Injury Coding in the Emergency Department

AGENDA

• Injury Coding Guidelines
• Code Extensions
• Open Wounds
• Traumatic Fractures
• Dislocations
• Traumatic Connective Tissue and Muscle injuries
• Burns and Corrosions
• External Cause

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Injury Coding in the Emergency Department

• Assign separate codes for each injury unless a combination code is provided.
• Code the most serious injury is sequenced first.
  – Superficial injuries are not coded when associated with more severe injuries of the same site.
  – Primary injury, with minor damage to peripheral nerves, spinal cord or blood vessels, is sequenced first.
  – Primary injury to blood vessels or nerves should be sequenced first.

Coding of Injuries

• Do not assign code T07 Unspecified multiple injuries unless information for a more specific code is not available.
• Do not assign Multiple injury codes unless information for a more specific code is not available.
• Do not assign traumatic injury codes for normal, healing surgical wounds or to identify complications of surgical wounds.

CODERS TIP
• Remember, the seventh character must always be the seventh character in the data field. If a code that requires a seventh character is not six characters in length, a placeholder X must be used to fill in the empty characters.

Code Extensions

A    initial encounter
D    subsequent encounter
S    sequela

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Jill presents to emergency department with complaints of a fall in her bathroom at her house. She slipped on a towel while getting out of the shower and twisted her ankle. Her left ankle is swollen and she cannot bear full weight on it. An X-ray indicates no fracture. She is diagnosed with a sprain of the left anterior talofibular ligament. Her ankle is wrapped, she is given crutches, and informed to take Motrin for pain.

Example
• S93.492A Sprain of other ligament of left ankle, initial encounter
• W01.0XXA Fall on same level from slipping, tripping, and stumbling without subsequent striking against object, initial encounter
• Y92.012 Bathroom of single-family (private) house as the place of occurrence of the external cause
• Y93.E1 Activity, personal bathing and showering

Example
• Cathy returns to the ED for a recheck of her right forearm laceration. The dressing was removed and the wound was checked and is healing well.
  – S51.811D Laceration without foreign body of right forearm, subsequent encounter
Michael presents with complaints of scar contracture from his 2nd degree burn to the left knee.

- L90.5 Scar conditions and fibrosis of skin
- T24.222S Burn of second degree of left knee, sequela

Example

Open Wounds

Wounds are classified by

- Type of wound
  - Laceration
  - Puncture
  - Open bite
  - Unspecified open wound
- Site
  - Laterality
  - With/without foreign body
  - Encounter

Example

A patient presents to the ED for a recheck of a puncture wound to her left foot sustained after stepping on a nail. On the initial visit, the nail was found to be imbedded in the wound and was removed.

- S91.342D Puncture wound with foreign body, left foot, subsequent encounter
Example

- Patient presents to emergency department after being involved in a bar brawl. He has a handgun wound to the right lower abdomen. The surgeon took the patient to the operating room to remove the bullet which was still lodged in the abdominal wall. No additional information was available from the patient regarding the injury.
  - S31.143A Puncture wound of abdominal wall with foreign body, right lower quadrant, initial encounter
  - X93.XXXA Assault by handgun discharge, initial encounter

Traumatic Fractures

- Type of fracture
  - Closed
  - Open
    - Gustilo classification for open fractures

- Stage of healing
  - Routine or delayed

- Complications
  - Nonunion or malunion

Shoulder injuries:
  - S42.151A Displaced fracture of neck of scapula, right shoulder, initial encounter for closed fracture
  - S43.151A Posterior dislocation of right acromioclavicular joint, initial encounter

Hip injuries:
  - S72.25XA Displaced subtrochanteric fracture of right femur, initial encounter for closed fracture
  - S73.121A Ischiocapsular (ligament) sprain of right hip, initial encounter
Injury Coding in the Emergency Department

- Codes include:
  - Type
  - Anatomic Site
  - Localization
  - Laterality

- Correct code assignment is dependent upon understanding terminology used in regards to bones and fractures

Types of Bones

- Long bones
- Short
- Flat
- Irregular
- Sesamoid

Localization

- Diaphysis
- Epiphysis
- Metaphysis
- Condyle
- Intercondylar
- Lateral Epicondyle
- Medial Epicondyle
Injury Coding in the Emergency Department

• Bobby injured his arm during a fall from a tree. After an examination and review of films he is diagnosed with an extraarticular fracture of the left distal radius.
  – S52.552A Other extraarticular fracture of the lower end of left radius, initial encounter for closed fracture
  – W14.XXXA Fall from tree, initial encounter

Example

• Charlotte was attempting to keep her eight year-old grandson from running into the corner of a display case. She struck her right arm on the case, which was subsequently struck by and his head. She reports the pain was immediate and she was unable to flex her hand without pain. Imaging shows a displaced fracture of the mid radius shaft with comminution of multiple bone fragments and splinters.
  – S52.351A Displaced comminuted fracture of shaft of radius, right arm, initial encounter for closed fracture
  – W22.09XA Striking against other stationary object, initial encounter
  – W50.0XXA Accidental hit or strike by another person, initial encounter
Injury Coding in the Emergency Department

Example
• Patient is seen in ED after being involved in a traffic accident with several other vehicles. Imaging shows a three part displaced segmental fracture of the right femoral shaft. Patient is brought to the OR for ORIF of the femoral fracture.
  – S72.361A Displaced segmental fracture of the shaft of the right femur, initial encounter for closed fracture
  – V89.2XXA Person injured in unspecified motor-vehicle accident, traffic, initial encounter

Fracture Types - continued
• Transverse
• Compound
• Monteggia’s
• Galeazzi’s
• Torus
• Oblique
• Colle’s

Fracture Types - continued
• Smith’s
• Barton’s
• Bimalleolar
• Trimalleolar
• Maisonneuve’s
• Pilon
• Burst
• Compression
While painting his house, Jacob felt the foot of the ladder sink into the ground pitching the ladder to the left, causing him to lose his balance and jump to the ground from two stories up. He is seen in the ED with right ankle and leg pain. Imaging shows a pilon fracture of the tibia and an associated displaced comminuted fracture of the fibula.

- S82.872A Pilon fracture of tibia, initial encounter for closed fracture
- S82.452A Displaced comminuted fracture of shaft of left fibula, initial encounter for closed fracture
- W11.XXXA Fall on and from ladder, initial encounter

Injury Coding in the Emergency Department

- Five Types
  - Type I – Directly across the growth plate
  - Type II – Across growth plate, continues through shaft
  - Type III – Crosses growth plate, travels outward, exit end of bone
  - Type IV – Transects growth plate
  - Type V – Crush injury to bone and growth plate

Example

- 15-year-old Sarah presents with a displaced fracture of the left distal femur. Plain films reviewed, the fracture is found to be within the growth plate continuing proximally approximately 12 cm through the diaphysis.

- ICD-10-CM:
  - S79.122A Salter-Harris Type II physeal fracture of lower end of right femur, initial encounter for a closed fracture

Salter – Harris Fractures
Open Fractures

• Classified by Gustilo classification
• Dependent
  • Mechanism of injury
  • Soft tissue damage
  • Degree of skeletal involvement
• Three major categories
  • Type I
  • Type II
  • Type III

Gustilo Classifications

• Type I
  • The wound is less than 1 cm with minimal soft tissue injury, wound bed is clean
  • The fracture is usually a simple transverse, short oblique fracture, or with minimal comminution.

• Type II
  • The wound is greater than 1 cm with moderate soft tissue injury
  • The fracture is usually a simple transverse, short oblique fracture, or with minimal comminution.

• Type III
  • Type IIIA
    • Adequate soft tissue coverage despite soft tissue laceration or high-energy trauma irrespective of size of wound, and includes segmental or severely comminuted fractures.
  • Type IIIB
    • Extensive soft tissue loss with periosteal stripping and bony exposure usually associated with massive contamination.
  • Type IIIC
    • Major arterial injury repair is required for limb salvage.
Patient is seen in emergency department following a motor vehicle accident. Patient was attempting to exit his car when it was struck by another car. He was not fully out of the vehicle, and the resulting impact caused the door to slam shut on his right forearm where it was wedged until assistance arrived. Assessment: Displaced transverse fracture of right ulna. Open fracture of radius with extensive comminution of the distal shaft fracture. There is also injury due to bone fragments of abductor pollicis longus muscle and possible the laceration of the extender carpi radialis brevis tendon.

Example

- S52.351C Displaced comminuted fracture of the shaft of radius, right arm, initial encounter for open fracture type IIIA
- S52.221C Displaced transverse fracture of shaft of right ulna, initial encounter for open fracture type IIIA
- V43.42XA Person boarding or alighting a car injured in collision with other type car

Initial Encounters

- A initial encounter for closed fracture
- B initial encounter for open fracture type I or II or initial encounter for open fracture NOS
- C initial encounter for open fracture type IIIA, IIIB, or IIIC

CODERS TIP

- Remember, the seventh character must always be the seventh character in the data field. If a code that requires a seventh character is not six characters in length, a placeholder X must be used to fill in the empty characters.
Example

- A patient underwent surgery for an open burst fracture of the first lumbar vertebra, which became unstable.
  - S32.012B Unstable burst fracture of first lumbar vertebra, initial encounter for open fracture

Subsequent Encounters

- Subsequent encounters with routine healing
  - D Subsequent encounter for closed fracture with routine healing
  - E Subsequent encounter for open fracture type I or II with routine healing
  - F Subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing

Subsequent Encounters

- Subsequent encounters with delayed healing
  - G Subsequent encounter for closed fracture with delayed healing
  - H Subsequent encounter for open fracture type I or II with delayed healing
  - J Subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
Subsequent Encounters

• Subsequent encounters with complications, Nonunion:
  – K Subsequent encounter for closed fracture with nonunion
  – M Subsequent encounter for open fracture type I or II with nonunion
  – N Subsequent encounter for open fracture type IIIA, IIIB, or IIIC with nonunion

Subsequent Encounters

• Subsequent encounters with complications, Malunion:
  – P Subsequent encounter for closed fracture with malunion
  – Q Subsequent encounter for open fracture type I or II with malunion
  – R Subsequent encounter for open fracture type IIIA, IIIB, or IIIC with malunion

Example

• A patient presents for a recheck of her closed fracture of the neck of the left radius. X-rays are taken and show a malunion of the fracture
  – S52.132P Displaced fracture of neck of left radius, subsequent encounter for closed fracture with malunion
Late Effects

- Encounters for sequela:
  - S Complications or conditions that arise as a direct result of an injury
- Code first the residual condition followed by the code to identify the condition responsible for the sequela

Example

- William presents to the office with increasing right shoulder joint pain and a decrease in the previous range of motion for the same. He was seen in this office six months ago for a comminuted fracture of the right proximal humeral shaft which subsequently healed nicely. X-rays now show necrosis of the humeral head.
  - M87.221 Osteonecrosis due to previous trauma, right humerus
  - S42.351S Displaced comminuted fracture of shaft of humerus, right arm, sequela

Fracture Sequencing

- Multiple fractures are sequenced in accordance with the severity of the fracture.
- The provider should be asked to list the fracture diagnoses in the order of severity.
Injury Coding in the Emergency Department

Codes include:

- Joint
- Laterality
- Extent of the dislocation
- Position of the dislocation

Traumatic Dislocations

- Extent of the Dislocation
  - Subluxation
  - Dislocation
  - Percentage

Traumatic Dislocations

- Position
  - Anterior
  - Posterior
  - Inferior
  - Laterally
10 year-old Sara jumped from her swing while she was swinging on a swing set. She states she landed on her feet but fell forward and landed on her outstretched right arm. When she stood up she had pain at her Shoulder and was unable to lift her arm. Plain films were completed. Assessment: Anterior partial dislocation of right humerus

- S43.011A Anterior Subluxation of right humerus, initial encounter

Example

Jessie was knocked down while feeding her pigs on the farm. She attempted to catch herself on her outstretched left forearm resulting in an open anterior dislocation of the left humerus.

- ICD-9-CM
  - 831.11 Anterior dislocation of humerus, open

- ICD-10-CM
  - S43.015A Anterior dislocation of left humerus, initial encounter
  - S41.042A Puncture wound with foreign body of left shoulder, initial encounter
Connective Tissue & Muscle Injuries

• Anatomy
  – Fascia
  – Cartilage
  – Tendons
  – Ligaments
  – Flexor muscles
  – Extensor muscles
  – Adductor muscles

Example

• While playing basketball with some friends, Tim was attempting to pivot around another player when he bumped into them and lost his balance, placing his weight on the pivoting left foot and wrenching his knee. He was initially seen in the ED and referred to Orthopedics. MRI studies show a complex tear of lateral meniscus.
  – S83.272A  Complex tear of lateral meniscus, current injury, left knee, initial encounter
  – W51.XXXA  Accidental striking against or bumped into by another person, initial encounter
  – Y93.67 Activity, basketball

Example

• James has a two day history of right groin pain. He states he woke up with the pain Sunday and it has continued since that time. Upon exam the area does not appear red or hot to touch. There is minor swelling in the area and there is pain to touch. Movement is localized to the inner thigh. Assessment: Strained groin muscle.
  – S76.211A  Strain of adductor muscle, fascia and tendon of right thigh, initial encounter
Injury Coding in the Emergency Department

Connective Tissue & Muscle Injuries

- Fasciitis
- Strains
- Sprains
  - Grade 1
  - Grade 2
  - Grade 3

Example

- While playing soccer at school, Keegan attempted to retrieve the ball and collided with an opposing team player. Upon attempting to stand he states he immediately felt pain upon standing and ambulating. MRI was reviewed and demonstrates a partial PCL tear of the right knee.
  - S83.521A Sprain of the posterior cruciate ligament of the right knee, initial encounter

Burns and Corrosions

Burns are classified in ICD-10 according to:

- Type
  - Thermal burns
  - Corrosions
- Site
- Degree/depth
- Agent
Burns and Corrosions

- Sequence first the code that reflects the highest degree of burn when more than one burn is present.

Example

- Patient presents to the emergency room after burning herself with coffee. She has a second degree burn on her right forearm and a first degree burn on her right wrist.
  - T22.211A Burn of second degree of right forearm, initial encounter
  - T23.171A Burn of first degree of right wrist, initial encounter
  - X10.0XXA Contact with hot drinks, initial encounter

Burns and Corrosions

- Classify burns of the same local site, three-character category level (T20-T28) but of different degrees to the subcategory identifying the highest degree recorded in the diagnosis.
Injury Coding in the Emergency Department

• A patient presents to the ED with her son. He burned his thigh with a lighter. He has first and second degree burns to his left thigh.
  - T24.212A Burn of second degree of left thigh, initial encounter
  - X08.8XXA Exposure to other specified smoke, fire and flames

Example

Burns and Corrosions

• Non-healing burns are coded as acute burns. Necrosis of burned skin should be coded as a non-healed burn.
• For any documented infected burn site, use an additional code for the infection.
• Assign separate codes for each burn site.

Example

• Patient presents for follow up on his burns. He has a healing second degree burn on his right palm and he wants to discuss the scar contracture on his left forearm from a second degree burn.
  - T23.251D Burn of second degree of right palm, subsequent encounter
  - L90.5 Scar conditions and fibrosis of skin
  - T22.212S Burn of second degree of left forearm, sequela
Injury Coding in the Emergency Department

External Cause

- Used with Any Code in the Range of A00.0–T88.9, Z00–Z99
- External Cause Code Used for Length of Treatment
- Use the Full Range of External Cause Codes
- Assign as Many External Cause Codes as Necessary
- External Cause Code Can Never Be a Principal Diagnosis
- Combination External Cause Codes
- No External Cause Code Needed in Certain Circumstances

Place of Occurrence

- Category Y92
  - Identify the location of patient at time of injury
  - Secondary codes listed after other external cause codes
  - Listed only on initial encounter

Activity Code

- Category Y93
  - Identify the activity of the patient at the time of injury
  - Secondary code listed after other external cause codes
  - Listed only on initial encounter
  - Only one activity code should be listed per encounter
External Cause Status

- Category Y99
  - Assign when any other external is reported
  - Indicates the work status of patient at time of injury or when condition occurred
  - Do not assign a Status code for
    - Poisonings
    - Adverse effects
    - Misadventures
    - Late effects
  - Listed only on the initial encounter

Example

A patient presents after cutting herself while washing dishes in the kitchen of her apartment after dinner. Patient states that she put her hand in the dishwater and grabbed a steak knife. She ran the sponge down the knife to clean it, thinking it was turned down, but it was not. She comes to the surgical center with a laceration without foreign body to the palm of her left hand. Wound was cleaned and sutures were placed.

Example

- S61.412A Laceration without foreign body of left hand, initial encounter
- W26.0XXA Contact with knife, initial encounter
- Y92.030 Apartment as the place of occurrence of the external cause
- Y93.G1 Activity, food preparation and clean up
Let's Code Some Cases.