ORTHOPEDIC CONDITIONS

CHAPTER NOTES

- Most orthopedic codes have site and laterality designations.
- The site represents the bone, joint or muscle involved.
- Note that anatomical site specificity is enhanced in ICD-10; therefore detail about the site of the fracture will be needed in order to assign the most specific code.
- Documenting what the patient was doing at the time of injury would be the external cause which is relevant to all types of injuries.
- For some conditions where multiple joints, bones or muscles are involved "multiple code sites" are available.
- Orthopedic injuries come in two basic types: Acute and Overuse
- Injuries have undergone a substantial amount of revisions and are much more specific in ICD-10 than in ICD-9
- 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.
  - Bone versus Joint
    - For certain conditions, the bone may be affected at the upper or lower end, (e.g., avascular necrosis of bone, M87 Osteoporosis M80, M81).
    - Though the portion of the bone affected may be at the joint, the site designation will be the bone, NOT the joint.

Acute Traumatic Versus Chronic or Recurrent Musculoskeletal Conditions

- Many musculoskeletal conditions are a result of previous bone injury or trauma to a site, or are recurrent conditions.
- Bone, joint or muscle conditions that are the result of a healed injury are usually found in chapter 13 as well as any recurrent bone, joint or muscle conditions.
- Any current, active injury should be coded to the appropriate injury code from chapter 19.
- If it is difficult to determine from the documentation in the record which code is best to describe a condition, query the provider.

Fracture Coding

- Fractures require greater specificity such as:
  - Type of fracture
  - Specific anatomical site
  - Displaced vs nondisplaced
  - Laterality
  - Routine vs delayed healing
  - Nonunion
  - Malunion
  - Type of encounter:
    - Initial
    - Subsequent
    - Sequela

- Some fracture categories provide for seventh characters to designate the specific type of open fracture based on the Gustilo open fracture classification
- A fracture not indicated as displaced or nondisplaced should be coded to displaced
- A fracture not designated as open or closed should be coded to closed

Coding of Traumatic Fractures

- The principles of multiple coding of injuries should be followed in coding fractures.
- Fractures of specified sites are coded individually by site in accordance with both the provisions within categories S02, S12, S22, S32, S42, S49, S52, S59, S62, S72, S79, S82, S89, S92 and the level of detail furnished by medical record content.
- Multiple fractures are sequenced in accordance with the severity of the fracture.

Initial Vs. Subsequent Encounter for Fractures

- Traumatic fractures are coded using the appropriate 7th character for initial encounter (A, B, C) while the patient is receiving active treatment for the fracture.
- The appropriate 7th character for initial encounter should also be assigned for a patient who delayed seeking treatment for the fracture or nonunion.
- Fractures are coded using the appropriate 7th character for subsequent care for encounters after the patient has completed active treatment for the fracture and is receiving routine care for the fracture during the healing or recovery phase.
- Care for complications of surgical treatment for fracture repairs during the healing or recovery phase should be coded with appropriate complication codes.
- Care of complications of fractures, such as malunion and nonunion, should be reported with the appropriate 7th character for subsequent care with nonunion (K, M, N) or subsequent care with malunion (P, Q, R).
- A code from category M80, not a traumatic fracture code, should be used for any patient with known osteoporosis who suffers a fracture, even if the patient had a minor fall or trauma, if that fall or trauma would not usually break a normal, healthy bone.
- Initial encounters include first visits, evaluation by a new provider and surgical intervention

Coding of Pathologic/Stress Fractures

- Seventh character A is for use as long as the patient is receiving active treatment for the fracture.
- Examples of active treatment are:
  - Surgical treatment
  - Emergency room encounter
  - Evaluation treatment by a new physician
- Seventh character D is to be used for encounters after the patient has completed active treatment.
- The other Seventh characters, listed under each subcategory in the Tabular List, are to be used for subsequent encounters for treatment of problems associated with the healing, such as malunions, nonunions and sequelae.
- Care for complications of surgical treatment for fracture repairs during the healing or recovery phase should be coded with the appropriate complications codes.
- There are three different categories for pathologic fractures – due to neoplastic disease, due to osteoporosis and due to other specified disease.
- The seventh character requires identification to the encounter of care.
- All pathological and stress fractures must have a seventh character that identifies one of the above

  A Initial encounter for fracture

D Subsequent encounter for fracture with routine healing
G Subsequent encounter for fracture with delayed healing
K Subsequent encounter for fracture with nonunion
P Subsequent encounter for fracture with malunion
S Sequela

Coding of Injuries

- Injuries are grouped by body part rather than category of injury
- When coding injuries, assign separate codes for each injury unless a combination code is provided, in which case the combination code is assigned.
- Code T07, Unspecified multiple injuries should not be assigned in the inpatient setting unless information for a more specific code is not available.
- Traumatic injury codes (S00-T14.9) are not to be used for normal, healing surgical wounds or to identify complications of surgical wounds.
- The code for the most serious injury, as determined by the provider and the focus of treatment, is sequenced first.
- Superficial Injuries- Superficial injuries such as abrasions or contusions are not coded when associated with more severe injuries of the same site.
- Primary injury with damage to nerves/blood vessels- When primary injury results in minor damage to peripheral nerves or blood vessels, the primary injury is sequenced first with additional code(s) for injuries to nerves and spinal cord (such as category S04), and/or injury to blood vessels (such as category S15). When the primary injury is to the blood vessels or nerves, that injury should be sequenced first.

Complications of Care

General guidelines for complications of care:

- Code assignment is based solely on the providers documentation of the relationship between the condition and the care or procedure.
- The guidelines extend to any complications of care, regardless of the chapter the code is located in.
- It is important to note that not all conditions that occur during or following medical care or surgery are classified as complications.
- There must be a cause-and-effect relationship between the care provided and the condition, and an indication in the documentation that it is a complication.
- Query the provider for clarification, if the documentation is not clearly documented.

Pain due to medical devices

- Pain associated with devices, implants or grafts left in a surgical site (for example painful hip prosthesis) is assigned to the appropriate code(s) found in Chapter 19, Injury, poisoning, and certain other consequences of external causes.
- Specific codes for pain due to medical devices are found in the T code section of the ICD-10-CM.
- Use additional code(s) from category G89 to identify acute or chronic pain due to presence of the device, implant or graft (G89.18 or G89.28).

Complication codes that include the external cause

- As with certain other T codes, some of the complications of care codes have the external cause included in the code.
- The code includes the nature of the complication as well as the type of procedure that caused the complication.
- No external cause code indicating the type of procedure is necessary for these codes.

Complications of care codes within the body system chapters

- Intraoperative and post procedural complication codes are found within the body system chapters with codes specific to the organs and structures of that body system.
- These codes should be sequenced first, followed by a code(s) for the specific complication, if applicable.

Osteoporosis

- Osteoporosis is a systemic condition, meaning all the bones of the musculoskeletal system are affected.
- Therefore, site is not a component of the codes under category M81, Osteoporosis without current pathological fracture.
- The site codes under category M80, Osteoporosis with current pathological fracture, identify the site of the fracture, NOT the osteoporosis.
- For history of osteoporosis fractures use code Z87.31 (personal history of osteoporosis fracture). This should follow the code from M81-.

Osteoporosis without Pathological Fracture

- The official coding guidelines instruct coders to report codes from category M81- for osteoporosis without pathological fracture, M81 is for use for patients with osteoporosis who do not currently have a pathologic fracture due to osteoporosis, even if they have had a fracture in the past.
- For patients with a history of osteoporosis fractures, status code Z87.30, Personal history of (healed) osteoporosis fracture should follow the code from M81.
- There is a "use additional code" note that appears at the heading of M81 that reminds coders to use a code for any major osseous defect (M89.7-) or personal history of (healed) osteoporosis fracture (Z87.310.) if applicable.
- For code M81.8 coders are instructed to "use additional code" for adverse effect, if applicable, to identify drug (T36-T50 with fifth or sixth character five).

Osteoporosis with Current Pathological Fracture

- Category M80, Osteoporosis with current pathological fracture, is for patients who have a current pathologic fracture at the time of the encounter.
- The codes under M80 identify the site of the fracture.
- A code from category M80, not a traumatic fracture code, should be used for any patient with known osteoporosis who suffers a fracture, even if the patient had a minor fall or trauma, if that fall or trauma would not usually break a normal healthy bone.
- The diagnosis under this category must be made by the physician. The physician should be the one who provides a connection between the fall and fracture due to osteoporosis.

Congenital Foot Deformities

- Differentiate the type of congenital foot disorder (e.g., talipes equinovarus, talipes calcaneovarus, talipes calcaneovalgus, metatarsus varus, pes planus, etc.).
- Clarify congenital versus acquired valgus or varus deformity of the foot.

Arthritis, Primary and Secondary

- In ICD-10-CM, there are specific codes for primary and secondary arthritis (categories M15-M19) with the codes for secondary arthritis being specific for post-traumatic osteoarthritis and other secondary osteoarthritis.
- For secondary osteoarthritis of the hip there is also a specific code for dysplastic osteoarthritis.
- Codes for specific types of osteoarthritis require laterality (right, left) and there is also a specific code for bilateral. Codes for other secondary arthritis must be specified as either bilateral or unilateral, but there are not specific codes for right and left.
- Unspecified osteoarthritis does not require any information on laterality.

- For juvenile rheumatoid arthritis there is no code to identify bilateral; therefore both codes to identify right and left must be assigned.