Advanced Case Studies in ICD-10-CM

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Objectives

• Identify how to validate the 7\textsuperscript{th} character application
• Analyze provider documentation to utilize the greater specificity captured within the coding classification
• Apply ICD-10-CM guidelines and AHA Coding Clinic® to further understand the code set
ICD-10-CM Case

Case Study 1
Terms to Know

• Volar surface: the palm of the hand
• Distal: furthest away from the point of attachment or furthest away from midline
• Phalanges – see picture on next slide
  – Distal
  – Middle
  – Proximal
Bones of the Hand

Bones of human hand and wrist

Phalanges
- Distal
- Middle
- Proximal

Metacarpal bones
- Hamulus of hamate
- Pisiform
- Hamate
- Triquetrum
- Lunate

Carpal bones
- Trapezoid
- Trapezium
- Capitate
- Scaphoid

Distal phalanx of the thumb
Proximal phalanx of the thumb
Bones of the Fingers
Case 1 Review

INDICATION: The patient is a 45 year old right hand dominant man, who is injured when trying to unjam a snowblower with his left hand earlier today. This accident occurred on the sidewalk while he was removing snow at the apartment complex where he works as a member of the maintenance team. He sustained partial amputations, comminuted fractures and extensive lacerations to his left index, ring, and long fingers. He presents now for surgical revision amputation.
The wounds were on the volar surface of all 3 fingers and involved the distal and middle phalanges of the long and ring fingers. The bone that was involved was completely comminuted with fragments approximately 2 to 3 mm in size at the largest. So, there was no possibility of maintaining the injured portions of the fingers. Revision amputation was performed by trimming off the extra skin and removing all bone fragments.
Principal diagnosis:
S68.621A Partial traumatic transphalangeal amputation of left index finger, initial encounter

Secondary:
S68.625A Partial traumatic transphalangeal amputation of left ring finger, initial encounter
S68.623A Partial traumatic transphalangeal amputation of left middle finger, initial encounter
Case 1 Answers (cont)

Amputation; traumatic; finger; transphalangeal; partial; index (S68.62-)

Amputation — see also Absence, by site, acquired
- neuroma (postoperative) (traumatic) — see Complications, amputation stump, neuroma stump (surgical)
- abnormal, painful, or with complication (late) — see Complications, amputation stump
- healed or old NOS Z89.9
- traumatic (complete) (partial)

--- partial S68.12-
- finger (complete) (metacarpophalangeal) S68.11-
- index S68.11-
- little S68.11-
- middle S68.11-
--- partial S68.12-
- index S68.12-
- little S68.12-
- middle S68.12-
- ring S68.12-
Case 1 Answers (cont)

Secondary (cont):

W31.89XA  Contact with other specified machinery

Contact; with; machinery; specified NEC (W31.89-)

Y93.H9  Activity, other involving exterior property and land maintenance, building and construction

Activity; property maintenance; exterior (Y93.H9)
Case 1 Answers (cont)

Secondary (cont):

Y92.480 Sidewalk as the place of occurrence of the external cause

Place of occurrence; sidewalk (Y92.480)

Y99.0 Civilian activity done for income or pay

Status of external cause; Civilian activity done for income or pay (Y99.0)
ICD-10-CM Case
Case Study 2
Fibula and Tibial Fractures

Anterior view of the right knee

Fibular Head

Tibial Plateau
Case 2 Review

The patient is a 42-year-old female with no significant past medical history who, on 9/23 was struck by an automobile, suffering a right acetabulum comminuted fracture, mildly displaced fracture of the left superior rim of the pubic ramus, nondisplaced fracture of the left inferior pubic ramus, mildly displaced fracture of the left fibular head, and a right lateral tibial plateau fracture. She underwent open reduction with internal fixation of the posterior pelvic ring and right acetabulum on 9/29. She underwent open reduction with internal fixation of her right tibial plateau fracture on 10/4. She is presently non-weight bearing, bilateral lower extremities. She is admitted for intensive physical rehabilitation.
PHYSICAL EXAMINATION

CRANIAL NERVES: Cranial nerves II - XII intact, except for:

- III: Oculomotor: Nystagmus
MEDICAL PLAN

REHABILITATION: Functional deficits due to multitrauma, including multiple fractures status post open reduction with internal fixation x 2, resulting in pain, non-weight bearing bilateral lower extremities, debility, and deconditioning requiring comprehensive inpatient rehabilitation, including physical therapy, occupational therapy, speech-language pathology, psychiatry, and nursing under physiatrist supervision.

NEUROLOGIC: Traumatic brain injury - plan for neuropsychiatric testing
Principal diagnosis:
S32.401D Unspecified fracture of right acetabulum, subsequent encounter for fracture with routine healing
Fracture, traumatic; acetabulum (S32.40-)

Secondary:
S32.512D Fracture of superior rim of left pubis, subsequent encounter for fracture with routine healing
Fracture, traumatic; pubis; superior rim (S32.51-)
Case 2 Answers (cont)

Secondary (cont):

S32.592D  Other specified fracture of left pubis, subsequent encounter for fracture with routine healing

Fracture, traumatic; pubis; specified site NEC (S32.59-)

S82.832D  Other fracture of upper and lower end of left fibula, subsequent encounter for closed fracture with routine healing

Fracture, traumatic; fibula; upper end; specified NEC (S82.83-)
Secondary (cont):

S82.141D  Displaced bicondylar fracture of right tibia, subsequent encounter for closed fracture with routine healing

Fracture, traumatic; tibia; upper end; bicondylar (S82.14-)

S06.9X0D  Unspecified intracranial injury without loss of consciousness, subsequent encounter

Injury; brain (traumatic) (S06.9-)
Secondary (cont):

V03.90XD  Pedestrian on foot injured in collision with car, pick-up truck or van, unspecified whether traffic or nontraffic accident, subsequent encounter

Accident; transport; pedestrian; on foot; collision; car (V03.90) – External Cause Index

H55.00  Unspecified nystagmus

Nystagmus (H55.00)

R29.810  Facial weakness

Droop; facial (R29.810)
ICD-10-CM Case
Case Study 3
Femoral Epiphysis
Case 3 Review

DIAGNOSIS:
Left hip endstage secondary arthritis due to trauma

FINDINGS:
Significant deformation of the femoral head was noted. Osteophyte formation was also noted, particularly over the anterior aspect of the acetabulum. There was no evidence of infection.
INDICATIONS: The patient is a 26-year-old gentleman who sustained an injury while playing basketball at the age of 16. He had what appeared to be a slipping capital femoral epiphysis. He underwent pinning of this. Approximately four months after this, the screw was removed. The patient has had worsening hip pain, particularly over the last year. He is now having difficulty with daily activities, such as getting on his shoes and socks. He has failed conservative treatment, including activity modification.
Case 3 Answers

Principal Diagnosis:
M12.552  Traumatic arthropathy, left hip
Arthropathy; traumatic; hip (M12.55-)

Secondary:
S79.012S  Salter-Harris Type I physeal fracture of upper end of left femur
Slipped, slipping; epiphysis; capital femoral; acute (on chronic) (S79.01-)

M25.752  Osteophyte, left hip
Osteophyte; hip (M25.75-)
ICD-10-CM Case
Case Study 4
SOCIAL HISTORY: Patient lives at home with his wife. He is an ex-smoker having smoked 2 to 3 packs per day for more than 30 years. He quit smoking in 1983. He drinks scotch and beer, about 2 to 3 times a week but denies heavy drinking.
Case 4 Review (cont)

ASSESSMENT AND PLAN:

1. Influenza A
2. Sepsis, present on admission
   – Fever
   – Tachycardia
   – Leukocytosis
3. Polymyalgia rhematica.
   – Chronic steroid use
DISCHARGE DIAGNOSIS:
1. Respiratory distress, resolved.
2. Sepsis, resolved.
3. Flu A.
4. Polymyalgia rhematica.
5. History of prostate cancer, diagnosed 15 years ago.
7. GERD.
In summary, the patient is an 80-year-old male with a past medical history of polymyalgia rheumatica, on prednisone therapy for the past 3 years, who presented to the emergency department complaining of cough, fever, and myalgias. He was admitted due to productive cough, low-grade fever, and myalgias and concern for the possibility of sepsis as well as influenza A. His respiratory panel returned influenza A positive, and he was initiated on the oseltamivir therapy due to his history of immunosuppression with steroids.
Principal Diagnosis:
A41.89 Other specified sepsis
Sepsis; specified organism (A41.89)

Secondary:
J10.1 Influenza due to other identified influenza virus with other respiratory manifestations
Influenza; due to; identified influenza virus NEC (J10.1)
R09.02 Hypoxemia
Hypoxemia (R09.02)
Secondary (cont):
M35.3 Polymyalgia rheumatica
Polymyalgia; rheumatica (M35.3)
K21.9 Gastro-esophageal reflux disease without esophagitis
Disease; gastroesophageal reflux (K21.9)
Z87.891 Personal history of nicotine dependence
History; personal; tobacco dependence (Z87.891)
Secondary (cont):

Z85.46 Personal history of malignant neoplasm of prostate

History; personal; malignant neoplasm; prostate

Z79.52 Long term (current) use of systemic steroids

Long-term drug therapy; steroids; systemic (Z79.52)

Z92.3 Personal history of irradiation

History; personal; irradiation (Z92.3)
References

• *AHA Coding Clinic® for ICD-10-CM and PCS*
• ICD-10-CM Official Coding and Reporting Guidelines for 2016
• Shutterstock
Questions?
Thank You!

AWC Middle East Healthcare Information Summit