



ICD-10

ICD-10-CM

Day 1

2015



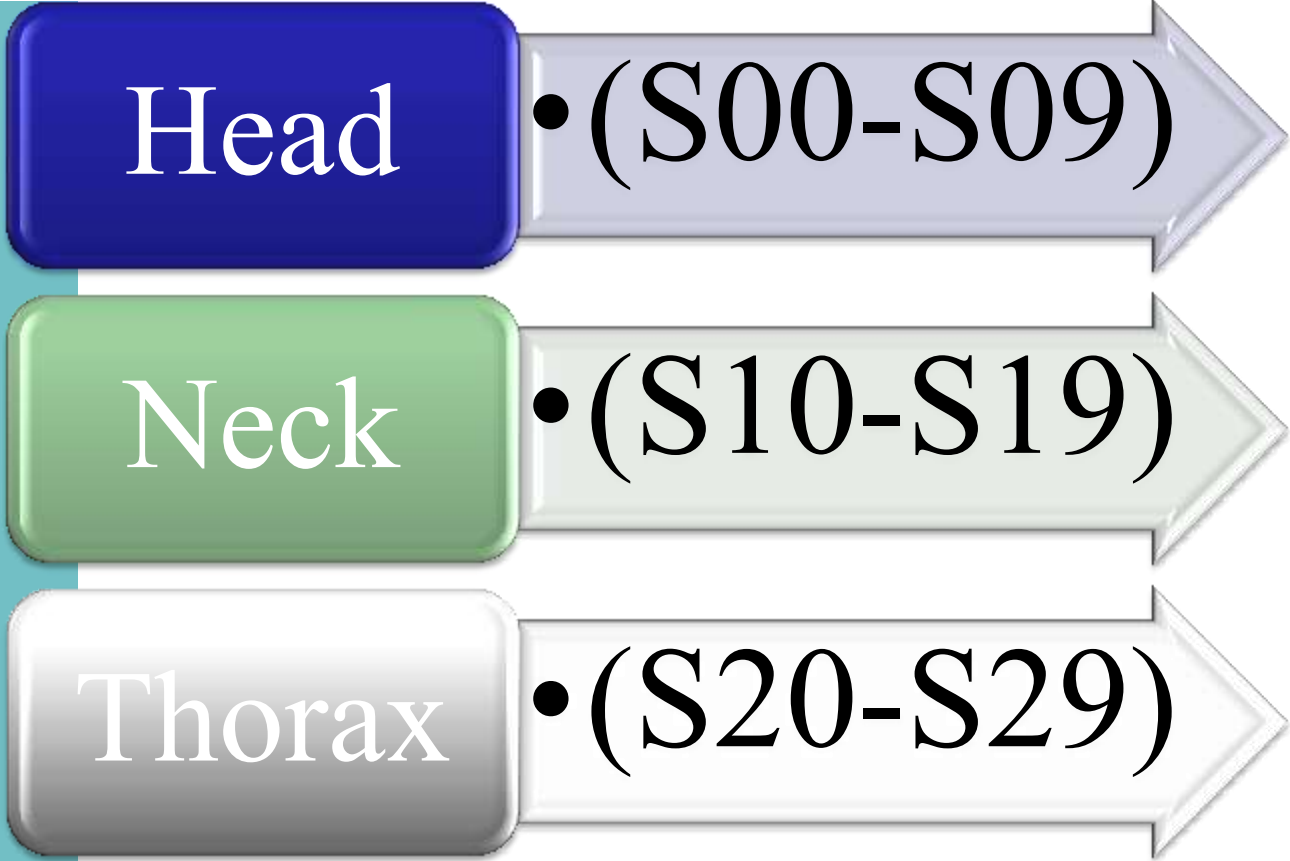
ICD-10-CM

INJURY, POISONING, AND CERTAIN OTHER CONSEQUENCES OF EXTERNAL CAUSES



Chapter 19

Injuries grouped by body part rather than category of injury



PREPARATION IS THE KEY TO SUCCESS



- Encompasses 2 alpha characters
 - S
 - Injuries related to body region
 - T
 - Injuries to unspecified region
 - Poisonings, external causes
- **Note: Use secondary code(s) from Chapter 20 to indicate cause of injury**
- **Codes within T section that include the external cause do not require an additional external cause code**



Fractures

- Greater specificity
 - Type of fracture
 - Specific anatomical site
 - Displaced vs nondisplaced
 - Laterality
 - Routine vs delayed healing
 - Nonunion
 - Malunion
 - Type of encounter
 - Initial
 - Subsequent
 - Sequela





Fracture Seventh Character

A – Initial closed

B – Initial open

D – Subsequent routine

G – Subsequent delayed

K – Subsequent nonunion

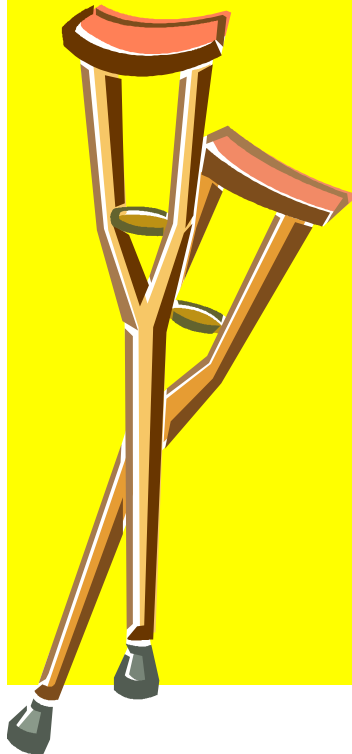
P – Subsequent malunion

S - Sequela



Fractures

- 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





- Initial encounter
 - The patient is receiving active treatment for the condition
 - Surgical treatment
 - Emergency department encounter
 - Evaluation and continuing (ongoing) treatment by the same or different physician



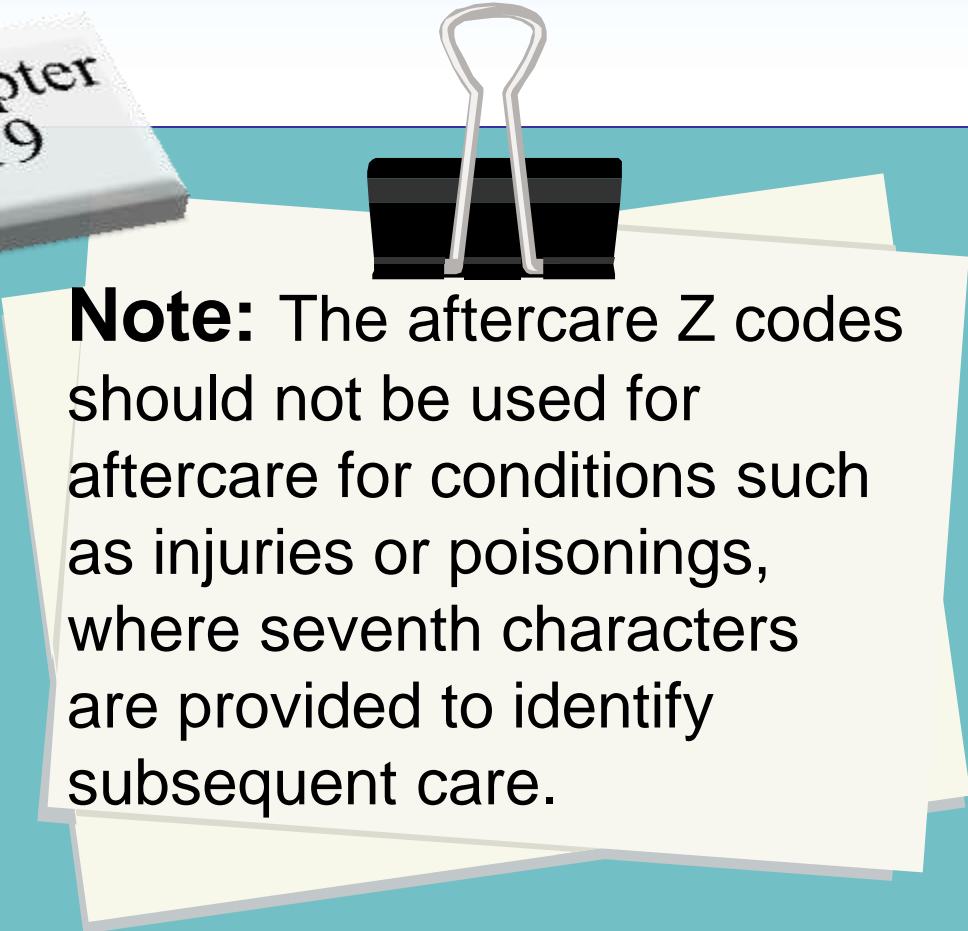
- Subsequent encounter
 - After patient received active treatment for the condition and receiving routine care during healing or recovery phase
 - Cast change or removal
 - An x-ray to check healing status of fracture
 - Removal of external or internal fixation device
 - Medication adjustment
 - Other aftercare and follow-up visits following injury treatment



- **Sequela**

- Complications or conditions that arise as a direct result of a condition
 - Scar formation after burn
- Use both the injury code that precipitated sequela and code for sequela
- S added only to injury code, not sequela code
- S identifies injury responsible for sequela
- Specific type of sequela (like scar) sequenced first, followed by injury code



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Note: The aftercare Z codes should not be used for aftercare for conditions such as injuries or poisonings, where seventh characters are provided to identify subsequent care.



Poisoning, Adverse Effect, Underdose

Poisoning	Overdose of substances Wrong substance given or taken in error
Adverse effect	“Hypersensitivity,” “reaction,” or correct substance properly administered
Underdosing	Taking less of medication than is prescribed or instructed by manufacturer either inadvertently or deliberately



Poisoning, Adverse Effect, Underdose

- Use additional code(s) for manifestations of poisoning
- Assign code for the nature of the adverse effect followed by code for the drug
- Use additional code for intent of underdosing:
 - Failure in dosage during medical and surgical care (Y63.61, Y63.8-Y63.9)
 - Patient's underdosing of medication regime (Z91.12-, Z91.13-)

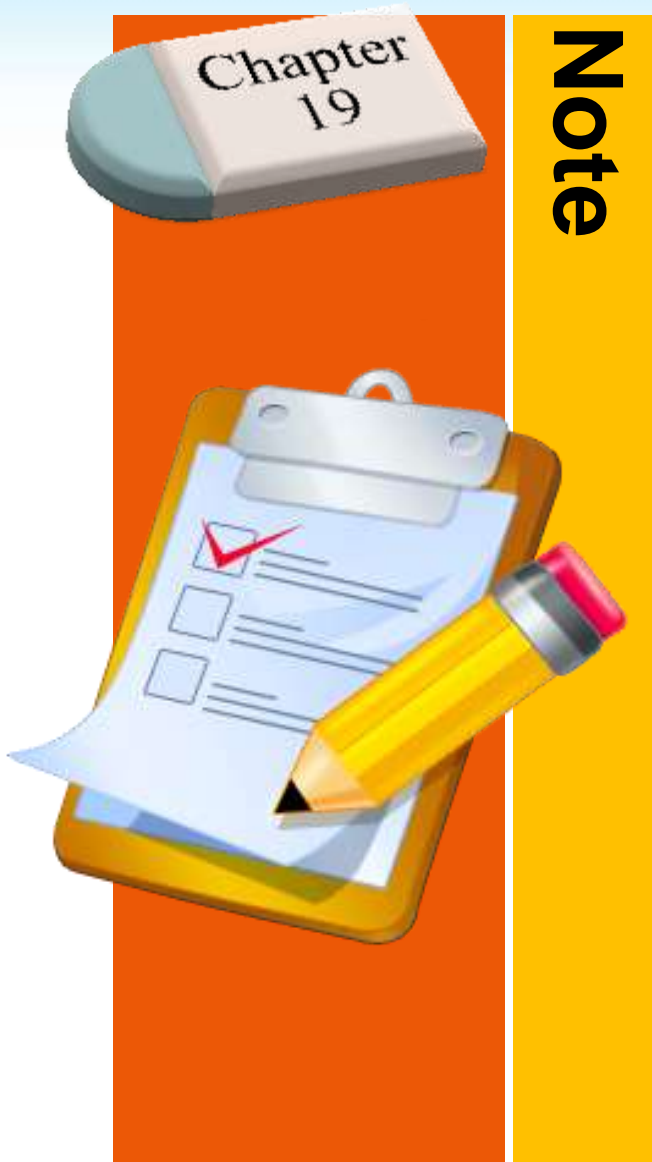


PREPARATION IS THE KEY TO SUCCESS



Poisoning, Adverse Effect, Underdose

- Combination codes for poisonings/ external cause (accidental, intentional self-harm, assault, undetermined)
- Table of Drugs and Chemicals groups all poisoning columns together
 - Followed by adverse effect and underdosing
- When no intent of poisoning is indicated, code to accidental
 - Undetermined intent is only for use when there is specific documentation in record that intent cannot be determined



- Chapter 19 provides practice coding for Chapter 19 codes
- External cause codes are discussed and coded in Chapter 20 of this training
- **For Chapter 19 cases, assign only diagnosis codes, not external cause codes**



Case 1.134

T74.4xxA Syndrome, shaken infant

Rationale: Shaken baby syndrome is a serious form of abuse inflicted upon a child. It usually occurs when a parent or other caregiver shakes a baby out of anger or frustration. There is often no external evidence of injury or physical sign of violence resulting in under diagnosis of this syndrome. Notes at this category state to assign any additional code, if applicable to identify any associated current injury, and the perpetrator, if known (Y07.-)

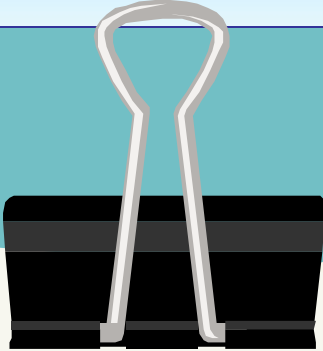


Case 1.135

S82.852K

Nonunion, fracture –see Fracture, by site. Fracture, traumatic (abduction) (adduction) (separation), ankle, trimalleolar (displaced). Review the Tabular for complete code assignment as well as correct seventh character.

Rationale: Aftercare Z codes should not be used for aftercare of fractures. For aftercare of a fracture, assign the acute fracture code with the correct seventh character indicating the type of aftercare. Coding guidelines specify that if displaced versus nondisplaced is not indicated, the default is displaced.

A silver metal paperclip is positioned at the top center of the slide, holding together several overlapping white paper-like shapes that serve as a background for the text. The paperclip is a standard G-type paperclip.

Coding Note: ICD-10-CM categories S52, Fracture of forearm; S72, Fracture of femur; and S82, Fracture of lower leg, including ankle, have additional seventh characters (B, C, E, F, H, J, M, N, Q, R) to identify open fractures with the Gustilo classification.





Gustilo Classification

I

- Low energy, Wound less than 1 cm

II

- Greater than 1 cm with moderate soft tissue damage

III

- High energy wound greater than 1 cm with extensive soft tissue damage

IIIA

- Adequate soft tissue cover

IIIB

- Inadequate soft tissue cover

IIIC

- Associated with arterial injury



Case 1.136

S52.351B Fracture, traumatic (abduction) (adduction) (separation), radius, shaft, comminuted (displaced). Review the Tabular for complete code assignment, including the seventh character.

Rationale: A compound fracture is an open fracture and this is stated as a type II open fracture in the documentation. The seventh character of B indicates the initial treatment for a type II open fracture.



Case 1.137

G82.21 Paraplegia (lower), complete

S32.029S Fracture, traumatic (abduction) (adduction) (separation), vertebra, vertebral (arch) (body) (column) (neural arch) (pedicle) (spinous process) (transverse process), lumbar, second. Review the Tabular for correct seventh character.

Rationale: Seventh character S, sequela, is used for complications or conditions that arise as a direct result of an injury. When using seventh character S it is necessary to use both the injury code that precipitated the sequela and the code for the sequela itself. The S is added only to the injury code, not the sequela code. The specific type of sequela (paraplegia) is sequenced first, followed by the injury code.



Case 1.138

S02.65xG

Fracture, traumatic, (abduction) (adduction) (separation), mandible (lower jaw (bone)), angle (of jaw). Review the Tabular for complete code assignment and correct seventh character.

Rationale: As with other fracture aftercare, the code for the acute fracture should be assigned with the seventh character G to indicate the delayed healing.



Case 1.139

S02.0xxA Fracture, traumatic (abduction) (adduction) (separation), skull, frontal bone. Review the Tabular for complete code assignment.

S06.5x2A Hemorrhage, hemorrhagic (concealed), intracranial (nontraumatic), subdural, traumatic – *see* Injury, intracranial (traumatic), subdural hemorrhage, traumatic. Review the Tabular for complete code assignment and correct seventh character.



Case 1.139 (continued):

Rationale: In ICD-10-CM, there is not a combination code for intracranial hemorrhage associated with skull fracture. Both conditions must be identified with separate codes. There is a “code also” note directing the coding professional to code also any associated intracranial injury (S06.-)



Case 1.140

S91.322A

Laceration, heel – *see* Laceration, foot (except toe(s) alone), left, with foreign body. Review the Tabular for correct seventh character.

Rationale: In ICD-10-CM, the Index identifies both the laterality and the presence of the foreign body with the laceration code. The seventh character A is used to indicate the initial encounter.



Case 1.141

S42.431D Fracture, traumatic (abduction) (adduction) (separation), humerus, lower end, epicondyle, lateral (displaced). Review the Tabular for complete code assignment and the correct seventh character.

Rationale: The documentation indicates that this is the elbow but the epicondyle is coded to the humerus. Indexing Elbow in the book will lead to an incorrect code. The elbow is the lower end of the humerus, and the lateral epicondyle extends medially to form the main part of the lower end of the humerus. This type of fracture is common in children. Even with normal healing, aftercare for fractures is coded to the acute fracture code with the seventh character that indicates routine healing.



Case 1.142

T39.1x1A **Poisoning (acute) - *see* also Table of Drugs and Chemicals, Acetaminophen, Poisoning, Accidental (unintentional). Review the Tabular for the correct seventh character.**

R11.2 **Nausea (without vomiting), with vomiting**

Rationale: The seventh character is used with the poisoning codes in ICD-10-CM. All manifestations of poisonings should be assigned as an additional code.



Case 1.143

R11.2 Nausea, with vomiting

R53.83 Fatigue

**T46.0x5A Table of Drugs and Chemicals, Digoxin,
adverse effect**

Rationale: The Index directs the coder to T46.0X5 in the Tabular. The seventh character must be assigned to indicate the initial encounter. The Official Coding Guidelines state “Assign the appropriate code for the nature of the adverse effect followed by the appropriate code for the adverse effect of the drug (T36-T50).”



Case 1.144

I13.2 Disease, diseased, heart (organic), hypertensive – *see* Hypertension, heart. Hypertension, hypertensive (accelerated) (benign) (essential) (idiopathic) (malignant) (systemic), heart (disease) with kidney disease (chronic) – *see* Hypertension, cardiorenal (disease), with heart failure, with stage 5 or end-stage renal disease

I50.9 Failure, heart (acute) (sudden), congestive (compensated) (decompensated). The “use additional code” statement under code I13.2 indicates the use of this code to identify the type of heart failure.



Case 1.144 (continued):

- N18.5** **Disease, diseased, kidney (functional) (pelvis), chronic, stage 5. The “use additional code” statement under code I13.2 indicates the use of this code to identify the stage of the chronic kidney disease**
- T50.1X6A** **Refer to Table of Drugs and Chemicals, Lasix, underdosing**
- Z91.130** **Noncompliance, with medication regimen, underdosing, unintentional, due to patient’s age-related debility**



Case 1.144 (continued):

Rationale: In ICD-10-CM, underdosing of medication can now be identified. The coding guidelines state: “Underdosing refers to taking less of a medication than is prescribed by a provider or a manufacturer’s instruction. For underdosing, assign the code from categories T36-T50 (fifth or sixth character 6). Noncompliance (Z91.12-, Z91.13-) or complication of care (Y63.8-Y3.9) codes are to be used with an underdosing code to indicate intent, if known. Codes for underdosing should never be assigned as principal or first-listed codes.”



Case 1.144 (continued):

There is also a “code first underdosing of medication...” note under code Z91.13. The combination code for heart and kidney disease is used in this situation because both heart and renal disease exist along with the hypertension. According to the Official Coding Guidelines for hypertensive heart disease, the causal relationship is implied with the word “hypertensive.”

An additional code from category I50 is used to identify the type of heart failure. The “use additional code” statement under code I13.2 indicates the use of the N18.5 code to identify the stage of the chronic kidney disease.



Case 1.145

I49.5 **Syndrome, sick, sinus**

T82.110A **Complication(s) (from) (of), cardiovascular device, graft, or implant, electronic, electrode, mechanical, breakdown. Review the Tabular for assignment of seventh character.**

Z53.8 **Canceled procedure (surgical), because of, specified reason NEC**

Rationale: The complication code, for the broken pacemaker electrode, is assigned as a secondary diagnosis because the sick sinus syndrome was the reason for admission. The Z code for the canceled procedure should also be added.



Case 1.146

T84.51XA

Complication(s) (from) (of), joint prosthesis, internal, infection or inflammation, hip. Review the Tabular for complete code assignment and seventh character.

Rationale: The complication code assigned for this case includes the type of complication, the specific type of prosthesis and laterality.



Case 1.147

S22.41XA Fracture, traumatic (abduction) (adduction) (separation), rib, multiple. Review the Tabular for complete code assignment and correct seventh character.

S62.101A Fracture, traumatic (abduction) (adduction) (separation), wrist. Review the Tabular for complete code assignment and correct seventh character.

Rationale: In ICD-10-CM, rib fractures are coded as just one or multiple. The chest contusion would not be coded because it is a superficial injury associated with the rib fractures. Both of the codes in this case require a seventh character to identify the initial encounter.



Case 1.148

T40.7X2A Table of Drugs and Chemicals, Marijuana, Poisoning, Intentional, Self-harm. Review the Tabular for seventh character.

T40.5X2A Table of Drugs and Chemicals, Cocaine, Poisoning, Intentional, Self-harm. Review the Tabular for seventh character.

S01.412A Laceration, cheek (external). Review the Tabular for complete code assignment and seventh character.



Case 1.148 (continued):

S01.01XA Laceration, scalp. Review the Tabular for complete code assignment and seventh character.

Rationale: If an overdose of a drug was intentionally taken or administered and resulted in drug toxicity, it would be coded as a poisoning. The seventh character is required for all of the codes in this case.



ICD-10-CM

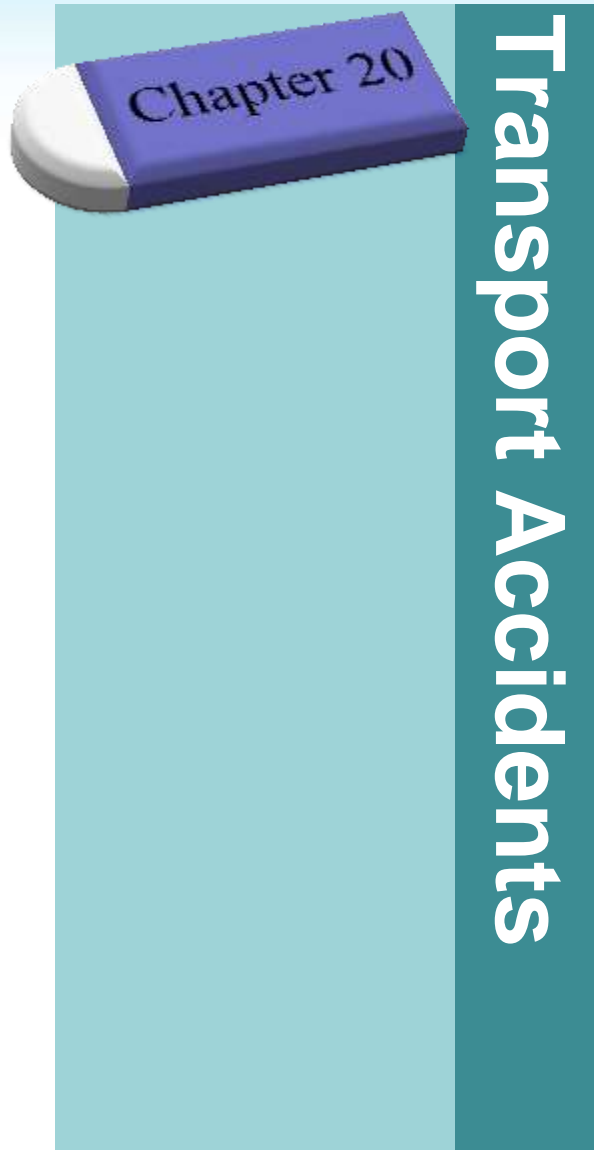
EXTERNAL CAUSES OF MORBIDITY



Most applicable to injuries, also valid for other use – i.e., infections or heart attack occurring during strenuous physical activity



- External cause code may be used with any code in range A00.0-T88.9, Z00-Z99, that is health condition due to external cause
- Encompasses alpha characters V, W, X, and Y
- Assign external cause code, with appropriate seventh character for each encounter for which injury or condition is being treated
 - Initial encounter
 - Subsequent encounter
 - Sequela



- A transport accident is one in which vehicle must be moving or running or in use for transport purposes at the time of the accident
- Definitions of transport vehicles provided in classification



Transport Note

Use additional code to identify

Airbag injury (W22.1)

Type of street or road (Y92.4-)

Use of cellular telephone at time of transport accident (Y93.C-)



Category Y92 Place of occurrence

Use with activity code

Only on initial encounter

Generally only one Y92
code on record

Do not use Y92.9 if place
not stated



Category Y93 Activity

Use with Y92 and Y99

Only on initial encounter

Only one Y93 code on
record

Do not use Y93.9 if
activity not stated

**Not applicable to poisonings,
adverse effects, misadventures,
or late effects**



Category Y99

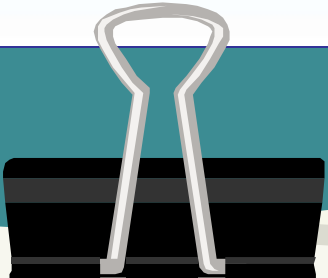
- Assign Y99, External cause status, to indicate work status
 - Military activity
 - Non-military person was at work
 - An individual including a student or volunteer was involved in a non-work activity



Chapter 20

Category Y99

- Assign with other external cause codes, such as transport accidents and falls
- Are not applicable to poisonings, adverse effects, misadventures, or late effects
- Do not assign a code from category Y99 if no other external cause codes (cause, activity) are applicable for the encounter
- Do not assign code Y99.9, Unspecified external cause status, if status is not stated



Coding Note: The seventh character must always be the seventh character in the data field. If a code that requires a seventh character is not six characters, a placeholder X must be used to fill in the empty characters.



X



Case 1.149

- V43.53XA** **Index to External Causes, Accident, car – *see* Accident, transport, car occupant. Accident, transport, car occupant, driver, collision (with) pickup truck (traffic)**
- Y92.411** **Index to External Causes, Place of occurrence, highway (interstate)**
- Y93.C2** **Index to External Causes, Activity (involving) (of victim at time of event), cellular, telephone**



Case 1.149 (continued):

Rationale: The transport accident codes have been greatly expanded in ICD-10-CM with much more detail. It takes experience to get used to the Index to External Causes and Tabular sections. Just getting familiar with both is a help to coding these conditions correctly. An appropriate seventh character is to be added to each code from category V43. If the code does not contain six characters, the X is used before placing the seventh character. No Status code was selected because this information was not documented.



Case 1.150

- Y37.230A** **Index to External Causes, Military operations (injuries to military and civilians occurring during peacetime on military property and during routine military exercises and operations) (by) (from) (involving) explosion (of) improvised explosive device [IED] (person-borne) (roadside) (vehicle-borne)**
- Y92.139** **Index to External Causes, Place of occurrence, military base – *see* Place of occurrence, residence, institutional, military base**
- Y99.1** **Index to External Causes. External cause status, military activity**



Case 1.150 (continued):

Rationale: There is no activity code assigned here because none of the categories is specific to this case. Even though Y93.89 (other activity) is available, it is not assigned in this case because of this note: “They are also appropriate for use with external cause codes for cause and intent if identifying the activity provides additional information on the event.” In this case, there is no kind of activity involved. The fact that the person was military personnel injured by an IED is not an activity it is captured by the Y37 code.



Case 1.151

W54.0XXA Index to External Causes, Bite, bitten by, dog

Y92.71 Index to External Causes, Place of occurrence, barn

Y93.K9 Index to External Causes, Activity (involving) (of victim at time of event), animal care NEC

Y99.0 Index to External Causes, External cause status, civilian activity done for income or pay

Rationale: In this case it is possible to report the place of occurrence, the activity and status in addition to the external cause code for bite. When adding the seventh character, if the code does not contain six characters, the X is used before placing the seventh character.



Case 1.152

X10.2XXA Index to External Causes, Burn, burned, burning (accidental) (by) (from) (on), hot, oil (cooking)

Y92.511 Index to External Causes, Place of occurrence, restaurant

Y93.G3 Index to External Causes, Activity (involving) (of victim at time of event), cooking and baking

Y99.0 Index to External Causes, External cause status, civilian activity done for income or pay



Case 1.152 (continued):

Rationale: The burn was caused by the cooking oil, not the cooker, so code X10.2 is used rather than X15.8. When adding the seventh character, if the code does not contain six characters, the X is used before placing the seventh character.



Case 1.153

- S72.002A** Fracture, traumatic (abduction) (adduction) (separation) femur, femoral, neck – *see* fracture, femur, upper end, neck
- W11.XXXA** Index to External Causes, Fall, falling (accidental), from, off, out of, ladder
- Y92.018** Index to External Causes, Place of occurrence, residence (non-institutional) (private), house, single-family, specified NEC
- Y93.H9** Index to External Causes, Activity (involving) (of victim at time of event), maintenance, property
- Y99.8** Index to External Causes, External cause status, specified NEC



Case 1.153 (continued):

Rationale: The seventh character A is used to indicate the initial encounter for the fracture. The X placeholder is used in the external cause code because the seventh character is required. A code from categories Y92, Y93, and Y99 should be used to indicate information about the event. Code Y93.H9 was selected over Y93.E9 (household maintenance) because of the excludes note under Y93.E for “activities involving property and land maintenance, building and construction (Y93.H-).” Since the person was on a ladder outside his home, working on a home improvement project, it seems like “property maintenance” might be the best fit.



Case 1.154

S32.019D

Fracture, traumatic (abduction) (adduction) (separation) vertebra, vertebral (arch) (body) (column) (neural arch) (pedicle) (spinous process) (transverse process), lumbar, first

S32.029D

Fracture, vertebra, vertebral (arch) (body) (column) (neural arch) (pedicle) (spinous process) (transverse process), lumbar, second

W11.XXXD

Index to External Causes, Fall, falling (accidental), from ladder



Case 1.154 (continued):

Rationale: In ICD-10-CM, fractures of each level of the vertebrae are coded separately. The seventh character D is used to indicate the subsequent encounter for the fracture that is documented as routinely healing. The external cause code, with the appropriate seventh character is assigned for each encounter for which the injury is being treated. Codes from categories Y92 and Y93 are only assigned on the initial encounter, and so are appropriate only with the seventh character A. No external cause status code is assigned because the coding guidelines state that Y99.9 is not assigned if the status is not stated, and this is a subsequent encounter. It is presumed to be inappropriate for use on subsequent encounters because the complete information would not be available in the record, and the details have already been provided at the initial encounter.



Case 1.155

- T24.332A** Burn (electricity) (flame) (hot gas, liquid or hot object) (radiation) (steam) (thermal), calf, left, third degree
- T21.34XA** Burn (electricity) (flame) (hot gas, liquid or hot object) (radiation) (steam) (thermal), back, third degree
- X02.0XXA** Index to External Causes, Fall, falling (accidental), into, fire- *see* Exposure, fire, by type. Exposure (to), fire, flames (accidental) fireplace, furnace or stove – *see* Exposure, fire, controlled, building. Exposure, fire, flames (accidental), controlled (in), building or structure



Case 1.155 (continued):

- Y92.003** **Index to External Causes, Place of occurrence, residence (non-institutional) (private), bedroom**
- Y93.02** **Index to External Causes, Activity (involving) (of victim at time of event), running**
- Y99.8** **Index to External Causes. External cause status, specified NEC**

Rationale: The seventh character A refers to the initial encounter. Only the highest degree of burn (3rd) on the calf and back are reported.



Case 1.155 (continued):

If a code is not a full six characters, a placeholder X must be used to fill the empty characters when the seventh character is required. Notes under category T24.2 state to use additional external cause code to identify the source, place, and intent of the burn. If the percent of body burned was documented, category T31 may be assigned as a secondary code. The rule of nines is not used to calculate this without documentation by the provider. For example in this case it was documented that the calf was burned, but certainly *not* what percentage of the leg was burned. As with any ICD code, physician documentation is required.



Case 1.156

T22.212D Burn, (electricity) (flame) (hot gas, liquid or hot object) (radiation) (steam) (thermal) forearm, left, second degree

X10.2XXD Index to External Causes, Burn, burned, burning (accidental) (by) (from) (on), hot, fat

Z48.00 Change(s) (in) (of) dressing (nonsurgical)

Rationale: The seventh character D is used for both codes to indicate a subsequent encounter for care (the original treatment was rendered “several days ago”). The ICD-10-CM guidelines indicate that these characters must always occupy the seventh character position. If a code is not a full six characters, a placeholder X must be used to fill in the empty characters when the seventh character is required.



Case 1.156 (continued):

A place of occurrence and activity code would not be used as the guidelines state that both a place of occurrence code and activity code is used only once, at the initial encounter for treatment. Coding Guideline I.C.21.c.7 states that aftercare Z codes should not be used for aftercare for injuries. For aftercare of an injury, assign the acute injury code with the seventh character D. In this case, the injury (burn) was sequenced first and not the aftercare code. However, the Z48.00 code might be added to provide additional information. No external cause status code is assigned because the coding guidelines state that Y99.9 is not assigned if the status is not stated, and this is a subsequent encounter. It is presumed to be inappropriate for use on subsequent encounters because the complete information would not be available in the record, and the details have already been provided at the initial encounter.



Case 1.157

S52.301B

Fracture, traumatic (abduction) (adduction) (separation), radius, shaft. Review Tabular for complete code assignment.

S52.201B

Fracture, traumatic (abduction) (adduction) (separation), ulna, shaft. Review Tabular for complete code assignment.

S16.1XXA

Strain, cervical



Case 1.157 (continued):

V43.52XA **Index to External Causes, Accident (to), car – see Accident, transport, car occupant, driver, collision (with), car (traffic)**

Y92.411 **Index to External Causes, Place of occurrence, street and highway, interstate highway**

Rationale: In ICD-10-CM, there is not a combination code for fractures of the radius and ulna. These should be coded separately. For codes S52.301B and S52.201B, the sixth character of 1 indicates the laterality—right arm. The seventh character B is used for the fractures as this was the initial encounter for an open fracture and is the correct choice when the extent (Gustilo classification) of the open fracture is not documented.



Case 1.157 (continued):

The fifth and sixth digits of code S16.1XXA are placeholders for the use of the seventh character of A to indicate the initial encounter. A code from the Y93 category (Activity code) is not assigned in this case because none of the codes add any additional detail. The note at the beginning of the activity codes states: “They are also appropriate for use with external cause codes for cause and intent if identifying the activity provides additional information on the event.” And in this case, there was no particular “activity” stated. The mere act of “driving” doesn’t constitute the intent of the activity codes, as that would just duplicate what is already captured in the base external cause (driver involved in auto collision). No code from category Y99 is assigned because the documentation is not present to indicate if the person was working or not; it would only be assumed that she was not working.

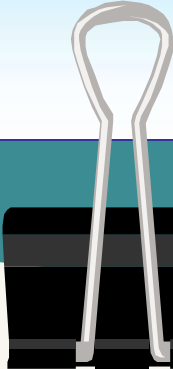


Case 1.158

S42.401K **Nonunion, fracture – *see* fracture, by site.
Fracture, traumatic, humerus, distal end –
see Fracture, humerus, lower end, lower end**

V00.121D **Index to External Causes, Fall, falling
(accidental), involving, skates (ice) (in line)
(roller) – *see* Accident, transport, pedestrian,
conveyance, roller skates (non in-line), fall**

Rationale: Although the patient is being treated for a nonunion of a fracture, the external cause code(s) should also be added but the seventh character of D should be used to indicate the subsequent encounter.

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Coding Note: The coding note under category S61 indicates a “code also any associated wound infection” which does not provide a mandatory sequencing requirement for S61 to be sequenced ahead of the wound infection.



Case 1.159

L08.9

**Infection, infected, infective,
skin (Local) (staphylococcal)
(streptococcal)**

S61.411A

**Wound, open, hand, laceration –
see laceration, hand, right**

W25.XXXA

**Index to External Causes, Cut,
cutting (any part of body)
(accidental) – *see also* Contact, with,
glass (sharp) (broken)**

Y92.511

**Index to External Causes, Place of
occurrence, restaurant**



Case 1.159 (continued):

F10.10 Abuse, alcohol

F15.10 Abuse, amphetamine (or related substance) – *see* Abuse, drug, stimulant NEC

**Y99.8 Index to External Causes,
External cause status, leisure activity**



Case 1.159 (continued):

Rationale: ICD-10-CM does not have a combination code that identifies an infection of an open wound. The skin infection should be listed first as it was the reason for the encounter and the condition that was treated. Since the note under category S61 says “code also any associated wound infection” there is no mandatory sequencing requirement for S61 to be sequenced first. A code from the Y93 category is not assigned because there is no further specification available. There is not enough information available about what she was “doing” at the time of the incident. If this information was available, it would be appropriate to add the Y93 code.



Case 1.160

- S06.9X2A** Injury, head, with loss of consciousness.
Review Tabular for complete code assignment.
- R40.2121** Coma, with, opening of eyes, in response to, pain
- R40.2211** Coma, with verbal response (none)
- R40.2311** Coma, with motor response (none)
- Y04.0XXA** Index to External Causes, Assault (homicidal) (by) (in), fight (hand) (fists) (foot) (unarmed)



Case 1.160 (continued):

Y92.830 Index to External Causes, Place of occurrence, recreation area, park (public)

Y93.01 Index to External Causes, Activity (involving) (of victim at time of event), walking (on level or elevated terrain)

Y99.8 Index to External Causes, External cause status, student activity



Case 1.160 (continued):

Rationale: The seventh character A is used for the head injury to indicate the initial episode of care. Because the patient was comatose and the three elements of the Glasgow coma scale were documented (eyes open, verbal response, and motor response) each of these can be identified and the seventh character 1 is used to indicate that the coma scale was completed “in the field” by paramedics. To review information about assigning the Glasgow coma scale, review Chapter 18, Symptoms, signs and abnormal clinical and laboratory findings. The assault was presumed to be an unarmed fight because the documentation indicates a fight, but no weapons were discussed.



Case 1.161

- S02.10XA** Fracture, traumatic (abduction) (adduction) (separation), skull, base
- S06.5X0A** Hematoma (traumatic) (skin surface intact), subdural (traumatic) – *see* Injury, intracranial (traumatic), subdural hemorrhage, traumatic. Review Tabular for complete code assignment.
- S82.855A** Fracture, traumatic, trimalleolar – *see* fracture, ankle, trimalleolar, nondisplaced. Review Tabular for complete code assignment.
- W00.1XXA** Index to External Causes, Fall, falling (accidental) due to, ice or snow, from one level to another, on stairs or steps



Case 1.161 (continued):

Y92.018 **Index to External Causes, Place of occurrence, residence (non-institutional) (private) house, single family, specified NEC**

Y99.8 **Index to External Causes, External cause status, specified NEC**

Rationale: In ICD-10-CM, there is not a combination code for a skull fracture with a subsequent subdural hematoma; therefore, the two conditions need to be coded separately.



Case 1.161 (continued):

In order to select the correct code for the skull fracture, one would need to know or research that basilar is the base of the skull. The seventh character of A is used to indicate the initial episode of care for the fractures, hematoma, and fall. A code from the Y93 category would not be assigned here because there is no applicable activity, and according to the ICD-10-CM Coding Guidelines, Y93.9 should not be used if the activity of the patient is not stated or is not applicable. Code Y99.8 was used because the patient is at her own home. If there was documentation that this was a work-related accident, however, that would be coded instead.



Case 1.162

S14.112A Injury, spinal (cord), cervical (neck), complete lesion, C2 level

S12.100A Fracture, traumatic, vertebra, vertebral (arch) (body) (column) (neural arch) (pedicle) (spinous process) (transverse process), cervical, second (axis) – see Fracture, neck, cervical vertebra, second (displaced)

S06.9X1A Injury, head, with loss of consciousness. Review Tabular for complete code assignment.

V20.4XXA Index to External Causes, Accident, transport, motorcyclist, driver, collision (with), animal (traffic)



Case 1.162 (continued):

Y92.410 **Index to External Causes, Place of occurrence, street and highway**

Y99.8 **Index to External Causes, External cause status, leisure activity**

Rationale: In a fracture with a spinal cord injury, ICD-10-CM does not have a combination so these conditions need to be coded separately. The note at category S14 states to code also any associated fracture of cervical vertebra. The quadriplegia is not coded separately, as this is the current episode of the injury.



Case 1.162 (continued):

When you reference quadriplegia, traumatic in the Index, the coder is referred back to the S14 code. The sixth digit of 1 for code S06.9x1A indicates a loss of consciousness of 30 minutes or less. The place of occurrence code is Y92.410 as there is no specific code for a mountain highway. In the Index, under highway (interstate) appears that it may be the correct code since interstate is in parentheses. But on further review, Y92.410 appears to be the best choice. Assigning a “place of occurrence” code in some cases is not clear in the classification system.



Case 1.162 (continued):

A code from the Y93 category (activity code) is not assigned because none is particularly applicable. Riding a bicycle is similar, but not the same as a motorcycle. There are few choices when it pertains to transport accidents. There is no particular “activity” described in the scenario. Driving his motorcycle does not fall within the intent of the activity codes, as that information is already captured by the V20 code. If he was sending a text message while driving his motorcycle, that would be an activity.



ICD-10-CM

FACTORS INFLUENCING HEALTH STATUS AND CONTACT WITH HEALTH SERVICES



Corresponding procedure code must accompany Z code if procedure is performed

Z Codes Reason Encounter

When person who may or may not be sick encounters health services for some specific purpose, i.e. to receive limited care or service for current condition, donate an organ or tissue, receive prophylactic vaccination, discuss problem

When some circumstance or problem is present which influences person's health status but is not a current illness or injury



Common Index Main Terms to Locate Z Codes

- Admission (encounter)
- Aftercare
- Attention to
- Boarder
- Care (of)
- Carrier (suspected) of
- Checking
- Chemotherapy
- Contact
- Contraception, contraceptives
- Counseling
- Dependence
- Dialysis
- Donor
- Encounter for
- Examination
- Exposure
- Fitting (of)
- Follow-up
- Healthy
- History (personal) of
- Maintenance
- Maladjustment
- Newborn
- Observation
- Outcome of delivery
- Pregnancy
- Problem
- Prophylactic
- Replacement by artificial or mechanical device or prosthesis of
- Resistance, Resistant
- Screening
- Status (post)
- Supervision (of)
- Test(s)
- Therapy
- Transplant(ed)
- Unavailability of medical facilities
- Vaccination



Case 1.163

Z38.00 **Newborn (infant) (liveborn) (singleton)
born in hospital**

P55.0 **Incompatibility, Rh (blood group) (factor),
newborn**

Z67.10 **Blood, type, A (Rh positive)**

Rationale: The newborn code would be listed first, followed by the Rh incompatibility. The blood type of the baby is A+. The mother's blood type is not coded on the newborn's record.



Case 1.164

Z02.0 Examination (for) (following) (general) (of) (routine), medical (adult) (for) (of) preschool children, for admission to school

Rationale: ICD-10-CM provides much more specificity for administrative examinations.



Case 1.165

Z44.121 **Encounter (with health service) (for) fitting (of) – see Fitting (and adjustment) (of). Fitting (and adjustment) (of) artificial, leg – see Admission, adjustment, artificial, leg. Admission (for), adjustment (of), artificial, leg, partial**

Z89.51 **Absence (of) (organ or part) (complete or partial) leg (acquired) (above knee), below knee (acquired)**

Rationale: Category Z44 is used for fitting and adjustment of external prosthetic devices, including the removal or replacement of external prosthetic devices. This category is not used for malfunction or other complications of the device. In this case, the acquired absence of the limb was added as an additional code.



Case 1.165 (continued):

See Coding Guideline I.C.21.7, which references that a status code should not be used when the aftercare code indicates the type of status, such as using Z43.0, Encounter for attention to tracheostomy, with Z93.0, Tracheostomy status. This is the same type of situation, but the aftercare code indicates that the artificial leg is partial, but not specifically where the amputation occurred. The status code can provide greater specificity about the site, for example, foot, ankle, below knee, above knee. In this case it was felt that the additional code provided additional information.



Case 1.166

**M81.0 Osteoporosis (female) (male),
postmenopausal**

**Z87.310 History, personal (of), fracture (healed)
osteoporosis**

Rationale: The personal history codes include expanded codes to identify past conditions. The note at category M81 states: Use additional code to identify personal history of (healed) osteoporosis fracture, if applicable (Z87.310). The documentation for the fracture states that it is healed, and not causing any complications.



Case 1.167

- I21.29** **Infarct, infarction, myocardium, myocardial (acute) (with stated duration of 4 weeks or less), ST elevation (STEMI), lateral (apical-lateral) (basal-lateral) (high)**
- Z92.82** **Status (post), administration of tPA (rtPA) in a different facility within the last 24 hours prior to admission to current facility**



Case 1.167 (continued):

Rationale: Category I21 has a note: Use additional code, if applicable, to identify: status post administration of tPA (rtPA) in a different facility within the last 24 hours prior to admission to current facility (Z92.82). The coding guidelines specify that this status code is assigned at the receiving facility, not at the transferring facility. And the code may be assigned if the tPA was administered within the last 24 hours, even if the patient is still receiving the tPA at the time they are received into the current facility. A note accompanies code Z92.82: Code first condition requiring tPA administration, such as acute cerebral infarction (I63.-); acute myocardial infarction (I21.-, I22.-).



Case 1.168

Z43.6 **Attention (to), artificial opening (of), urinary tract NEC**

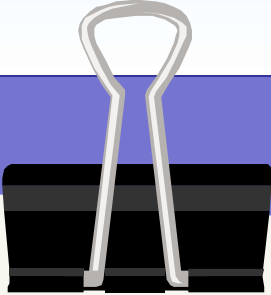
Z90.6 **Absence (of) (organ or part) (complete or partial), bladder (acquired)**

Z85.51 **History, personal (of), malignant neoplasm (of), bladder**



Case 1.168 (continued):

Rationale: The reason for the encounter was to check on the patency of the ileal conduit. An ileal conduit is an artificial opening for the urinary tract, not the digestive tract, although the urine is diverted into an isolated segment of the ileum following cystectomy. To create the ileal conduit, the ureters are resected from the bladder, and the ureteroenteric anastomosis is made to drain the urine into a detached section of ileum. The end of the ileum is brought out through a stoma in the abdominal wall.

A silver metal paperclip is positioned at the top center of a stack of three yellow sticky notes. The paperclip is oriented vertically, with its loop at the top and its prongs pointing downwards. The sticky notes are layered, with the top one being the most prominent. The text on the sticky notes is in a black, sans-serif font.

Coding Note: Aftercare Z codes in ICD-10-CM should not be used for aftercare of fractures. For aftercare of a fracture, assign the acute fracture code with the seventh character D (subsequent encounter).



Case 1.169

S32.411D

Fracture, traumatic (abduction) (adduction) (separation), acetabulum, wall, anterior

V03.90XD

Index to External Causes, accident (to), pedestrian (on foot), with, transport vehicle – *see* Accident, transport, pedestrian, on foot, collision (with), car



Case 1.169 (continued):

Rationale: Aftercare encounters in ICD-10-CM are coded to the appropriate fracture code with a seventh character D. In the Alphabetic Index, main term Aftercare, subterm Fractures directs the coder to “code to fracture with seventh character D.” The sixth character of the fracture code (S32.411D) specifies the laterality of the fracture, right side and the seventh character indicates that this is a subsequent encounter for fracture with routine healing. The accident external cause code can be assigned, once again with seventh character D. No place of occurrence or activity code should be assigned because they are used only on the initial encounter. Code S32.41 (displaced) is the default when not specified, not nondisplaced.