ICD-10 Radiology Guidance: INJURIES

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ICD-10 ESSENTIALS for INJURIES

The following elements are essential for the proper ICD-10-CM coding of **Injuries**:

LOCATION/LATERALITY
- Location
- Sub Location
- Left or Right

TYPE OF INJURY
- Superficial
- Open Wound
- Joint/Ligament Injuries
- Tendon/Muscle Injuries
- Internal Injury
- Crushing Injury
- Amputation

CLASSIFICATION
- Open/Closed
- Partial/Complete
- Other

EPISODE OF CARE
- Initial
- Subsequent
- Sequela

Location

The general location of an injury can typically be found in the dictated radiology report. However, it is also important to detail the specific location of any injury to the patient. For joint injuries, the specific joint or ligament involved should be documented. Providing this information in the documentation will allow the case to be reported using the highest level of specificity. There is an unspecified option if the specific location is not documented.

Laterality

ICD-10 differs from ICD-9 in that it allows for the coding of laterality including right, left and bilateral. Laterality can be obtained either from the indication or from the procedure description. There is an unspecified option if the laterality is not known.

Type of Injury

ICD-10 categorizes injuries by the specific type of injury the patient has sustained. Documentation of this detailed information will allow the case to be reported using the highest level of specificity. Even if the location of the injury is given, but the type of injury isn't specified, ICD-10 sees this as *unspecified* documentation. There is an unspecified option if the type of injury is not documented.

Superficial Injury	Open Wounds	Joint/Ligament Tendon/Muscle Injuries	Other Injuries
Abrasion	Laceration	Sprain	Internal Injury
Contusion	Puncture Wound	Tear	Crushing Injury
Blisters	Bite	Dislocation	Amputation
Foreign Body		Strain	Nerve Injury
Insect Bites		Laceration	Blood Vessel Injury

Unspecified Example:	**Specified Example:**
Indication: **injury right ankle**	Indication: **sprain deltoid ligament, right ankle**
Coded as: *unspecified injury of right ankle*	Coded as: *sprain of deltoid ligament of right ankle*

Classification

Certain types of injuries require additional information in order to report a condition to the fullest extent possible.

Conditions that contain additional classifications include:

- Rotator cuff tear
  - Partial/Complete
- Dislocations
  - Anterior/Inferior/Posterior
- Amputation
  - Partial/Complete
- Meniscus Tear
  - Complex/peripheral/bucket-handle

The classification should be documented when known. There is an unspecified option if the additional details are not provided.

Unspecified Example:	**Specified Example:**
Indication: **meniscus tear, left knee**	Indication: **complex tear lateral meniscus, left knee**
Coded as: *unspecified tear of unspecified meniscus, current injury, left knee*	Coded as: *complex tear of lateral meniscus, current injury, left knee*

Episode of Care

A significant change in ICD-10 is the need to assign a code based on the Episode of Care**.**

- There is not a "default" or "unspecified" option for episode of care.
- The coder will use the provided documentation to make a reasonable determination of the episode of care. If that determination can't be made from the documentation, the report will be returned for additional information.

There are 3 general options for Episode of Care:

- Initial encounter
  - When the patient is receiving active treatment for the injury, poisoning, or other consequences of an external cause.
  - Examples:
    - ED encounters (even if the injury occurred earlier)
    - Surgical treatment
    - Evaluation and treatment by a new physician
    - Exam performed following surgical repair
- Subsequent Encounter
  - After active treatment and the patient is receiving routine care during the healing or recovery phase
  - Examples:
    - Medication adjustment
    - Other aftercare and follow-up visits following treatment of the condition
- Sequela
  - Complications or conditions that arise as a direct result of a condition
  - Examples from traumatic injuries include:
    - Scars resulting from a burn

- Deformity
- Post-traumatic arthritis
- Avascular necrosis

Circumstances of Injury

Please note that this information is not currently required for Radiology claims

Another component that could be required for the submission of claims to certain payers with ICD-10 is the application of ***external cause*** codes. These codes detail the particular circumstances of the cause of injury. While not all payers require reporting of external cause codes (typically, it is not required for Radiology claims) some payers could request these codes in the future.

The following elements are available to completely report the circumstances of an injury:

- Manner of injury
  - Accidental, self-inflicted, assault, undetermined
- How the injury occurred
  - MVA, fall, contact with sharp object, etc.
- Place of occurrence
  - Home, playground, school, etc.
- Activity
  - Swimming, riding a bicycle, playing football, etc.
- Status at time of injury
  - At work, military duty, etc.

While this information is not required by most payers, it is recommended to include as much information as possible for situations when it is needed. Unspecified options are available when the circumstances of an injury are unknown.

Sources:

ICD-10-CM Draft Official Guidelines for Coding and Reporting 2014; Cooperating Parties for the ICD-10-CM: the American Hospital Association (AHA), the American Health Information Management Association (AHIMA), Centers for Medicare and Medicaid Services (CMS), National Center for Health Statistics (NCHS), 2013.

Best Practices for ICD-10-CM Documentation and Compliance, AMA 2012.

CSI Navigator for Radiology Diagnosis Coding with ICD-10-CM, 2013 Edition, Coding Strategies, Inc. 2012.