



WELCOME TO PMI's WEBINAR PRESENTATION

Brought to you by:
Practice Management Institute®
www.pmiMD.com



MEET THE PRESENTER

Nancy Maguire



On the topic:

**ICD-10-CM
Diagnosis
Coding for
Orthopedics**



Welcome to Practice Management Institute's Webinar and Audio Conference Training. We hope that the information contained herein will give you valuable tips that you can use to improve your skills and performance on the job. Each year, more than 40,000 physicians and office staff are trained by Practice Management Institute. For 30 years, physicians have relied on PMI to provide up-to-date coding, reimbursement, compliance and office management training. Instructor-led classes are presented in 400 of the nation's leading hospitals, healthcare systems, colleges and medical societies.

PMI provides a number of other training resources for your practice, including national conferences for medical office professionals, self-paced certification preparatory courses, online training, educational audio downloads, and practice reference materials. For more information, visit PMI's web site at www.pmiMD.com

Please be advised that all information in this program is provided for informational purposes only. While PMI makes all reasonable efforts to verify the credentials of instructors and the information provided, it is not intended to serve as legal advice. The opinions expressed are those of the individual presenter and do not necessarily reflect the viewpoint of Practice Management Institute. The information provided is general in nature. Depending on the particular facts at issue, it may or may not apply to your situation. Participants requiring specific guidance should contact their legal counsel.

CPT® is a registered trademark of the American Medical Association.

Practice Management Institute®
8242 Vicar | San Antonio, Texas 78218-1566
tel: 1-800-259-5562 | fax: (210) 691-8972
info@pmimd.com

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

1

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.

2

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.

3

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

4

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

5

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 **S03.0xxD** 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

6

PLACEHOLDER "X" CHAPTER 19

Dislocation and sprain of joints and ligaments of knee S83->

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) |

PLACEHOLDER (X)

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

9

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

10

SEQUELA 7TH CHARACTER “S”

- 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

11

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

12

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

13

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**

14

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

15

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)

16

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

17

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

18

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

19

“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”

20

“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)

21

“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 |

22

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 |

23

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

24

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)

25

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

26

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

27

“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-)

28

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

29

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

30

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

31

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.

32

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.**

33

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

34

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."

35

AVOID.....



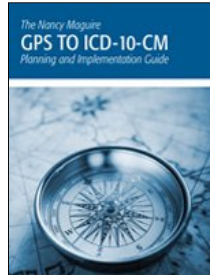
- R41.3 Amnesia
- F33.1 Major depressive disorder, recurrent, moderate
- F40.9 Phobic anxiety disorder
- F43.0 Acute stress reaction
- F43.23 Adjustment disorder with mixed anxiety and depressed mood
- F51.12 Insufficient sleep syndrome
- F80.9 Communication disorder
- H91.8x3 Other specified hearing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

36

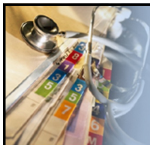


GPS to ICD-10-CM Guide

Nancy Maguire has developed a guide to help medical practices transition to ICD-10.
Order the latest edition now!



http://www.pmimd.com/icd10/gps_icd10.asp



PMI Discussion Forum

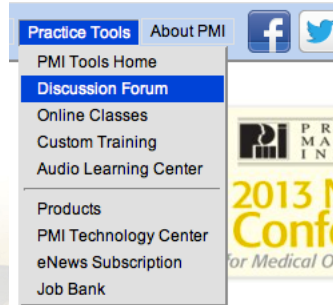
<http://www.pmimd.com/pmiForum/rules.asp>

– Click **Accept** to continue



Discussion Forum Walk Through

- 1) Go to www.pmiMD.com.
- 2) Hover the cursor over "Practice Tools" which is the fourth button from the left on the top of the page. This will give you a dropdown menu.
- 3) Click on the second option listed: "Discussion Forum."



Welcome to Practice Management

Discussion Forum Disclaimer

-This will bring you to the Discussion Forum Disclaimer page. You will click, "Accept."

pmiMD.com Discussion Forum Disclaimer


This Discussion Board is a free service to our guests. Material posted herein can be accessed by any visitors to our website. As such you are advised that PMI does not control the postings on our website and therefore cannot be held accountable for the accuracy of postings. The Discussion Board is meant to show the thoughts, suggestions and comments of our visitors and not the owner of this website.

Advice given by professionals on our website should only be considered as general advice applicable to general matters and not applicable to any specific set of facts or for any particular course of action. The content of postings is the sole opinion of the person providing it. PMI does not edit the postings. The content of the postings does not reflect the views of PMI.

This Discussion Board must not be used for advertising, to complain or to insult people in any way. PMI will endeavor to keep the website free of unwelcome remarks and if the Discussion Board is abused in any way PMI reserves the right to take action that PMI deems appropriate. If the user finds any matter offensive that user should notify PMI immediately.

By posting on the PMI website you agree that PMI can display, modify, transmit, distribute or delete your posting without the need of any permission from you.



PMI accepts no liability whatsoever for any postings on this website. PMI is not responsible for the content of posted comments or images. In no way will PMI be liable to you for any damages of any kind, including but not limited to, compensatory damages, lost profits, lost data, physical injury or any form of special, incidental, indirect, consequential or punitive damages of any kind whether based on breach of contract or warranty (including implied warranties), tort (including negligence), product liability or otherwise, even if PMI is informed in advance of the possibility of such damages.



-After clicking on the “Accept” button, you will be guided to the actual discussion forum.

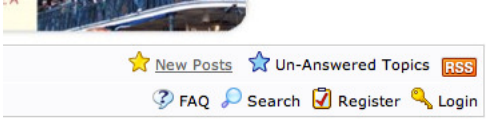
no way w
physical i
or warran
the possib

Accept



LOGIN OPTION 1
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).



-This will bring you to the “Forum Login” page.

Forum Login


Forum Login

Username [Not Yet Registered?](#)

Password [RESET YOUR PASSWORD](#)

Keep me Logged-in on this computer (requires cookies) Yes No

Add me to Active Users list Yes No



-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.

Forum Login

Forum Login

Username [Not Yet Registered?](#)

Password [RESET YOUR PASSWORD](#)

Keep me Logged-in on this computer (requires cookies) Yes No

Add me to Active Users list Yes No