Specialty Specific ICD-10 Training:

*Trauma Surgery 2015*

Presented by:
Teri Romano, RN, MBA, CPC, CMDP

Sponsored by:
INOVA
September 8, 2015

CONNECT WITH US AT
WWW.KARENZUPKO.COM
ICD-10 Coding For Trauma

- Documentation!
- Diagnosis codes that get paid.
- Diagnosis codes that apply to general surgeons who treat trauma.

FOCUS

Why Are We Changing?

- ICD-9 is out of date and running out of space for new codes.
- ICD-10 is the international standard to report and monitor disease and mortality – USA must adopt for reporting and surveillance.
- ICD codes are core elements of many health information technology systems making the conversion to ICD-10-CM necessary to fully realize benefits of HIT adoption.
- It is mandated by CMS for all HIPAA-covered entities.
Why You Should Care About Diagnosis Coding

- **Today-payors use diagnosis codes to:**
  - Deny payment based on a lack of medical necessity/wrong ICD-10 code
  - Build payment policies and coverage criteria based on specific diagnosis codes

- **Today and future- payors will use diagnosis codes to**
  - Establish reimbursement in risk based contracting models
  - Determine payment in ACO (shared savings) and bundled payment models
  - Determine patient complexity to justify inpatient status and establish post-op visit benchmarks.

Format of Codes

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 3-5 characters in length</td>
<td>• 3-7 characters in length</td>
</tr>
<tr>
<td>• Approximately 14,000 codes</td>
<td>• Approximately 69,000 codes</td>
</tr>
<tr>
<td>• Limited space for adding new codes</td>
<td>• Flexibility for adding new codes</td>
</tr>
<tr>
<td>• Lacks detail</td>
<td>• Very specific</td>
</tr>
</tbody>
</table>
Format of Codes

ICD-9-CM

Code Structure

ICD-10-CM

Code Structure

Using “Other Specified” Codes

- “Other” or “Other Specified”
  - Use when information in the medical record provides needed detail, but a specific code does not exist.

- Examples:
  - S36.11 Other injury of the spleen
  - S27.808 Other injury of the diaphragm
Using “Unspecified” Codes

- “Unspecified”
  - Use when the information in the medical record is insufficient to assign a more specific code.
  - Beware of overuse of unspecified codes!!!

- Example:
  - S36.039  Unspecified laceration of the spleen
  - S27.809  Unspecified injury of the diaphragm

Coding Signs and Symptoms

Do code signs and symptoms if a definitive diagnosis is not known.

Do not code signs and symptoms if a more definitive diagnosis is known.

For example, don’t code abdominal pain/rebound tenderness if a definitive diagnosis of lacerated liver and internal bleeding is known.
Coding Co-Existing Conditions

ICD says:
“Code all documented conditions that coexist at the time of the encounter/visit, and affect patient care treatment or management.”

Examples:
- Other injuries that will impact surgery or the patient’s post operative course. The patient also has a traumatic brain injury, multiple extremity or facial fractures.
- Known co-morbid conditions that could impact the surgery or post operative course. The patient is morbidly obese, has diabetes, or heart disease.

Coding Multiple Trauma: Code What you Treat as Primary

- Open wounds
- Facial fractures
- Skull fractures
- Rib, sternum, clavicle fractures
- Vertebral fractures
- Extremity fractures
- Intracranial injuries
- Heart injuries
- Vessel injuries
- Spinal cord injuries
- Etc.
Co-Existing Conditions

- Asthma
- Kidney Disease
- Nicotine Dependence
- Diabetes
- Obesity/BMI
- COPD
- HTN/Angina/Heart Disease
- Alcohol Abuse/Dependence/Use
- Other?
- Personal History of...

Coding Co-Existing Conditions and Multiple Injuries

**Action:**
- Code the primary reason for the visit and the underlying conditions if they affect your treatment/surgical plan.

**Why?**
- Accurately portray the complexity of your patient population.
- Patient complexity will impact payment models, risk-based contracting, ACOs, and bundled payments.
- Patient complexity also impacts inpatient status, number of post-op visits and more.
Coding Co-Existing Conditions and Multiple Injuries

- Will unspecified codes be an issue?

ICD-10-CM: Steps to Correct Coding

**TIP**

Utilize technology to facilitate finding the right code!

EMR, www.ICD10data.com, and more!


Chapter 19: Injuries and Other External Causes

Chapter Organization

S Codes = Injuries

- Category
- Etiology, Anatomic Site, Severity
- Extension
Chapter 19: Injuries and Other External Causes

T Codes = Complications

7th Character
- Initial vs. Subsequent Encounter – 7th character
  - A, B = initial encounter
  - D, G, K = subsequent encounter
  - S = sequela
### ICD-10-CM: 7th Character

**For Fractures**

<table>
<thead>
<tr>
<th>6 - 7 options</th>
</tr>
</thead>
<tbody>
<tr>
<td>The appropriate 7th character is to be added to each code from category S02</td>
</tr>
<tr>
<td>A - initial encounter for closed fracture</td>
</tr>
<tr>
<td>B - initial encounter for open fracture</td>
</tr>
<tr>
<td>D - subsequent encounter for fracture with routine healing</td>
</tr>
<tr>
<td>G - subsequent encounter for fracture with delayed healing</td>
</tr>
<tr>
<td>K - subsequent encounter for fracture with nonunion</td>
</tr>
<tr>
<td>P - subsequent encounter for fracture with malunion</td>
</tr>
<tr>
<td>S - sequela</td>
</tr>
</tbody>
</table>

**For Non-Fractures**

<table>
<thead>
<tr>
<th>3 options</th>
</tr>
</thead>
<tbody>
<tr>
<td>The appropriate 7th character is to be added to each code from category S14</td>
</tr>
<tr>
<td>A - initial encounter</td>
</tr>
<tr>
<td>D - subsequent encounter</td>
</tr>
<tr>
<td>S - sequela</td>
</tr>
</tbody>
</table>

---

### Defining Initial/Subsequent/Sequela

**Initial Encounter (A, B) = Active Treatment**

**Examples include:**
- Surgical treatment,
- Emergency department encounter and evaluation
- And continuing treatment by a new or the same physician. *(2015 guideline update!)*
Defining Initial/Subsequent/Sequela

Subsequent Encounter (D, G, K, P) = Healing or Recovery Phase

*Examples include:* cast change or removal, *an x-ray to check healing status of fracture*, removal of external or internal fixation device, medication adjustment, other aftercare and follow up visits following treatment of the injury or condition.

Defining Initial/Subsequent/Sequela

Sequela (S) = Late effect, residual effect of a prior condition but not a complication

*Examples include:* scar formation resulting from a burn, deviated septum due to nasal fracture, infertility due to tubal occlusion from prior disease.
ICD-10-CM: Placeholder “X”: New ICD-10 Concept

To keep the 7th character in the 7th position when a code is less than 6 characters long.

Example:
S36.33 Laceration of the stomach

Incorrect code assignment:
S36.33A

Correct code assignment:
S36.33XA

ICD-10-CM: Placeholder “X”

√ X 7th

This notation listed before the code will indicate the codes needs “X” in the empty character positions to append the 7th character extension.

√ 7th

This notation listed before the code will indicate it needs a 7th character extension.
### Using the 7th Character

<table>
<thead>
<tr>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>S75. 021A</td>
</tr>
</tbody>
</table>

#### 7th Character Extensions

- **A** = initial encounter  
- **D** = subsequent encounter  
- **S** = sequela  

### Using the 7th Character

<table>
<thead>
<tr>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>S26.01XA</td>
</tr>
</tbody>
</table>

#### 7th Character Extensions

- **A** = initial encounter  
- **D** = subsequent encounter  
- **S** = sequela
ICD-10-CM: 7th Character

Codes that require a seventh character include:

- Any injury including fractures (S Codes)
- Complications of surgical and medical Care not elsewhere classified
- (T Codes)

Injuries:

Overall Code Structure (S00-S99)
Anatomic Location/Body Part: 2nd Character

- Head = 0
- Neck/Cervical = 1
- Thorax = 2
- Abdomen/Lower back = 3
- Shoulder/Upper arms = 4
- Elbow/Forearm = 5
- Wrist/Hand = 6
- Hip/Thigh = 7
- Knee/Lower leg = 8
- Ankle/Foot = 9

Type of Injury: 3rd Character

Varies by anatomic location
- Superficial (0) / open wounds in each (1)
- Fractures (2) / dislocations (3) in each
- Nerve injury (4) in each
- Blood vessel injury (5) in each
- Others - specific to anatomy (heart and chest injuries in thorax, intra-abdominal in abdomen/pelvis)
Chapter 19: Injuries

- Type of injury
  - 0 = superficial injury
  - 1 = open wound
  - 2 = fracture
  - 3 = dislocation
  - 4 = nerve
  - 5 = blood vessel injury
  - 6 = muscle/tendon
  - 7 = crushing injury
  - 9 = other

Code Structure: Injuries
Trauma Coding Basics

- Code multiple injuries with the most serious injury first.
- Code multiple fractures with the most serious fracture first.
- Do not code superficial injuries (abrasion, contusion, minor bite) if a more serious injury is at the same anatomic location.
- All injuries (minor-major) will require a 7th character (A, D, S non fracture) (A, B, D, and more for fractures).

Superficial Injuries: Documentation

- Abrasions
- Blisters
- Contusion
- External constriction
- Insect bite
- Other
- Unspecified

Document body part.
Document type of injury.
Document laterality, if appropriate.
Open Wound: Documentation

- Document specific body area / anatomic area
- Document type of injury
  - Laceration with or without presence of foreign body
  - Puncture with or without presence of foreign body
  - Open bite
  - Document laterality, as appropriate

Open Wound: Documentation

- Examples
  - S41.011A  Laceration without foreign body right shoulder, seen in the ER
  - S21.309A  Puncture wound with foreign body of the left front wall of the thorax with penetration into thoracic cavity, seen in the ER.
Open Wound: Documentation

- Fingers and Toes
  - By individual finger, thumb, toe
  - With or without nail involvement, as appropriate
  - Details, details, details

Fracture Coding Basics

- Fracture codes are specific to the type of fracture; greenstick, transverse, oblique, spiral, comminuted, segmental.
- Fracture codes are specific to anatomical site and have laterality, as appropriate.
- A fracture not indicated as displaced or non-displaced should be coded as displaced.
- A fracture not indicated as open or closed should be coded to closed.
- Open extremity fracture designations are based on the Gustilo open fracture classification.
# ICD-10-CM: 7th Character

## For Fractures

<table>
<thead>
<tr>
<th>Character</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>initial encounter for closed fracture</td>
</tr>
<tr>
<td>B</td>
<td>initial encounter for open fracture</td>
</tr>
<tr>
<td>D</td>
<td>subsequent encounter for fracture with routine healing</td>
</tr>
<tr>
<td>G</td>
<td>subsequent encounter for fracture with delayed healing</td>
</tr>
<tr>
<td>K</td>
<td>subsequent encounter for fracture with nonunion</td>
</tr>
<tr>
<td>P</td>
<td>subsequent encounter for fracture with malunion</td>
</tr>
<tr>
<td>S</td>
<td>sequela</td>
</tr>
</tbody>
</table>

The appropriate 7th character is to be added to each code.

## For Open Fractures

<table>
<thead>
<tr>
<th>Character</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>initial encounter for open fracture type I or II</td>
</tr>
<tr>
<td>C</td>
<td>initial encounter for open fracture type IIIA, IIIB, IIIC</td>
</tr>
<tr>
<td>E</td>
<td>subsequent encounter for open fracture type I or II with routine healing</td>
</tr>
<tr>
<td>F</td>
<td>subsequent encounter for open fracture type IIIA, IIIB, IIIC with routine healing</td>
</tr>
<tr>
<td>H</td>
<td>subsequent encounter for open fracture type I or II with delayed healing</td>
</tr>
<tr>
<td>J</td>
<td>subsequent encounter for open fracture type IIIA, IIIB, IIIC with delayed healing</td>
</tr>
<tr>
<td>M</td>
<td>subsequent encounter for open fracture type I or II with nonunion</td>
</tr>
<tr>
<td>N</td>
<td>subsequent encounter for open fracture type IIIA, IIIB, IIIC with nonunion</td>
</tr>
<tr>
<td>Q</td>
<td>subsequent encounter for open fracture type I or II with malunion</td>
</tr>
<tr>
<td>R</td>
<td>subsequent encounter for open fracture type IIIA, IIIB, IIIC with malunion</td>
</tr>
</tbody>
</table>

The appropriate 7th character is to be added to each code.
Gustilo Open Fracture Classification

<table>
<thead>
<tr>
<th>Gustilo Grade</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Open fracture, clean wound, wound &lt; 1 cm in length</td>
</tr>
<tr>
<td>II</td>
<td>Open fracture, wound &gt; 1 cm but &lt; 10 cm in length without extensive soft-tissue damage, flaps, avulsions</td>
</tr>
<tr>
<td>III</td>
<td>Open fracture with extensive soft-tissue laceration (&gt; 10 cm), damage, or loss or an open segmental fracture. This type also includes open fractures caused by farm injuries, fractures requiring vascular repair, or fractures that have been open for 8 hr prior to treatment</td>
</tr>
<tr>
<td>IIIA</td>
<td>Type III fracture with adequate periosteal coverage of the fracture bone despite the extensive soft-tissue laceration or damage</td>
</tr>
<tr>
<td>IIIB</td>
<td>Type III fracture with extensive soft-tissue loss and periosteal stripping and bone damage. Usually associated with massive contamination. Will often need further soft-tissue coverage procedure (i.e. free or rotational flap)</td>
</tr>
<tr>
<td>IIIC</td>
<td>Type III fracture associated with an arterial injury requiring repair, irrespective of degree of soft-tissue injury.</td>
</tr>
</tbody>
</table>
Coded By Type of Injury:

Head Injuries (S00-S09)

Chapter 19: Injuries

Code Structure – Open Wound (S01.-)

Documentation Needs

Injury Head Open Wound
Head Injuries: Scalp Wounds (S01 Code)

Clinical Documentation Improvement Tips

#1 State TYPE of injury
- Laceration
- Puncture
- Open bite

#2 State presence of FOREIGN BODY
- With FB (describe it)
- Without FB (will assume no FB unless stated)

#3 State (or imply) phase of HEALING PROCESS (directs the 7th character)
- Initial encounter
- Subsequent encounter
- Sequela

Do NOT Say: Scalp laceration
DO Say: 4 cm scalp laceration with presence of glass and dirt in the wound

Chapter 19: Injuries

Code Structure – Intracranial Injuries (S06.-)
# Head Injuries: Intracranial Injuries (S06 Codes) – Slide 1 of 2

**Clinical Documentation Improvement Tips**

**#1 State TYPE of injury**
- Concussion
- Diffuse traumatic brain injury
- Contusion, laceration
- Hemorrhage
- Traumatic cerebral edema
- Focal traumatic brain injury

**#2 State LOCATION of injury**
- Cerebrum
- Cerebellum
- Epidural
- Subdural
- Subarachnoid
- Internal carotid artery

**#3 State LATERALITY**
- Right
- Left

Do NOT Say:
- Subdural hemorrhage
- Subdural hematoma
- Subarachnoid hemorrhage
- Traumatic brain injury

DO Say:
- Traumatic subdural hemorrhage without loss of consciousness
- Traumatic subdural hemorrhage with approximately 30 minutes loss of consciousness
- Traumatic subarachnoid hemorrhage with unknown loss of consciousness
- Traumatic subdural hemorrhage with intraoperative death due to brain injury

**#4 State LOSS OF CONSCIOUSNESS and patient OUTCOME**
- Without loss of consciousness
- With loss of consciousness
  - 30 minutes or less
  - 31 minutes to 59 minutes
  - 1 hour to 5 hours 59 minutes
  - 6 hours to 24 hours
  - Greater than 24 hours with return to pre-existing conscious level
  - Greater than 24 hours without return to pre-existing conscious level with patient surviving
  - Any duration with death due to brain injury prior to retaining consciousness
  - Any during with death due to other causes prior to retaining consciousness

**#5 State (or imply) phase of HEALING PROCESS (directs the 7th character)**
- Initial encounter
- Subsequent encounter
- Sequela
Chapter 19: Injuries

Documentation Needs for Intracranial Injuries

<table>
<thead>
<tr>
<th>ICD-10-CM</th>
<th>Code Specifics/Documentation Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>S06.1</td>
<td>Cerebral edema (diffuse or focal cerebral edema)</td>
</tr>
<tr>
<td>S06.2</td>
<td>Diffuse traumatic brain injury</td>
</tr>
<tr>
<td>S06.3</td>
<td>Focal traumatic brain injury</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Head Injuries: Documentation

- **Examples: Seen in ER**
  - S06.0X9A Concussion with loss of consciousness of unspecified duration (concussion NOS)
  - S06.0X0A Concussion with loss of consciousness of 30 minutes or less
  - S06.9X9A Unspecified intracranial injury with LOC of unspecified duration
Coded By Type of Injury:

Neck Injuries (S10-S19)

Chapter 19: Injuries
Code Structure – Fracture of Cervical Vertebra (S12.-)
Neck Injuries: Cervical Fractures (S12 Codes) – Slide 1 of 2

Clinical Documentation Improvement Tips

#1 State specific VERTEBRA
- C1
- C2
- C3
- C4
- C5
- C6
- C7

#2 State TYPE of fracture
- Displaced vs. non-displaced
- Presence of spondylolisthesis
  - Type III or Other
  - Displaced or non-displaced

Note: A fracture not indicated as nondisplaced or displaced should be classified to displaced.

#3 State presence of SPINAL CORD INJURY, if applicable

#4 State (or imply) phase of HEALING PROCESS (directs the 7th character)
- Initial encounter – open vs. closed fracture
- Subsequent encounter – routine healing, delayed healing, nonunion
- Sequela

Note: A fracture not indicated as open or closed should be coded to closed. Closed means not associated with another injury at site of fracture (e.g., laceration, hematoma). Open means the skin is broken and the fracture communicates to/with the air (external environment).

#5 Specific to C1 and C2 fractures
- C1
  - Posterior arch or lateral mass
  - Stable burst vs unstable burst
- C2
  - Type II dens fracture (anterior displaced, posterior displaced, nondisplaced)

Chapter 19: Injuries

Code Structure – Cervical Spinal Cord Injury (S14.-)

Injury  Neck  Nerve

Type of Injury/Anatomic Location

Applies ONLY When 4th Character is 1

A or D or S
Neck Injuries: Spinal Cord Injuries (S14 Codes)

Clinical Documentation Improvement Tips

#1 State specific LEVEL of spinal cord
- C1
- C2
- C3
- C4
- C5
- C6
- C7
- C8

#2 Or other LOCATION
- Cord vs nerve root
- Brachial plexus
- Peripheral nerve of neck
- Cervical sympathetic nerves

#3 State TYPE of injury
- Concussion and/or edema
- Complete lesion
- Central cord syndrome
- Anterior cord syndrome
- Brown-Sequard syndrome
- Incomplete lesion, posterior cord syndrome

#4 State presence of vertebra FRACTURE, if applicable

#5 State (or imply) phase of HEALING PROCESS (directs the 7th character)
- Initial encounter
- Subsequent encounter
- Sequela

Do NOT Say:
- C6 spinal cord injury

DO Say:
- C6 spinal cord injury with complete lesion

Neck Injuries

Code Structure – Blood Vessels of the Neck (S15.-)

- Injury
- Neck
- Vessel Injury
- Anatomic Location
- Documentation Needs

S 1 5

Category
Etiology, Anatomic Site, Severity
Extension
A, D, or S

KARENZI PRO & ASSOCIATES, INC.
Neck Injuries: Blood Vessels of Neck (S15 Codes)

Clinical Documentation Improvement Tips

#1 State specific VESSEL
- Carotid
- Vertebral
- External jugular
- Internal jugular
- Other

#2 State TYPE of LACERATION
- Minor - incomplete transection, superficial or NOS
- Major - complete transection, rupture
- Unspecified

#3 State LATERALITY
- Left
- Right
- No bilateral

#4 State (or imply) phase of HEALING PROCESS (directs the 7th character)
- Initial encounter — active treatment
- Subsequent encounter — recovery phase
- Sequela

Do NOT Say: Carotid laceration
Code: S15.009 Unspecified laceration of unspecified carotid artery (A or D)
DO Say: Minor laceration of the right carotid or incomplete transection of the right carotid
Correct code: S15.011 (A or D)

Coded By Type of Injury:

Thorax Injuries (S20-S29)
Open Wound: Thorax: Documentation Tips

<table>
<thead>
<tr>
<th>ANATOMIC AREA</th>
<th>TYPE OF INJURY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Front wall thorax</td>
<td>Laceration Puncture</td>
</tr>
<tr>
<td>Back wall thorax</td>
<td>• With or without foreign body</td>
</tr>
<tr>
<td></td>
<td>• With or without penetration into thoracic cavity</td>
</tr>
</tbody>
</table>

Rib Fractures: Documentation Tips

- Single vs. multiple rib fractures
- Unilateral or bilateral
  - S22.31X_ one rib, right side
  - S22.32X_ one rib, left side
  - S22.39X_ one rib, unspecified side
  - S22.41X_ multiple rib fractures, right side
  - S22.42X_ multiple rib fractures, left side
  - S22.43X_ multiple rib fractures, bilateral
  - S22.49X_ multiple rib fractures, unspecified side

Do not say: Rib fractures
Do say: Three rib fractures, right side
# Injury of the Heart (S26): Documentation Tips

<table>
<thead>
<tr>
<th>ANATOMIC AREA</th>
<th>TYPE OF INJURY</th>
</tr>
</thead>
</table>
| Heart (S26)   | • Contusion with hemopericardium  
|               | • Laceration with hemopericardium  
|               | • Mild-w/o penetration of heart chamber  
|               | • Moderate - with penetration of heart chamber  
|               | • Major - with penetration of multiple heart chambers  
|               | • Contusion without hemopericardium  
|               | • Laceration without hemopericardium |

# Injury of Other Intrathoracic Organs (S27): Documentation Tips

<table>
<thead>
<tr>
<th>ANATOMIC AREA</th>
<th>TYPE OF INJURY</th>
</tr>
</thead>
</table>
| Lung                              | • Traumatic pneumothorax (S27.0)  
|                                   | Traumatic Hemothorax (S27.1)  
|                                   | Traumatic hemopneumothorax (S27.2)  |
| Lung (unilateral or bilateral)    | • Primary blast  
| Bronchus (unilateral or bilateral)| • Contusion  
| Trachea                           | • Laceration |
Thoracic Injuries: Fractures (S22 Codes)
Clinical Documentation Improvement Tips

#1 State specific VERTEBRA
- T1
- T2
- T3
- T4
- T5
- T6
- T7
- T8
- T9
- T10
- T11
- T12

#2 State TYPE of fracture
- Wedge compression
- Stable burst
- Unstable burst
- Other

#3 State presence of SPINAL CORD INJURY, if applicable

Note: A fracture not indicated as open or closed should be coded to closed. Closed means not associated with another injury at site of fracture (e.g., laceration, hematoma). Open means the skin is broken and the fracture communicates to/with the air (external environment).

#4 State (or imply) phase of HEALING PROCESS (directs the 7th character)
- Initial encounter – open vs. closed fracture
- Subsequent encounter – routine healing, delayed healing, nonunion
- Sequela

Clinical Documentation Improvement Tips

#1 State specific LEVEL of spinal cord
- T1
- T2
- T3
- T4
- T5
- T6
- T7
- T8
- T9
- T10
- T11
- T12

#2 Or other LOCATION
- Cord vs. nerve root
- Peripheral nerve of thorax
- Thoracic sympathetic nervous system

#3 State TYPE of injury
- Concussion and/or edema
- Complete lesion
- Central cord syndrome
- Anterior cord syndrome
- Brown-Sequard syndrome
- Incomplete lesion, posterior cord syndrome

#4 State presence of vertebra FRACTURE, if applicable

#5 State (or imply) phase of HEALING PROCESS (directs the 7th character)
- Initial encounter
- Subsequent encounter
- Sequela

Clinical Documentation Improvement Tips

#1 State specific LEVEL of spinal cord
- T1
- T2
- T3
- T4
- T5
- T6
- T7
- T8
- T9
- T10
- T11
- T12

#2 Or other LOCATION
- Cord vs. nerve root
- Peripheral nerve of thorax
- Thoracic sympathetic nervous system

#3 State TYPE of injury
- Concussion and/or edema
- Complete lesion
- Central cord syndrome
- Anterior cord syndrome
- Brown-Sequard syndrome
- Incomplete lesion, posterior cord syndrome

#4 State presence of vertebra FRACTURE, if applicable

#5 State (or imply) phase of HEALING PROCESS (directs the 7th character)
- Initial encounter
- Subsequent encounter
- Sequela
Thoracic Blood Vessel Injury (S25.-)  
Clinical Documentation Improvement Tips

#1 State VESSEL  
- Thoracic aorta  
- Inominate or subclavian artery  
- Superior vena cava  
- Inominate or subclavian vein  
- Pulmonary vessel  
- Intercostal  
- Other

#2 State TYPE of laceration  
- Minor – incomplete transection, superficial, or NOS  
- Major: complete transection, rupture

#3 State LATERALITY, as appropriate  
- Left  
- Right  
- No bilateral

#4 State (or imply) phase of HEALING PROCESS (directs the 7th character)  
- Initial encounter  
- Subsequent encounter  
- Sequela

Do NOT Say: Laceration vena cava  
DO Say: Major laceration vena cava

Chapter 19:  
Abdomen, Lower Back, Lumbar Spine, Pelvis and External Genitals (S30 – S39)
**Abdominal/Pelvic Injuries**

Code Structure – Abdomen, Lower Back, and Pelvis Level (S35.-)

<table>
<thead>
<tr>
<th>Category</th>
<th>Etiology, Anatomic Site, Severity</th>
<th>Extension</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdomen/Lower Back Lumbar Spine/Pelvis</td>
<td>Type of injury</td>
<td>Clinical detail</td>
</tr>
<tr>
<td>Injuries</td>
<td>Clinical detail</td>
<td>Other Documentation Needs</td>
</tr>
</tbody>
</table>

**Open Wound: Abdomen and Pelvis: Documentation Tips**

<table>
<thead>
<tr>
<th>ANATOMIC AREA</th>
<th>TYPE OF INJURY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower back and pelvic</td>
<td>With/without retroperitoneal penetration</td>
</tr>
<tr>
<td>Abdominal wall</td>
<td></td>
</tr>
<tr>
<td>• Right or left upper quadrant</td>
<td></td>
</tr>
<tr>
<td>• Right or left lower quadrant</td>
<td></td>
</tr>
<tr>
<td>• Periumbilic</td>
<td></td>
</tr>
<tr>
<td>• Epigastric</td>
<td>With/without peritoneal penetration</td>
</tr>
</tbody>
</table>
Lumbar Spine Injuries: Fractures (S32.0- Codes)
Clinical Documentation Improvement Tips

**#1 State specific VERTEBRA**
- L1
- L2
- L3
- L4
- L5

**#2 State TYPE of fracture**
- Wedge compression
- Stable burst
- Unstable burst
- Other

**#3 State presence of SPINAL CORD INJURY, if applicable**

*Do NOT Say: L1 fracture*
*DO Say: L1 unstable burst fracture*

**#4 State (or imply) phase of HEALING PROCESS (directs the 7th character)**
- Initial encounter – open vs closed fracture
- Subsequent encounter – routine healing, delayed healing, nonunion
- Sequela

*Note: A fracture not indicated as open or closed should be coded to closed. Closed means not associated with another injury at site of fracture (e.g., laceration, hematoma). Open means the skin is broken and the fracture communicates to/with the air (external environment).*

Lumbar and Sacral Spine Injuries: Spinal Cord Injuries (S34 Codes)
Clinical Documentation Improvement Tips

**#1 State specific LEVEL of spinal cord**
- L1
- L2
- L3
- L4
- L5
- Sacral (conus medullaris)

**#2 Or other LOCATION**
- Cord vs. nerve root
- Lumbosacral plexus
- Cauda equina
- Lumbar, sacral and pelvic sympathetic nerves
- Peripheral nerves

**#3 State TYPE of injury**
- Concussion and/or edema
- Complete vs incomplete lesion

**#4 State presence of vertebra FRACTURE, if applicable**

**#5 State (or imply) phase of HEALING PROCESS (directs the 7th character)**
- Initial encounter
- Subsequent encounter
- Sequela
Splenic Injuries (S36.0-)

- Unspecified Injury (S36.00X_)
- Contusion
  - Minor (S36.020_) – less than 2 cm
  - Major (S36.021_) – greater than 2 cm
  - Unspecified contusion (S36.029_)
- Laceration
  - Superficial (S36.030_) – less than 1 cm
  - Moderate (S36.031_) – 1-3 cm
  - Major (S36.032_) – greater than 3 cm, avulsion, multiple moderate, stellate
  - Unspecified Laceration (S36.039_)
  - Other injury (S36.09X_)

Liver Injuries (S36.1-)

- Contusion (S36.112)
- Laceration
  - Minor (S36.114) - involving capsule only, without significant involvement of hepatic parenchyma (less than 1 cm deep)
  - Moderate (S36.115) - involving parenchyma, (less than 10 cm long, 3 cm deep)
  - Major (S36.116) - with significant disruption of parenchyma, (greater than 20 cm long, 3 cm deep)
  - Other (S36.118-)
  - Unspecified (S36.119-)
Small Intestine, Colon, Rectum and Other

Small Intestine (by part), colon (by part), rectum, other intra-abdominal organ

- Primary blast
- Contusion
- Laceration (no minor, moderate, major distinction)
- Other injury

Injury to Pancreas

- Unspecified
  - Head (S36.200)
  - Body (S36.201)
  - Tail (S36.202)
  - Unspecified

- By head, body, tail
  - Contusion
  - Laceration (minor, moderate, major)

- Other
  - By head, body, tail
### Gall Bladder/Bile Duct

- **Gallbladder**
  - Contusion (S36.122)
  - Laceration (S36.123)
  - Other (S36.128)
  - Unspecified (S36.129)

- **Bile Duct**
  - S36.113 One code only

### Intraabdominal Injuries: (S36.- Codes)

**Clinical Documentation Improvement Tips**

<table>
<thead>
<tr>
<th>#1 State specific ORGAN</th>
<th>#2 State TYPE of INJURY</th>
<th>#3 State presence of associated OPEN WOUND</th>
<th>#4 State (or imply) phase of HEALING PROCESS (directs the 7th character)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Spleen</td>
<td>• Contusion</td>
<td></td>
<td>• Initial encounter</td>
</tr>
<tr>
<td>• Liver</td>
<td>• Laceration</td>
<td></td>
<td>• Subsequent encounter</td>
</tr>
<tr>
<td>• Gall bladder</td>
<td>• Minor</td>
<td></td>
<td>• Sequela</td>
</tr>
<tr>
<td></td>
<td>• Moderate</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Major</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Primary blast, if appropriate</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Do NOT Say:** Laceration of spleen.
**DO Say:** 3 cm moderate laceration of spleen

**Do NOT Say:** Laceration of the pancreas
**DO Say:** Minor laceration of the head of the pancreas
Abdominal, Lumbar, Pelvis Vessel Injuries (S45.-)

Clinical Documentation Improvement Tips

#1 State VESSEL
- Abdominal aorta
- Inferior vena cava
- Celiac or SMA
- Inferior mesenteric
- Branches of celiac and SMA
- Portal or splenic vein
- Renal artery or vein
- Iliac
- Other

#2 State TYPE of laceration
- Minor - incomplete transection, superficial, NOS
- Major - complete transection, rupture

#3 State LATERALITY, as appropriate
- Left
- Right
- No bilateral

#4 State (or imply) phase of HEALING PROCESS (directs the 7th character)
- Initial encounter
- Subsequent encounter
- Sequela

Do NOT Say: Laceration of renal artery
DO Say: Minor laceration right renal artery

Anatomic Location/Body Part: 2nd Character

- Head = 0
- Neck/Cervical = 1
- Thorax = 2
- Abdomen/Lower back = 3
- Shoulder/Upper arms = 4
- Elbow/Forearm = 5
- Wrist/Hand = 6
- Hip/Thigh = 7
- Knee/Lower leg = 8
- Ankle/Foot = 9
Chapter 19: Extremity Injuries

- **Type of injury**
  - 0 = superficial injury
  - 1 = open wound
  - 2 = fracture
  - 3 = dislocation/sprain
  - 4 = nerve
  - 5 = blood vessel injury
  - 6 = muscle/tendon
  - 7 = crushing injury
  - 9 = other

Chapter 19: Injuries and Other External Causes

**T Codes = Complications**

- **All T codes will require a 7th character! A, D or S**
T Codes: Certain Early Complications of Trauma

- T79.0XX_ Air embolism
- T 79.1XX_ Fat embolism
- T79.2XX_ Traumatic secondary and recurrent hemorrhage and seroma
- T79.4XX_ Traumatic shock
- T79.5XX_ Traumatic anuria
- T79.6XX_ Traumatic ischemia of muscle
- T79.7XX_ Traumatic subcutaneous emphysema

T Codes: Certain Early Complications of Trauma

- T79.A- Traumatic compartment syndrome
- T79.A0 Traumatic compartment syndrome, unspecified
- T79.A11 Traumatic compartment syndrome of right upper extremity
- T79.A12 Traumatic compartment syndrome of left upper extremity
- T79.A19 Traumatic compartment syndrome of unspecified upper extremity
- T79.A21 Traumatic compartment syndrome of right lower extremity
- T79.A22 Traumatic compartment syndrome of left lower extremity
- T79.A29 Traumatic compartment syndrome of unspecified lower extremity
- T79.A3 Traumatic compartment syndrome of abdomen
- T79.A9 Traumatic compartment syndrome of other sites
T Codes: Certain Early Complications of Trauma

- T79.8XX Other early complications of trauma
- T 79.9XX unspecified early complications of trauma

What About External Cause Codes?

Injuries – some payors may require reporting of additional codes from Chapters 19 and 20 when the primary diagnosis is an injury. This means there would be a total of 5 diagnosis codes on the claim form.

- Injury (medical condition) – traumatic
- External cause: how it happened (V--.‐)
- Place of occurrence (Y92.‐): where it happened
- Activity being performed (Y93.‐): what activity
- Health status (Y99.‐): who it happened to
What About External Cause Codes?

**Example:** Patient sustains a laceration in an ice skating accident, while employed as an ice skating instructor.

A 25 year-old- female ice skating instructor fell on an outdoor rink and sustained a large laceration of her right cheek. The appropriate diagnosis codes for this case are based on injury and external cause coding guidelines.

<table>
<thead>
<tr>
<th>Description</th>
<th>ICD-10-CM Code</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary Diagnosis</strong></td>
<td>Laceration of right cheek</td>
</tr>
<tr>
<td><strong>External Cause</strong></td>
<td>Ice skating accident <em>(fall from ice skates)</em></td>
</tr>
<tr>
<td><strong>Place of Occurrence</strong></td>
<td>Recreation area as place of external occurrence <em>(Ice skating rink (indoor) (outdoor))</em></td>
</tr>
<tr>
<td><strong>Activity</strong></td>
<td>Activity, ice skating</td>
</tr>
<tr>
<td><strong>Health Status</strong></td>
<td>Other external cause status (civilian activity done for income or pay)</td>
</tr>
</tbody>
</table>
ICD-10-CM: External Cause Coding

WHAT NOW?? NEXT STEPS.
IDENTIFY YOUR TOP 20-25 PRIMARY ICD-9 CODES

Map those Top Codes to ICD-10 Codes

- The Books
- CMS
- Your EHR/practice management information system

Sources:
- https://www.cms.gov/Medicare/Coding/ICD10/Other-Content-Types/ICD-10-Logo.jpg
ICD-9 to ICD-10 Mapping

ICD-9 Code  ICD-10 Code and Description  Potential Documentation Gaps

Create A List of Your “Favorites”

EHR  Develop favorite “pick list”.

Cheat Sheets  Create reference guides by physician.
USING YOUR EMR
UNDERSTAND THE LIMITATIONS!!

Teri Romano
RN, MBA, CPC, CMDP

www.karenzupko.com
312.642.5616
information@karenzupko.com
@KarenZupkoAssoc
karenzupkoandassociates

THANK YOU