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Nancy Maguire

On the topic:
ICD-10-CM Diagnosis Coding for Orthopedics
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ICD-10-CM
DIAGNOSIS CODES

APRIL 1, 2015, ORTHOPEDICS
ICD-10-CM IMPLEMENTATION DATE: OCTOBER 1, 2015
NANCY J MAGUIRE ACS, PCS, FCS, CPC, CPC-H, HCS-D, CRT

NOT AN UPGRADE

The impact of this shift is substantial. Not only does the new code set include five times as many codes as the ICD-9 code set, the different arrangement of codes will require more documentation, revised forms, retraining of staff and physicians, and changes to software and other information technology.

Changes in reimbursement patterns may also result from the increased specificity of the new code set.
PHYSICIANS

• For providers, coding changes will impact their documentation procedures, their record keeping procedures, their fee schedules, the medical review edits that health plans will apply, and the quality measures which will be used in assessing performance. Training is critical.

• There could be a permanent increase of 3 percent to 4 percent of physician time spent on documentation for ICD-10-CM. This is a physician workload increase!

• The first step for clinical and administrative staff would be learning enough about the new coding system to understand what the differences in the code sets are, and what specific impacts it would have on their practice.

CODE DIGITS

Are 3–7 digits;
Digit 1 is alpha;
Digit 2 is generally numeric;
Digits 3–7 are alpha or numeric

• Z21 – HIV positive NOS

• Z47.1 - Aftercare following joint replacement surgery, additional code, example: Z96.641 (presence of right artificial hip joint)

• Z16.11 – Resistance to penicillins

• M00.012 – Staphylococcal arthritis, left shoulder

• S52.131A – Displaced fracture of neck of right radius, initial encounter for closed fracture.

• M84.311A Stress fracture, right shoulder, initial encounter
7TH CHARACTER

The 7th character must always be the 7th character in the data field. Code example: Displaced comminuted fracture of shaft of right femur, subsequent encounter for closed fracture with nonunion= S72.351K

If a code that requires a 7th character is not 6 characters, a placeholder X must be used to fill in the empty characters.

Placeholder: code W15.XXXA (never first-listed code)- Fall from cliff, initial encounter

7TH CHARACTER

S03.-  Dislocation and sprain of joints and ligaments of head

The appropriate 7th character is to be added to each code from category S03:
- A initial encounter
- D subsequent encounter
- S sequela

S03.0- Dislocation of jaw
Dislocation of jaw (cartilage) (meniscus)
Dislocation of mandible
Dislocation of temporomandibular (joint)

Report code S03.0xD because code is only 4 characters long and it requires a 7th character, so the placeholder "x" is needed in the 5th and 6th character positions
CHAPTER 19

Dislocation and sprain of joints and ligaments of knee

S83.8- Sprain of other specified parts of knee
S83.8X- Sprain of other specified parts of knee
S83.8X1- Sprain of other specified parts of right knee
  S83.8X1A initial encounter
  S83.8X1D subsequent encounter
  S83.8X1S sequel (late effect)
S83.8X2- Sprain of other specified parts of left knee
  S83.8X2A initial encounter
  S83.8X2D subsequent encounter
  S83.8X2S sequel (late effect)
S83.8X9- Sprain of other specified parts of unspecified knee
  S83.8X9A initial encounter
  S83.8X9D subsequent encounter
  S83.8X9S sequel (late effect)

S82.61- Displaced fracture of lateral malleolus of right fibula (Add X in 6th place)
S82.61XA…… initial encounter for closed fracture
S82.61XB…… initial encounter for open fracture type I or II
S82.61XC…… initial encounter for open fracture type IIIA, IIIB, or IIIC
S82.61XD…… subsequent encounter for closed fracture with routine healing
S82.61XE…… subsequent encounter for open fracture type I or II with routine healing
S82.61XF…… subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S82.61XG…… subsequent encounter for closed fracture with delayed healing
S82.61XH…… subsequent encounter for open fracture type I or II with delayed healing
S82.61XJ…… subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S82.61XK…… subsequent encounter for closed fracture with nonunion
S82.61XM…… subsequent encounter for open fracture type I or II with nonunion
S82.61XN…… subsequent encounter for open fracture type IIIA, IIIB, or IIIC with nonunion
S82.61XP…… subsequent encounter for closed fracture with malunion
S82.61XQ…… subsequent encounter for open fracture type I or II with malunion
S82.61XR…… subsequent encounter for open fracture type IIIA, IIIB, or IIIC with malunion
S82.61XS…… sequela
GUSTILO CLASSIFICATIONS

• ICD-10-CM categories S52 (fracture of forearm), S72 (fracture of femur), and S82 (fracture of lower leg, including ankle) require additional seventh character extensions

• The seventh character identifies open fractures using the Gustilo classifications, which are the most commonly used classifications for open fractures

• The Gustilo classification identifies the severity of the soft tissue damage:
  • Type I: The wound is smaller than 1 cm, clean, and generally caused by a fracture fragment that pierces the skin (i.e., inside-out injury). This is the result of low-energy trauma, caused by things such as falls from a sitting or standing position
  • Type II: The wound is longer than 1 cm, not contaminated, and without major soft tissue damage or defect. This is also a low-energy injury
  • Type III: The wound is longer than 1 cm, with significant soft tissue disruption. The mechanism often involves high-energy trauma, resulting in a severely unstable fracture with varying degrees of fragmentation

TYPE III OPEN FRACTURES

Type III fractures are further divided into

• III A: Soft tissue coverage of the fractured bone is adequate

• III B: Extensive injury to or loss of soft tissue, with periosteal stripping and exposure of bone, massive contamination, and severe comminution of the fracture. After debridement and irrigation a local or free flap is necessary for coverage

• III C: Any open fracture that is associated with an arterial injury that a physician must repair, regardless of the degree of soft tissue injury
A late effect, termed ‘sequela’ in ICD-10-CM, is a chronic or residual condition that is a complication of an acute condition that occurs after the acute phase of a disease, illness or injury.

When coding injury sequela(e) out of Chapter 19 in ICD-10-CM, most codes have a 7th character ‘code extension’ of ‘S’.

The “S” extension is used for conditions that arise as a direct result of an injury, such as a fracture or dislocation.

The ‘S’ is only added to the injury code, not the sequela(e) of the injury:

- M17.31 Unilateral post-traumatic osteoarthritis, right knee (residual condition requiring treatment); DUE TO
- S87.01xS Crushing injury of right knee, sequela.

FRACTURE CODES

A fracture not indicated as displaced or nondisplaced should be coded to displaced.

A fracture not indicated as open or closed should be coded to closed.

Documentation requires “Details”!

S62.01 Fracture of distal pole of navicular [scaphoid] bone of wrist
S62.011 Displaced fracture of distal pole of navicular [scaphoid] bone of right wrist
   S62.011A ...... initial encounter for closed fracture
   S62.011B ...... initial encounter for open fracture
   S62.011D ...... subsequent encounter for fracture with routine healing
   S62.011G ...... subsequent encounter for fracture with delayed healing
   S62.011K ...... subsequent encounter for fracture with nonunion
   S62.011P ...... subsequent encounter for fracture with malunion
   S62.011S ...... sequela

S87.01xS Crushing injury of right knee, sequela.
CHAPTER 13

- In the category for osteoarthritis, ICD-10-CM codes M19.01–M19.93, unspecified locations, are no longer grouped with the specific locations for each type (the familiar .9 code in most ICD-9-CM categories). They are now found at the end of the code grouping (blocks M15–M19, Osteoarthritis) (M19.90–M19.93) for each specific type, but in an unspecified location

- **M19.9-Osteoarthritis, unspecified site**
  - M19.90 Unspecified osteoarthritis, unspecified site
  - M19.91 Primary osteoarthritis, unspecified site
  - M19.92 Post-traumatic osteoarthritis, unspecified site
  - M19.93 Secondary osteoarthritis, unspecified site

- In addition, traumatic osteoarthritis is now more appropriately indexed and described as posttraumatic osteoarthritis. Example, M19.17- Post-traumatic osteoarthritis, ankle and foot
  - M19.171 Post-traumatic osteoarthritis, right ankle and foot
  - M19.172 Post-traumatic osteoarthritis, left ankle and foot
  - M19.179 Post-traumatic osteoarthritis, unspecified ankle and foot

OSTEOARTHRITIS

**Osteoarthritis of knee, Category M17.-**

- **M17.0 Bilateral primary osteoarthritis of knee**
- **M17.1 Unilateral primary osteoarthritis of knee**
  - M17.10 Unilateral primary osteoarthritis, unspecified knee
  - M17.11 Unilateral primary osteoarthritis, right knee
  - M17.12 Unilateral primary osteoarthritis, left knee
- **M17.2 Bilateral post-traumatic osteoarthritis of knee**
- **M17.3 Unilateral post-traumatic osteoarthritis of knee**
  - M17.30 Unilateral post-traumatic osteoarthritis, unspecified knee
  - M17.31 Unilateral post-traumatic osteoarthritis, right knee
  - M17.32 Unilateral post-traumatic osteoarthritis, left knee
- **M17.4 Other bilateral secondary osteoarthritis of knee**
- **M17.5 Other unilateral secondary osteoarthritis of knee**
- **M17.9 Osteoarthritis of knee, unspecified**
CHAPTER 13
MUSCULOSKELETAL
SYSTEM

Chapter 13 Tabular List: several changes and expansion to the musculoskeletal chapter in ICD-10.

- Most codes in this section require additional documentation that is required to correctly code site and laterality to the highest level of specificity. Which include:
  - documentation of site and laterality
  - more specific information for fractures and injuries
  - identification of episode of care
  - additional coding instructions surrounding osteoporosis
  - reorganization of codes

CATEGORY M1A.-

- Chronic Gout is assigned to Category M1A (additional characters are required)
- This category requires 7 characters
  - 7th character “0” – without tophus
  - 7th character “1” - with tophus
- Chronic gout conditions are coded to site, right or left, or unspecified site
- Subcategory M1A.0- describes Idiopathic chronic gout
  - M1A.0210 Idiopathic chronic gout, right elbow without tophus
  - M1a.09x1 Idiopathic chronic gout multiple sites with tophus (tophi)
OSTEOMYELITIS DOCUMENTATION

M86.05 Acute hematogenous osteomyelitis, femur
   M86.051 Acute hematogenous osteomyelitis, right femur
   M86.052 Acute hematogenous osteomyelitis, left femur
   M86.059 Acute hematogenous osteomyelitis, unspecified femur

M86.06 Acute hematogenous osteomyelitis, tibia and fibula
   M86.061 Acute hematogenous osteomyelitis, right tibia and fibula
   M86.062 Acute hematogenous osteomyelitis, left tibia and fibula
   M86.069 Acute hematogenous osteomyelitis, unspecified tibia and fibula

TRIGGER FINGER SPECIFICITY

M65.32 Trigger finger, index finger
   M65.321 Trigger finger, right index finger
   M65.322 Trigger finger, left index finger
   M65.329 Trigger finger, unspecified index finger

M65.33 Trigger finger, middle finger
   M65.331 Trigger finger, right middle finger
   M65.332 is a Trigger finger, left middle finger
   M65.339 Trigger finger, unspecified middle finger
JOINT “PAIN”
SPECIFY SITE

M25.5 Pain in joint
M25.50 Pain in unspecified joint
M25.51 Pain in shoulder
  M25.511 Pain in right shoulder
  M25.512 Pain in left shoulder
  M25.519 Pain in unspecified shoulder
M25.52 Pain in elbow
  M25.521 Pain in right elbow
  M25.522 Pain in left elbow
  M25.529 Pain in unspecified elbow

“EXCLUDES” NOTES

- An Excludes “1” code should never be used along with the code above the Excludes 1 note
  - A “type 1 excludes” note is a pure excludes note.
  - It means “NOT CODED HERE”
  - An excludes 1 note indicates that the code excluded should never be used at the same time as the code above the excludes 1 note
- An Excludes “2” condition is not part of the condition above the Excludes 2 note, but a coder may assign an additional code (if applicable) for it in addition to a code for the condition that appears above the Excludes 2 note
  - A “type 2 excludes” note represents “Not included here”
“EXCLUDES NOTES

Category M62.- Other Disorders of Muscle

Type 1 Excludes
- alcoholic myopathy (G72.1)
- cramp and spasm (R25.2)
- drug-induced myopathy (G72.0)
- myalgia (M79.1)
- stiff-man syndrome (G25.82)

Type 2 Excludes
- nontraumatic hematoma of muscle (M79.81)

“BLOCKS”
CHAPTER 13

M00-M02  Infectious arthropathies
M05-M14  Inflammatory polyarthropathies
M15-M19  Osteoarthritis
M20-M25  Other joint disorders
M26-M27  Dentofacial anomalies [including malocclusion] and other disorders of jaw
M30-M36  Systemic connective tissue disorders
M40-M43  Deforming dorsopathies
M45-M49  Spondylopathies
M50-M54  Other dorsopathies
M60-M63  Disorders of muscles
BLOCKS CHAPTER 13

M65-M67 Disorders of synovium and tendon
M70-M79 Other soft tissue disorders
M80-M85 Disorders of bone density and structure
M86-M90 Other osteopathies
M91-M94 Chondropathies
M95 Other disorders of the musculoskeletal system and connective tissue
M96 Intraoperative and postprocedural complications and disorders of musculoskeletal system, not elsewhere classified
M99 Biomechanical lesions, not elsewhere classified

GEMS GENERAL EQUIVALENCY MAPPING

820.8 Fracture of unspecified part of neck of femur, closed

links to

(Forward mapping in GEMS)
S72.009A Fracture of unspecified part of neck of right femur, initial encounter for closed fracture
821.33 SUPRACONDYLAR FRACTURE OF THE FEMUR) = MULTIPLE I-10 CHOICES (GEMS)

S72.45- (Supracondylar fracture without intracondylar extension of lower end of femur)

821.33► S72453B (“3” Displaced, unspecified femur) (“B” Initial encounter for open fracture type I or II, or, Initial encounter for open fracture, NOS)

821.33► S72453C (“3” Displaced, unspecified femur) (“C” Initial encounter for open fracture type IIIA, IIIB, or IIIC)

821.33► S72456B (“6” Non-displaced, unspecified femur) (“B” Initial encounter for open fracture type I or II, or, Initial encounter for open fracture, NOS)

821.33► S72456C (“6” Non-displaced, unspecified femur) (“C” Initial encounter for open fracture type IIIA, IIIB, or IIIC)

LATERALITY

M25.46- Effusion, knee
M25.461 Effusion, right knee
M25.462 Effusion, left knee
M25.469 Effusion, unspecified knee

M25.51- Pain in shoulder
M25.511 Pain in right shoulder
M25.512 Pain in left shoulder
M25.519 Pain in unspecified shoulder
ORTHOPEDIC
“INJURY” AFTERCARE

• Orthopedic aftercare visit coding guidelines differ in ICD-10-CM in that Z codes should not be used if treatment is directed at the current injury
• If treatment is directed at the current injury, the injury code should be reported with a seventh-character extension to identify the subsequent encounter
• The purpose of assigning the extension is to be able to track the continuity of care while identifying the type of injury
  • S72.22XD Displaced subtrochanteric fracture of left femur, subsequent encounter for closed fracture with routine healing

“ENCOUNTER FOR”

• Z47. Orthopedic aftercare
  Excludes1: aftercare for healing fracture-code to fracture with 7th character D (do not code injury aftercare to Z code)
• Z47.1 Aftercare following joint replacement surgery
  Use additional code to identify the joint (Z96.6-)

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**CATEGORY Z47.-**

**Z47.** Orthopedic aftercare

**Z47.1** Aftercare following joint replacement surgery
   *(For aftercare of an injury, assign acute injury code with 7th character “D”)*

**Z47.2** Encounter for removal of internal fixation device

**Z47.3** Aftercare following explantation of joint prosthesis
   - Z47.31 Aftercare following explantation of shoulder joint prosthesis
   - Z47.32 Aftercare following explantation of hip joint prosthesis
   - Z47.33 Aftercare following explantation of knee joint prosthesis

**Z47.8** Encounter for other orthopedic aftercare
   - Z47.81 Encounter for orthopedic aftercare following surgical amputation
   - Z47.82 Encounter for orthopedic aftercare following scoliosis surgery
   - Z47.89 Encounter for other orthopedic aftercare

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**V, W, X, Y CODES**

**SECONDARY CODE ASSIGNMENTS**

External cause codes no longer a supplementary classification

Chapter 20

There are 33 subchapters used to report:

- the cause/activity resulting in an injury or specified health condition,
- the intent (unintended/accidental/intentional; suicide or assault),
- the place where the event occurred, and
- the patient’s status at the time of the event (civilian, military, etc.)

An external cause code is assigned for each encounter during which an injury or condition is treated — not just for the initial treatment. Many codes require three seventh-character extensions (as appropriate) to identify the episode of care for the current encounter. They include:

- A: initial encounter
- D: subsequent encounter
- S: sequelae
CHAPTER 20 CODE EXAMPLE
(7 CHARACTERS)

V80.4- Animal-rider or occupant of animal-drawn vehicle injured in collision with car, pick-up truck, van, heavy transport vehicle or bus

V80.41- Animal-rider injured in collision with car, pick-up truck, van, heavy transport vehicle or bus
   V80.41XA…… initial encounter
   V80.41XD…… subsequent encounter
   V80.41XS…… sequela

MEDICAL RECORD
SILENT WITNESS

Physicians:

• Implement documentation improvement strategies to address areas in which your documentation is lacking.
• The ICD-10-CM codes are significantly more detailed and granular, requiring more documentation to support.
• Diagnosis codes, currently represented by the ICD-9-CM code set, are used in virtually every aspect of a provider’s and health plan’s operations, both clinical and administrative.
• The impact of this change will therefore reach into the business processes and systems supporting these operations as well as the relationships between and among providers and health plans.
ACTION PLAN

- Physicians focus on the specificity required for clinical documentation to support ICD-10 coding. Some adjustment to documentation practices and templates will be required.
- ICD-10 codes are the foundation for reimbursement. Physicians must learn and understand the structure and concepts.
- Due to the precise nature of the codes, physicians will need to provide comprehensive documentation so that coders can select the correct code.
- Physicians will need training on the documentation detail required to support ICD-10 coding related to their specialty or practice. Through education and planning, orthopedic surgeons can mitigate the anticipated changes and reduce the potential impact these changes will have on their practices.
- Proper documentation will help ensure accurate and speedy reimbursement.

TRAINING

- The move to the ICD-10-CM could increase documentation activities about 15 percent to 20 percent. This translates into a permanent increase of 3 percent to 4 percent of physician time spent on documentation for ICD-10-CM diagnosis codes.
- In order for organizations to be successful with implementing ICD-10-CM and also meeting the criteria for meaningful use of electronic health records, physician documentation must be thorough.
- ICD-10 codes require greater specificity in medical records.
- 14,000 ICD-9 codes > 68,000 ICD-10 alphanumeric codes
TRAIN AND EDUCATE PHYSICIAN’S

• Identify the high-risk areas that need more specific physician documentation, you can then help physicians understand the magnitude of the change — in physicians’ terms.
• The coder must increase their knowledge of orthopedic terms and anatomical sites.
• ICD-10 codes involve more description.
• Procrastination is your enemy!
• When broken down documentation in select categories indicate the right or left side of the patient’s body.
• Changes in orthopedic coding may include distinguishing the "initial encounter," "subsequent encounter" or "sequelae.

AVOID………..

R41.3 Amnesia
F33.1 Major depressive disorder, recurrent, moderate
F40.9 Phobic anxiety disorder
F43.0 Acute stress reaction
F43.23 Adjustment disorder with mixed anxiety and depressed mood
F51.12 Insufficient sleep syndrome
F80.9 Communication disorder
H91.8x3 Other specified hearing loss, bilateral
Z56.3 Stressful work schedule
Z56.4 Discord with boss and workmates
GPS to ICD-10-CM Guide

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In order to Login to the Discussion Forum, please follow the following steps:

-In the Forum Home block located to the left, click on the “Login” option (this button will have a picture of a key next to the option).

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- Enter your username and password

- You will be given the option of whether you will like to be kept logged in. This option is purely up to you.

- You will also be asked if you would like to be added to the active users list. You will want to click yes.