

What you need to know about fracture codes in ICD-10

In the world of ICD-10 CM, details are everything, and this means you'll have to collect more information in order to select the proper diagnosis code. For orthopedics, fractures and other types of injuries are among the most common diagnoses - but they are also the most detail-intensive from an ICD-10 perspective. Here, we'll take a look at the information required for ICD-10 coding in the orthopedic sphere, and how you can alter your workflow to adapt.

Fractures in ICD-10

Fracture care is an orthopedic mainstay and you'll need to collect quite a few data points to create a high-specificity ICD-10 code for a fracture. Let's take a look at what goes into an ICD-10-CM diagnosis for a fracture:

1. Specify lateral side in each and every case
2. Document type of fracture
 - a. Open
 - b. Closed
 - c. Pathologic
 - d. Stress/Fatigue
 - i. Displaced/nondisplaced
3. Specify the location of the fracture
 - a. Head
 - b. Shaft
 - c. Distal
 - d. Proximal
4. Document the pattern
 - a. Transverse
 - b. Oblique
 - c. Segmental
5. Specify the encounter type
 - a. Initial (use seventh digit "A")
 - b. Subsequent (use seventh digit "D")
 - c. Sequela (use seventh digit "S")
6. Document the status in the post-op period at time of
subsequent encounters
 - a. Routine healing
 - b. Delayed healing
 - c. Nonunion
 - d. Malunion

Example:

Patient comes in for initial treatment of a stress fracture of the hip, where the pattern is transverse-posterior. The correct code is **S32.461A** (displaced associated transverse-posterior fracture of right acetabulum, initial encounter for closed fracture).

Open fractures in ICD-10

There's an extra level of detail with open fractures in ICD-10. There's something called the Gustilo open fracture classification system, which categorizes open fractures into three types based on the cause of injury, extent of soft tissue damage, and amount of bone damage. The classes are I, II, and III, with class III further subdivided into A, B, or C.

The extensions available for these open fractures are:

- B, Initial encounter for open fracture type I or II
- C, Initial encounter for open fracture type IIIA, IIIB, or IIIC
- E, Subsequent encounter for open fracture type I or II with routine healing
- F, Subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
- H, Subsequent encounter for open fracture type I or II with delayed healing
- J, Subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
- M, Subsequent encounter for open fracture type I or II with nonunion
- N, Subsequent encounter for open fracture type IIIA, IIIB, or IIIC with nonunion
- Q, Subsequent encounter for open fracture type I or II with malunion
- R, Subsequent encounter for open fracture type IIIA, IIIB, or IIIC with malunion

Tip:

If a fracture isn't indicated as displaced or nondisplaced, you should default to coding it as displaced. If a fracture isn't indicated as open or closed, you should default to closed.

As your providers adjust to the post-ICD-10 world, you'll need to pay extra attention the information they capture in their documentation. For a fracture, changing their habit to always recording the pattern in addition to laterality and type will be a huge time-saver. Similar adaptations will be necessary for all of your top diagnoses.

This Week's Tip Provided by:



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