Documentation Challenges of ICD-10-CM

Orthopedic Documentation

“Improving the Financial Health of the Practices we Serve.”
Documentation

• Implementation date 10/01/2015
• ICD-10 tremendous impact in health care
• Biggest challenge?

DOCUMENTATION!
Documentation Parameters

It's important to remember that ICD-10 may not change the way you care for patients, it should change how you document that care.

The new documentation requirements for ICD-10 are examined and are all important in identifying the nature of the patients' condition.
These key medical concepts are information that should be documented and will be mandated when selecting a ICD-10 code.
## Documentation Concepts

<table>
<thead>
<tr>
<th>Type</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severity</td>
<td>Laterality</td>
</tr>
<tr>
<td>Episode</td>
<td>Anatomy</td>
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<tr>
<td>Temporal Factors</td>
<td>Time Parameters</td>
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<tr>
<td>Findings</td>
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</tr>
<tr>
<td>Manifestation</td>
<td></td>
</tr>
<tr>
<td>Cause (External Causes)</td>
<td></td>
</tr>
</tbody>
</table>

**Associated with**

- Agent
- Pregnancy Related

**Infectious Agent**

- Remission Status
- Associated Conditions
- Contributing Factors
- History Of
So How Extensive Are the Concepts?

Example of Laterality:
Describes on what site of the body is involved.
If the injury happens on the right side, left side, bilaterally, or unilaterally then documentation should include that detail.
Parameters of Laterality

Postthrombotic syndrome without complications of the **RIGHT** lower extremity.
Parameters of Laterality

Postthrombotic syndrome without complications of the **LEFT** lower extremity.
Parameters of Laterality

Postthrombotic syndrome without complications of the **BILATERAL** lower extremity.
Parameters of Laterality

Postthrombotic syndrome without complications of the UNSPECIFIED lower extremity.

Note: Unspecified should never be used
Type

**Torus** Fracture

- **Torus**
- Colles’
- Smith’s
- Other extraarticular
- Barton’s
- Other intraarticular
- Other
Type + Laterality

Torus fracture, lower end of right radius,

- Right
- Left
- Unspecified
Episode

Initial vs. Subsequent vs. Sequela

This 7th character is based on the phase of the treatment. It has nothing to do with the new, established or consultation CPT code being used for that encounter. It also does not depend on the problem being a new one to the provider.
## Episode

### Initial vs. Subsequent vs. Sequela

<table>
<thead>
<tr>
<th>ICD-10 Description</th>
<th>Orthopedic Reality</th>
<th>7th Character</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Encounter</td>
<td>Active treatment</td>
<td>A</td>
</tr>
<tr>
<td>Subsequent Encounter</td>
<td>Routine healing/Follow-up care</td>
<td>D</td>
</tr>
<tr>
<td>Sequela</td>
<td>Cause of current Injury/illness</td>
<td>S</td>
</tr>
</tbody>
</table>
Laterality + Type + Episode

Initial visit and Tx of torus fracture, lower end of right radius fracture. (healing mechanism)

- Initial = Active Tx for the condition.
- Subsequent
- Sequela
Follow-up (established patient) visit and closed reduction of torus fracture, lower end of right radius fracture. (healing mechanism?)

- Initial Encounter = Active Tx for the condition.
- Subsequent
- Sequela
Follow-up visit for torus fracture, lower end of right radius fracture, with proper alignment.

• Initial

• Subsequent Encounter = Routine healing of condition.

• Sequela
Laterality + Type + Episode

New patient consult for a torus fracture, lower end of right radius fracture, with proper alignment, pursuant to the ER reduction.

• Initial

• Subsequent Encounter = Routine healing of condition.

• Sequela
Laterality + Type + Episode

Initial visit for a healed torus fracture, lower end of right radius fracture with abnormal bone growth.

• Initial
• Subsequent
• Sequela = Cause of current illness or injury.
This 7\textsuperscript{th} character is based on the \textbf{phase of the treatment}. It has nothing to do with the new, established or consultation CPT code being used. It also does not depend on the problem being a new one to the provider.
Torus fracture, lower end of right radius, subsequent encounter for fracture, with nonunion

Subsequent

- Routine healing
- Delayed healing
- Nonunion
- Malunion
Laterality vs. Localization

The concepts of laterality and localization should not be confused with each other. In documentation terms these two concepts are separate and distinct from one another.

**Laterality**
- Right
- Left
- Bilateral
- Unilateral
- Unspecified

**Localization**
- Medial
- Lateral
- Proximal
- Distal
- Central
- Peripheral
Quick Breakdown

Open fracture of shaft of femur:
ICD-9-CM = 821.11
ICD-10-CM = Not enough information to assign a code.

Displaced comminuted fracture of shaft of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC:
ICD-10-CM = S72.351C
How Extensive is ICD-10-CM?

Femur Fracture:
ICD-9-CM = 16 total codes
ICD-10-CM = 1530+ total code combinations
Overview of Musculoskeletal Guidelines

Most of the ICD-10-CM codes within chapter 13, Diseases of the Musculoskeletal System and Connective Tissue, designate site and laterality through the code range of M00 – M99.
Chapter Specific Guidelines of Musculoskeletal

Site and Laterality

The site represents the bone, joint, or muscle involved.

• For some conditions where more than one bone, joint, or muscle usually involved, such as osteoarthritis, there is a “multiple sites” code available.

• For categories where no multiple site code is provided and more than one bone, joint, or muscle is involved, multiple codes should be used to indicate the different sites involved.
Chapter Specific Guidelines of Musculoskeletal

Bone vs. Joint

The code is assigned to the bone, not the joint even though the documentation is indicating that the bone is affected and the upper or lower end.
Chapter Specific Guidelines of Musculoskeletal

Acute traumatic vs. chronic or recurrent musculoskeletal conditions

Many musculoskeletal conditions are a result of a previous injury or trauma to a site, or are the result of a healed injury are usually found in chapter 13.

• **Recurrent** bone, joint, or muscle conditions are also usually found in chapter 13. **Chronic or recurrent** conditions should generally be coded with a code found in chapter 13.

• Any **current, acute** injury should be coded to the appropriate injury code from chapter 19.
Chapter Specific Guidelines of Musculoskeletal

Acute traumatic vs. chronic or recurrent musculoskeletal conditions cont.

Note: As the documenting physician, ensure that you provide adequate detail to decrease queries from coding staff later.
External Causes

ICD-10 Codes

Big Game Sunday

Struck by Football - Initial Encounter
W21.01XA

Striking Against Football Helmet
W21.81XA

NewportMed
Specialty Healthcare Management
External Causes

Christmas Vacation
NATIONAL LAMPOON'S
ICD-10 Codes

OTHER CONTACT WITH SQUIRREL
W53.29XD

ELECTROCUTION
INITIAL ENCOUNTER
T75.4XXA

FALL ON AND FROM LADDER-SEQUELA
W11.XXXS

NEWPORTMED
SPECIALTY HEALTHCARE MANAGEMENT
External Causes

- **Wampa Attack**
  - Initial Encounter
  - ICD-10 Code: W55.31XA

- **X-Wing Crash**
  - Injuring Occupant
  - ICD-10 Code: V95.41

- **Lightsaber Burn**
  - ICD-10 Code: X08.8

- **Force Choked by Darth Vader**
  - ICD-10 Code: T17.81
External Causes (Reality)

• Can be fun to review and think about the individuals who created them.
• Similar to the “E” type codes of ICD-9.
• There is not a national or federal requirement for mandatory reporting.
• The only foreseeable reason for mandatory use is a state program requirement or payer requirement.
• Voluntary usage to help provide for injury research and prevention.
Let’s Review In Detail..
Concepts to Consider for Proper Documentation

Overview of the following Orthopedic Conditions:

- Colles’ Fracture
- Joint Pain – Knee
- Pain in the Limbs
- Femur Fracture
- Hallux Valgus
- Tibia Fracture
Fracture Concept

Clinical Concepts to Consider:

Type
• Displaced
• Nondisplaced

Localization/Laterality
• Right
• Left
• Unspecified

Episode
• Initial = Active Tx Phase
  – Closed
  – Open type I or II
  – Open type IIIA, IIIB, IIIC
• Subsequent = Routine Healing phase
  – Closed
  – Open type I or II
  – Open type IIIA, IIIB, IIIC
  – Closed with routine healing
  – Open type I or II with routine healing
  – Open type IIIA, IIIB, IIIC with routine healing
  – Closed with delayed healing
  – Open type I or II with delayed healing
  – Open type IIIA, IIIB, IIIC with nonunion
  – Closed with malunion
  – Open type I or II with malunion
  – Open type IIIA, IIIB, IIIC with malunion
• Sequela = Healed, but causing current condition
Case Example: Type, Localization/Laterality, Episode

Subjective: The patient is a 57-year-old right-hand-dominant female who fell 4 to 5 days ago and is continuing to have left wrist pain.

Objective: X-rays show an impacted distal radius fracture with possible intraarticular component and an associated ulnar styloid fracture.

Assessment: Displaced impacted Colles fracture, left distal radius, and ulna.
Colles’ Fracture

Answer: S52.532A Colles’ fracture of left radius, initial encounter for closed fracture.
Joint Pain - Knee

Clinical Concepts to Consider:
Localization/Laterality

- Right
- Left
- Unspecified
Case Example: Localization/Laterality

Subjective: The patient is a 55-year-old male who presents for left knee joint pain. Present for 5 months. Reports burning pain. Rated as 6/10 in severity right now.

Joint Pain - Knee

Answer: M25.562 pain in the left knee
Pain in the Limbs

Clinical Concepts to Consider:
Caused by/ Contributing Factors
- Trauma
- Neoplasm
- Post-operative
- Psychogenic

Localization/Laterality
- Left
- Right

Anatomy
- Lower
  - Foot
  - Lower Leg
  - Thigh
  - Toe
- Upper
  - Axilla
  - Finger
  - Forearm
  - Hand
  - Upper Arm
Pain in Limbs

Case Example: Caused by/Contributing Factors, Anatomy, Localization/Laterality

Subjective: A 77-year-old female presents to the emergency department with mild discomfort in her right hand and left knee. Patient states that she struck her hand against something one week ago, near her right pinky knuckle (MCP). Since that time, her right index finger has become slightly red and swollen. She states that she also "banged" her left knee and has had some swelling and discomfort in the knee for the past 24 hours. She denies redness, heat of the left knee. She denies headache, fever, neck pain, chest pain, difficulty breathing, abdominal pain, nausea, vomiting, or diarrhea. She denies numbness, tingling, or weakness.
Pain in Limbs

Answer: M79.644 Pain in right finger(s)
M79.662 Pain in left lower leg
# Femur Fracture

**Clinical Concepts to Consider:**

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<tr>
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<tbody>
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<td>Trochanteric</td>
</tr>
<tr>
<td>Nondisplaced</td>
<td>Apophyseal</td>
</tr>
<tr>
<td></td>
<td>Greater</td>
</tr>
<tr>
<td></td>
<td>Intertrochanteric</td>
</tr>
<tr>
<td></td>
<td>Lesser</td>
</tr>
<tr>
<td>Right</td>
<td></td>
</tr>
<tr>
<td>Left</td>
<td></td>
</tr>
<tr>
<td>Unspecified</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Episode</strong></th>
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</tr>
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<tbody>
<tr>
<td>Initial Encounter</td>
<td>Closed</td>
</tr>
<tr>
<td></td>
<td>Open type I or II</td>
</tr>
<tr>
<td></td>
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</tr>
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</tr>
<tr>
<td>Sequela</td>
<td></td>
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</table>
Femur Fracture

Case Example:

Subjective: The patient is an 84-year-old man who fell onto his right hip.

Objective: An x-ray confirmed the patient sustained a closed basicervical intertrochanteric femur fracture of his right hip.

Assessment: Closed basicervical/intertrochanteric femur fracture, right hip.
Femur Fracture

Answer: S72.141A Displaced intertrochanteric fracture of right femur, initial encounter for closed fracture
Tibia Fracture

Clinical Concepts to Consider:

Type
• Unspecified
• Salter-Harris I
• Salter-Harris II
• Salter-Harris III
• Salter-Harris IV
• Other

Localization/Laterality
• Right
• Left
• Unspecified

Episode
• Initial
  – Closed
  – Open
• Subsequent
  – Routine healing
  – Delayed healing
  – Nonunion
  – Malunion
• Sequela
Tibia Fracture

Case Example: Type, Localization/Laterality, Episode

Subjective: The patient is a 12-year-old male who has been injured while running down a hill today. He is having pain in his left ankle.

Objective: He is intact to sensation. Capillary refill of toes remains stable. No skin breakdown. AP and mortise view radiographs of left ankle were obtained and show a Salter-Harris II fracture of the distal tibia.

Assessment: Left tibia fracture
Tibia Fracture

**Answer:** S89.122A Salter – Harris Type II physeal fracture of lower end of tibia, initial encounter for closed fracture
Hallux Valgus

Clinical Concepts to Consider:
Localization/Laterality

• Unspecified
• Right
• Left
Hallux Valgus

Case Example: Localization/Laterality

Subjective: A 35 year old female patient comes in today for a bump on the side of her right foot. She also experiences aching pain and burning in her foot, especially when wearing high heels, which she wears 5 days a week.

Objective: On Examination, the patient has a bump on the side of the right foot near the big toe. The skin appears slightly red and a little swollen. X-ray was ordered and performed showing a deformity of the foot.

Assessment: Hallux Valgus
Hallux Valgus

Answer: M20.11 Hallux valgus (acquired), right foot.
Unspecified Codes

So what about using those unspecified codes?
Unspecified Code Warning

- Unspecified codes should only be used if specific information is unavailable about the diseases process.
- Goal: ensure medical record documentation is as comprehensive as possible
- More specificity = reduction in payment denials and claim delays for documentation requests.

Request clarification of documentation, update documentation vs. submission with unspecified codes.
Resources

www.aapc.com
Orthopedic learning

www.cms.gov
Documentation to the new code set

There is very little good orthopedic specific content to be referenced.