



Orthopedics ICD-10 Documentation Tips

Presenters

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Orthopedics: ICD 10 The Hard Way

<p>Polyosteoarthritis primary generalized osteoarthritis M15.0 Heberden's nodes M15.1 Bouchard's nodes M15.2 Secondary multiple arthritis M15.3 Erosive osteoarthritis M15.4 Other polyosteoarthritis M15.8 Polyosteoarthritis unspecified M15.9</p>	<p>Osteoarthritis of first carometacarpal joints bilateral primary of first joint M18.0 unilateral primary of first joint M18.1 Unilateral primary osteoarthritis first unspecified hand M18.10 Other unilateral secondary osteoarthritis first right hand M18.51</p>	<p>Secondary osteoarthritis of other joints Secondary right shoulder M19.211 Secondary left shoulder M19.212 Secondary unspecified shoulder M19.219 Secondary right ankle and foot M19.271 Secondary left ankle and foot M19.272</p>
<p>Osteoarthritis of hip bilateral primary osteoarthritis of hip M16.0 unilateral primary osteoarthritis of hip M16.1 unilateral unspecified M16.10 unilateral right hip M16.11 unilateral left hip M16.12 Bilateral osteoarthritis resulting from dysplasia M16.2</p>	<p>Primary osteoarthritis of other joints primary shoulder M19.01 primary right shoulder M19.011 primary left shoulder M19.012 Primary osteoarthritis elbow primary right elbow M19.021 primary left elbow M19.022 primary elbow unspecified M19.029</p>	<p>Osteoarthritis, unspecified site M19.90 unspecified arthritis unspecified site M19.90 Primary osteoarthritis unspecified site M19.91 Post-traumatic osteoarthritis unspecified site M19.92 Secondary osteoarthritis, unspecified site M19.93</p>
<p>Osteoarthritis of knee Bilateral primary of knee M17.0 Unilateral primary of knee M17.1 Unilateral primary unspecified M17.10 Unilateral primary right M17.11 Unilateral primary left M17.12</p>	<p>Post-traumatic osteoarthritis of other joints post-traumatic right shoulder M19.111 post-traumatic left shoulder M19.112 post-traumatic right wrist M19.131 post-traumatic left wrist dMM19.132</p>	<p>Rheumatoid arthritis with rheumatoid factor Felty's syndrome M05.0 Felty's elbow M05.02 Felty's wrist M05.03 Felty's hip M05.05 Felty's knee M05.06</p>

SOI (*Severity of Illness*) / ROM (*Risk of Mortality*)

- Documentation should reflect the acuity of the patient...
- If a patient dies because he or she was severely ill, but the documentation translates into codes that do not reflect the severity, the adjusted SOI and ROM poorly reflect the care provided.

FOUR SEVERITY OF ILLNESS SUBCLASSES	FOUR RISK OF MORTALITY SUBCLASSES
1. Minor	1. Minor
2. Moderate	2. Moderate
3. Major	3. Major
4. Extreme	4. Extreme

Acuity- acute, chronic, intermittent

Severity- mild, moderate, severe

Etiology- trauma, diabetes, renal failure, exercise or infection induced

Location- where is it- be specific about which joint, chest, femur, posterior thorax

Laterality- which side is it? Left, right, both?

Detail: Present on admission status, associated symptoms (hypoxia, loss of consciousness), additional medical diagnoses, initial versus subsequent encounter

If you like mnemonics

Any: Acuity

Small: Severity

Error: Etiology

Loses: Location

Large: Laterality

Dollars: Detail- Present on admission status, associated symptoms, additional medical diagnoses, initial versus subsequent encounter

Orthopedics Key Words

- **Fractures:** Open, closed, displaced, non-displaced
 - Open fractures described using the Gustilo classification
- **Osteomyelitis, osteoarthritis-** specified by type, acuity, specific site, and laterality.
- **Rheumatoid arthritis-** specified by type, manifestation, and laterality; leading to a total of 191 code options.
- **Tendon Tears-**specified by type (laceration, sprain, strain), site, laterality and type of encounter (initial, subsequent, sequela).
- **Hip replacement-** specify type of device material as synthetic substitute, ceramic, or metal. Also specify if cemented or non-cemented.

Case Study – hip replacement

An 80-year-old woman is admitted after slipping on the ice in front of a grocery store. She suffered a severely angulated closed subtrochanteric, displaced right hip fracture. She has Type I Diabetes and smokes 2 ppd of cigarettes

Example- Hip Replacement

ACUITY acute

SEVERITY severe or N/A for specialty

ETIOLOGY accidental fall

LOCATION subtrochanteric

LATERALITY right

DETAILS Initial encounter. Associated findings: Type I Diabetes, cigarette dependence.

ALL PUT TOGETHER

1. Acute closed angulated right subtrochanteric fracture with displacement
2. Type 1 Diabetes, controlled
3. Cigarette dependence

Fractures

Diagnosis	Documentation Tips		
Traumatic Fractures	Document: -Open versus closed -Displaced versus nondisplaced -Specific bone and specific site on bone -Further specify the type of fracture as transverse, oblique, spiral -Laterality	Document the type of encounter For subsequent encounters: -Delayed healing -Malunion -Nonunion -Routine healing or after care	Document the event of trauma: -Document external cause -Document place of occurrence -Document activity code -Document work status

For sacral fractures:

- Zone I, II and III
- Minimally versus severely displaced
- Type 1, 2, 3, or 4

For open fractures of the forearm, femur, and lower leg, document type as:

- Type I, II, IIIA, IIIB, or IIIC according to Gustilo classification

For physeal fractures:

- Type I, II, III, or IV according to the Salter Harris classification

GUSTILO OPEN FRACTURE CLASSIFICATION DESCRIPTIONS

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 a low-energy injury.	
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 IIIA	The wound has sufficient soft tissue to cover the bone without the need for local or distant flap coverage.
	Type IIIB	Disruption of the soft tissue is extensive, such that local or distant flap coverage is necessary to cover the bone. The wound may be contaminated, and serial irrigation and debridement procedures are necessary to ensure a clean surgical wound.
	Type IIIC	Any open fracture associated with an arterial injury that requires repair is considered type IIIC. Involvement of vascular surgeons is generally required.

Case Study - Osteoporosis

Julia is a 78-year-old woman with senile osteoporosis. She presents to the office complaining of severe upper back pain, with no history of trauma. Radiologic studies revealed pathological compression fractures of several thoracic vertebrae. She is admitted for corrective surgery of T1, T2, and T3 vertebrae.

Spine: example

Acuity: acute

Severity: moderate or N/A for specialty

Etiology: pathologic, senile osteoporosis

Location: T1-T3

Laterality: n/a

Detail: initial encounter

All put together:

Acute pathologic fractures of T1-T3 due to senile osteoporosis.
Initial encounter

Example- Spine

ACUITY acute

SEVERITY moderate or N/A for specialty

ETIOLOGY pathologic, senile osteoporosis

LOCATION T1-T3

LATERALITY n/a

DETAILS Initial encounter

ALL PUT TOGETHER

1. Acute pathologic fractures of T1-T3 due to senile osteoporosis.
2. Initial encounter

Character descriptions

1	2	3	4	5	6	7
Section	Body system	Root operation	Body part	Approach	Device	Qualifier

Important Documentation for Procedures

Type of Procedure (Root Operation): specifies the primary objective of the procedure

Ex: excision, resection

Body Part: the specific organ or site on which the procedure is performed

Approach: the technique/method used to access the operative site

Ex: Open, percutaneous, external, endoscopic

Devices: any device or material that remains at the site upon completion of the procedure

Qualifier: unique character for specific procedures

Ex: diagnostic, therapeutic

Orthopedic Diagnoses

Osteoarthritis

Document type, for example:

- Primary generalized
- Primary
- Posttraumatic
- Other Secondary

Document site, for example:

- Hip
- Knee
- 1st CMC joint

Document right, left, or bilateral

Rheumatoid Arthritis

Document type:

- RA with rheumatoid factor
- RA without rheumatoid factor
- Rheumatoid bursitis
- Rheumatoid nodule
- Juvenile arthritis

Document site and laterality

Complications due to internal joint prosthesis

Document the type of complication:

- Infection
- Embolism
- Fibrosis
- Mechanical
- Stenosis

Document the type of prosthesis, location of prosthesis with laterality:

- Internal right hip prosthesis
- Internal left knee prosthesis

Document type of encounter:

- Initial
- Subsequent
- Sequel

Cellulitis

Document the exact location:

Upper limb (hand, shoulder, wrist), lower limb

Document the laterality: Rt, Lt

Document the Causative organism: Bacteria, Virus

Tendon tear

Document the type of tendon:

Flexor, Extensor, Intrinsic

Document the exact location and laterality:

hand-finger-little; Ankle-achilles

Document the type of injury:

laceration, sprain, strain

Document the type of encounter:

Initial, Subsequent, sequel

Gout

Document the type:

- Acute
- Chronic
- When acute or chronic is not specified, acute gout will be coded

Tenosynovitis

Document the type: Adhesive, gonococcal, gouty, syphilitic, transient, toxic etc.

Document the body part: elbow, shoulder, hip etc.

Document the laterality: Rt., Lt

Fasciitis

Document the type: infective, necrotizing, plantar, traumatic

Document the Causative organism (if any): Bacteria, Virus

Bursitis

Document the type: Adhesive, gonococcal, rheumatoid

Document the body part: elbow, glenohumeral,

Document the laterality: Rt., Lt

Orthopedic Procedures

Procedure	Operation	Body Part	Approach	Device	Qualifier
Arthroplasty	Repair, Joint Revision, Joint Replacement	Hip Joint, Rt Knee Joint, Lt	External, Open, percutaneous, percutaneous endoscopic		
Kyphoplasty	Reposition, Supplement	Cervical, Lumbar, Thoracic	External, Open, percutaneous, percutaneous endoscopic	Autologous Tissue Substitute, Synthetic Substitute, Nonautologous tissue substitue	
Amputation		Foot (Rt/Lt)			Complete, complete or partial 1st, 2nd, 3rd, 4th or 5th ray
Biopsy		Femur (lt,Rt), lumbar vertebra	Open, percutaneous, percutaneous endoscopic		
Joint Replacement		Hip joint (rt,left) lumbosacral joint		Autologous Tissue Substitute, Synthetic Substitute (Metal, Ceramic, Metal on Polyethylene, Ceramic on Polyethylene,) Nonautologous Tissue substitute	Cemented, Uncemented
Internal Fixation		Humerus (head, shaft), rib (rt, lt)	Open, percutaneous, percutaneous endoscopic	Internal fixation device, Intramedullary device	
External Fixation		Femur shaft , patella	Open, percutaneous, percutaneous endoscopic	External Fixation Device, External Fixation Device-Monoplanar, Ring, Hybrid	

Acuity- acute, chronic, intermittent

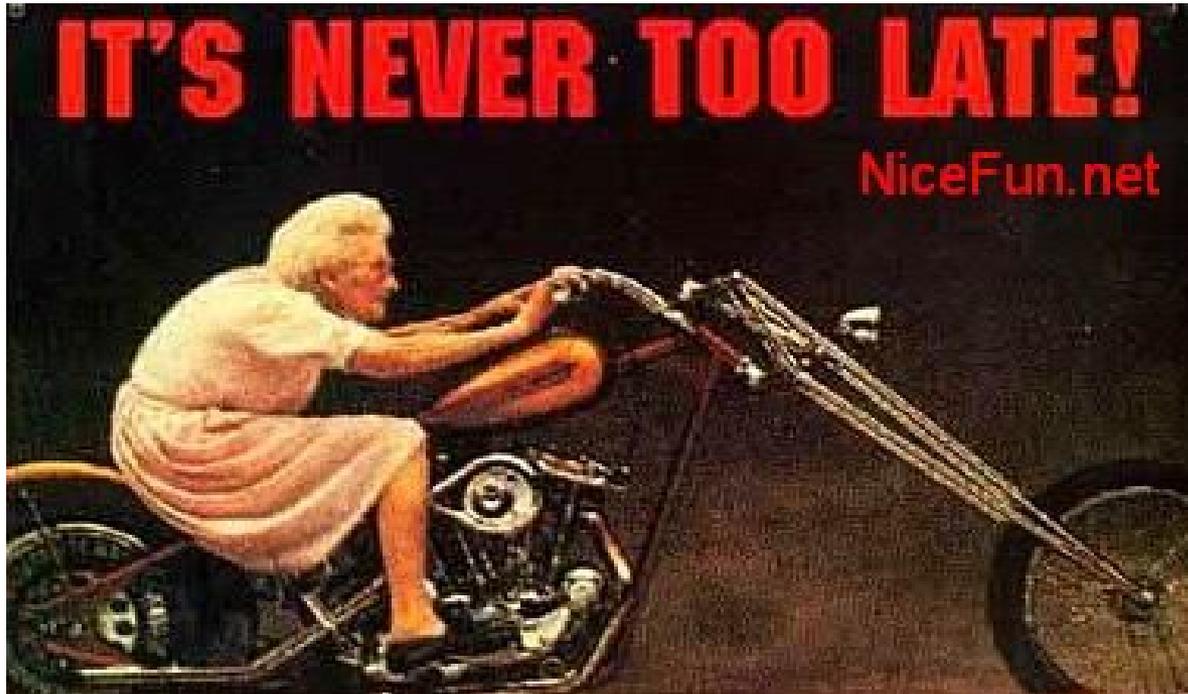
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For any questions:

QUESTIONS? CONCERNS?

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