ICD-10-CM Injury Coding for Orthopedics

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AGENDA

• Specificity
  – Laterality
  – Time Parameters
  – Site
  – Other and Multiple Issues

• Assisting Providers with Transition
ICD-10-CM Injury Coding for Orthopedics

Specificity

- 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.

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>812.21 Fracture of shaft of humerus, closed</td>
<td>S42.301A Unspecified fracture of shaft of humerus, right arm, initial</td>
</tr>
<tr>
<td></td>
<td>S42.302A Unspecified fracture of shaft of humerus, right arm, initial</td>
</tr>
<tr>
<td></td>
<td>S42.309A Unspecified fracture of shaft of humerus, unspecified arm, initial</td>
</tr>
</tbody>
</table>

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
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

Time parameters

• Acute
• Chronic
• Acute on Chronic
• Recurrent

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
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

Site

Many codes in ICD-10-CM have site specificity, including:

• Shaft (distal, proximal)
  • Distal or Upper end
  • Proximal or Lower end
• Lateral end (clavicle)
• Sternal end (clavicle)

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
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

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 were obtained.
- 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

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.
Example B

- 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

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.

Fractures

- Contributing factors
- Type
- Underlying conditions
- Anatomy
- Site
- Complications
- Localization/Laterality
• 25 year old presented to the emergency department with a painful, 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

Osteoporosis

- Type
- Complication/manifestations
- Contributing factors
- Temporal factors

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
Osteoarthritis

- Type
- Contributing Factors
- Symptoms/Findings/Manifestations
- Anatomy
- Localization/Laterality

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

Gout

- Temporal factors
- Type
- Association
- Manifestations
- Anatomy
- Laterality

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Assessment: primary osteoarthritis confined to the left knee
- M17.12 Unilateral primary osteoarthritis, left knee
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, chills, 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 100.8 Elbow is swollen, warm, red and very tender. BMI 32.5, patient does not follow any regular diet. Remainder of the exam is normal. Synovial fluid was obtained and revealed rod shaped crystals. Labs are positive for elevated uric acid levels and combined hyperlipidemia.

Assessment: gouty arthritis precipitated by alcohol use and obesity

M10.022 Idiopathic gout, left elbow
E86.09 Other obesity due to excess calories
E78.2 Mixed hyperlipidemia
Z68.32 Body mass index [BMI] 32.0 – 32.9, adult
F10.09 Alcohol use, unspecified with unspecified alcohol-induced disorder

Osteomyelitis

- Temporal factors
- Type
- Contributing factors
- Manifestations
- Anatomy
- Laterality

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. 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
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.

Assisting Providers with Transition

• Template Assessments
  – EMR
  – Paper

• Update where necessary

• Educate on changes with time enough to become familiar with them

Assisting Providers with Transition

• Documentation Assessments
  – Compares current documentation against ICD-10-CM specificity
  – Run by entire practice
  – Run by clinic/facility
  – Run by provider
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

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Documentation Assessment Forms

<table>
<thead>
<tr>
<th>Chart</th>
<th>Patient ID</th>
<th>ICD-10-CM code</th>
<th>ICD-10-CM code description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A244893</td>
<td>S43.005A</td>
<td>Unspecified subluxation of left shoulder joint, initial encounter</td>
</tr>
</tbody>
</table>

In ICD-10-CM, in order to assign a code for atrial fibrillation to the highest level of specificity, documentation needs to include type.

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<tr>
<td>2</td>
<td>J990356</td>
<td>M20.11</td>
<td>Hallux valgus (acquired), right foot</td>
</tr>
</tbody>
</table>

Code appears to make transition to ICD-10-CM.

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Impact

- Denied claims
- Pended claims
- Medical necessity