
 S62.021A Fracture of middle third of navicular [scaphoid] bone of right wrist, initial encounter for closed fracture 	
AAPC ICD-10-CM Injury Coding for Orthopedics	
Osteoporosis	
• Туре	
Complication/manifestations	
Contributing factors	
Temporal factors	
AAPC ICD-10-CM Injury Coding for Orthopodics	
Fyomenia	
Example • Sarah is a 84 year-old Caucasian woman who presents to the	
emergency department for pain in her arm. While cleaning her home she bumped her right shoulder into a door frame. She states she did	
not bump it very hard but expects she will have a bruise in the morning. She is complaining of pain in her shoulder and upper arm	
and is unable to lift her arm. X-ray of the shoulder confirms a 2 part fracture of the surgical neck of humerus. Bone density scan confirms osteoporosis.	
M80.021A Age-related osteoporosis with current pathological fracture, right	
humerus, initial encounter for the fracture	
AAPC ICD-10-CM Injury Coding for Onthopedics	

Osteoarthritis Type Contributing Factors Symptoms/Findings/Manifestations Anatomy Localization/Laterality	
AAPC ICD-10-CM Injury Coding for Orthopedics	
Subjective: 66-yr-old with a history of slowly progressive pain in the left	
Subjective: 66-yr-old with a history of slowly progressive pain in the left knee. She has noted some enlargement of the knee and considerable crepitance on motion. There has been no significant warmth or redness and symptoms appear confined to that knee. She has difficulty getting out of a chair and can only walk for 2 blocks with a cane. She cannot recall any history of trauma to the knee.	
Objective: Exam reveals range of motion limited between 15 and 90 degrees. There is severe crepitance on motion and palpable osteophytes. Minimal effusion is noted. There is moderate genu varus on standing. X-rays demonstrate marked joint space loss particularly in the medial compartment with prominent diffuse osteophytes.	
Assessment: primary osteoarthritis confined to the left knee	
M17.12 Unilateral primary osteoarthritis, left knee	
(F) AAPC ICD-10-CM Injury Coding for Orthopedics	
Gout	
Temporal factors	
• Type	
Association	
Manifestations	
• Anatomy	
Laterality	
AAPC ICD-10-CM Injury Coding for Orthopedics	

Example • A 53 year-old man presents complaining of severe pain and swelling of his left elbow. He is concerned that it is infected due to its appearance. The pain started yesterday. He denies fever, chillis, nausea, HA, and injury to the area. Medical history includes hypertension, hyperlipidemia, and obesity. He drinks 10 to 12 beers per week. States he was at a birthday party yesterday and "may have had too many."	
Exam: temp 10U.8 Elbow is swollen, warm, red and very tender. BMI 32.b, patient does not follow any regular diet. Remainder of the exam is normal. Sproval fluid was obtained and revealed rod shaped crystals. Labs are positive for elevated uric acid levels and combined hyperflipidemia.	
Assessment: gouty arthritis precipitated by alcohol use and obesity M10.022 Idiopathic gout, left elbow	-
E66.09 Other obesity due to excess calories E78.2 Mixed hyperlipidemia 268.32 Body mass index [BMI] 32.0 – 32.9, adult	
Z68.32 Body mass index [BMI] 32.0 – 32.9, adult F10.09 Alcohol use, unspecified with unspecified alcohol-induced disorder	
AAPC ICD-10-CM Injury Coding for Orthopedics	
Osteomyelitis	
Temporal factors	
• Type	
Contributing factors	
Manifestations	
Anatomy	
Laterality	
AAPC ICD-10-CM Injury Coding for Orthopedics	
Example	
8 year old white male presents with infected appearing area of right ankle a two	-
weeks ago. Mother states she has been cleaning the area and applying Neosporin, but the area has been getting larger and more painful. Now his ankle and part of his foot are swollen and red and it hurts to walk on it.	
Exam: Patient does not appear acutely ill. Temp 99.2. Ankle shows subsiding infection. Ankle is swollen with erythematous. ROM is limited secondary to pain. X-	
infection. Ankle is swollen with erythematous. ROM is limited secondary to pain. X-ray show soft tissue swelling and obliteration of tissue planes and periosteal elevation of the distal fibula. Labs showed elevate WBC, culture positive for streptococcus pneumonia.	
Assessment: Acute osteomyelitis due to bacterial infection.	
M86.061 Acute hematogenous osteomyelitis, right tibia and fibula B95.3 Streptococcus pneumonia as the cause of disease classified elsewhere	
AAPC ICD-10-CM Injury Coding for Orthopedics	

Assisting Providers with Transition	
A real emphasis needs to be made with the orthopaedist to move away from usage of unspecified codes.	
There is a high risk for denial by payers under ICD-10-CM for certain unspecified code usage.	
AAPC ICD-10-CM Injury Coding for Orthopedics	
Assisting Providers with Transition	
Template Assessments EMR Paper	
Update where necessary	
 Educate on changes with time enough to become familiar with them 	
AAPC ICD-10-CM Injury Coding for Orthopedics	
Assisting Providers with Transition	
Documentation Assessments Compares current documentation against ICD-10-CM	
specificity - Run by entire practice	
Run by clinic/facilityRun by provider	
AAPC ICD-10-CM Injury Coding for Orthopodics	
100-10-own injury coaling for Grandpaules	

Assisting Providers with Transition Documentation Assessments by Provider - Run top diagnosis against recent patient visits - Pull 10-15 recent charts with that diagnosis - Assign ICD-10-CM code(s) - Create a report - Meet with provider - Re-assess (Y)AAPC ICD-10-CM Injury Coding for Orthopedics **Documentation Assessment Forms** Physician Name: Raymond Smith, MD Date of Audit: XXXX Reviewer (Auditor): Mary Ellen Ellis, CPC, CPC-H, CPMA Chart Patient ID ICD-10-CM code ICD-10-CM code desci Unspecified subluxation of left shoulder A244893 S43.005A In ICD-10-CM, in order to assign a code for atrial fibrillation to the highest level of specificity, documentation needs to include type. J990356 M20.11 Hallux valgus (acquired), right foot Code appears to make transition to ICD-10-CM. (Y)AAPC ICD-10-CM Injury Coding for Orthopedics **Impact** Denied claims Pended claims Medical necessity (N)AAPC

ICD-10-CM Injury Coding for Orthopedics

QUESTIONS??		
(T) AAPC	ICD-10-CM Injury Coding for Orthopedics	