Injury Coding in the Emergency Department

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AGENDA

- Injury Coding Guidelines
- Code Extensions
- Open Wounds
- Dislocations
- Traumatic Connective Tissue and Muscle injuries
- Burns and Corrosions
- External Cause
- Common signs and symptoms
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.

Code Extensions

- A initial encounter
- D subsequent encounter
- S sequela

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.
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
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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

Wounds are classified by

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

Open Wounds

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
  Y92.89 Other specified places as the place of occurrence of the external cause

Example

- A patient presents to the Emergency department with a laceration to the left hand with glass shards embedded into it after a patient got into a fight. The patient works at a prison, where the altercation occurred in the courtyard.

  S61.422A Laceration with foreign body of left hand, initial encounter
  Y04.0XXA Assault by unarmed brawl or fight
  Y92.147 Courtyard of prison as place of occurrence of external cause
  Y99.0 Civilian activity done for income or pay

Traumatic Dislocations

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

Example

- 10 year-old Sara jumped from her swing while she was swinging on a swing set in a public park. 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

  S43.011 Anterior Subluxation of right humerus, initial encounter
  W18.39X Other fall on same level, initial encounter
  Y93.89 Activity, other specified
  Y92.830 Public park as the place of occurrence of the external cause
Open Dislocations

- Not a combination code in ICD-10-CM
  - Two codes are needed to identify the injury
    - Dislocation or subluxation
    - Associated open wound
- Instructional note at the beginning of each dislocation category directs coder

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
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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

Connective Tissue & Muscle Injuries

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

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.

Burns and Corrosions

Burns are classified in ICD-10 according to;
• Type
  • Thermal burns
  • Corrosions
• Site
• Degree/depth
• Agent

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

Example

- 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

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.
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

Burns and Corrosions

- Category T31, Burns classified according to extent of body surface involved
- Category T32, Corrosions classified according to extent of body surface involved
- Combination codes that indicate:
  - Total body surface area burned; and
  - Total body surface area that is 3rd degree burns
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Burns and Corrosions

Rule of Nines
- Each upper extremity = 9 percent
- Head and neck = 9 percent
- Anterior trunk = 18 percent
- Posterior trunk = 18 percent
- Each lower extremity = 18 percent
- Genitalia = 1 percent

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
  - No 7th character extender
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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
  – No 7th character extender

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
  – No 7th character extender

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 Kitchen in apartment as the place of occurrence of the external cause
- Y93.G1 Activity, food preparation and clean up