

What Drives your Coding? Diagnoses

Kathy Cookman
11:00





What Drives Your Coding?

DIAGNOSES

Kathy J. Cookman, BS, CSTR, CAISS, EMT-P, FMN

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International Technical Coordinator/AIS Course director - AAAM

Objectives

- ▶ Identify injuries and correct ICD-10-CM and AIS coding
- ▶ Incorporate education of diagnosis coding
- ▶ Incorporate Anatomy and Physiology
- ▶ Rules for coding, specific to diagnoses identified within scenarios

Abstracting: Best Practice

- ▶ Consistency in process
- ▶ Read the details
- ▶ Work concurrently
- ▶ Ask questions/seek clarification
- ▶ Work with CDI team (*clinical documentation improvement team*)
- ▶ Determine core dataset



Assigning ICD-10-CM

- ▶ Use a CURRENT ICD-10-CM coding book
- ▶ Start with the INDEX
- ▶ Find the beginning components of the code
- ▶ Turn to the TABULAR section
- ▶ Complete the code
- ▶ Enter the appropriate code into the trauma registry

ICD-10-CM Placeholder

"X"

Assigning AIS

- ▶ Use the most current AIS Dictionary supported by your trauma registry
- ▶ Find the most appropriate AIS code
- ▶ Enter the code into the trauma registry

JJ Krash

- ▶ Transfer – 17 year old boy. Unrestrained passenger seated in the 3rd row. From scene to Level 3 Trauma Center. Transferred to burn center with 8% TBSA burns via ALS ambulance.
- ▶ **Diagnoses:**
 - ▶ 8% TBSA – 3rd degree RLW – circumferential
 - ▶ 1st degree RUE – right forearm
 - ▶ Hypothermia – 34.9



JJ Krash

- ▶ Develop a method for abstracting data and be consistent in searching cases the same way each time
 - ▶ ED Trauma Flow Sheet
 - ▶ Drawings “Area of Injury” can be helpful for external skin injury identification, however, be aware that it may be difficult to determine exactly what is noted, where and how complex – always look for more definitive information
 - ▶ TBSA Percentage?
 - ▶ Extremity Comments = “12% TBSA”
 - ▶ Nursing Note Narrative = “12% TBSA”
 - ▶ History & Physical = “8% TBSA”

What do you do with a discrepancy?

JJ Krash



- ▶ Unrestrained passenger seated in the 3rd row of van which lost control, went down a ditch, rolled over and vehicle caught fire.
- ▶ Mechanism of Injury
- ▶ V58.6XXA = Occupant of pickup truck or van in non-collision transport accident in traffic accident
- ▶ X01.0XXA = Exposure to flames in uncontrolled fire not in building or structure
 - ▶ The patient was a passenger in a van
 - ▶ The documentation states lost control of van, down an embankment, rolled = non-collision
 - ▶ Because the loss of control was on the street/highway, it is considered "traffic" accident
 - ▶ There was a subsequent car fire which is also captured

JJ Krash

ISS = 1

ICD-10-CM	Description	Body Region	AIS Code
T31.0	Burns involving <10% of body surface with 0% to 9% 3 rd degree burns		
T24.301A	Burn of 3 rd degree right lower extremity, circumferential	EXTERNAL	912008.1
T22.111A	Burn of 1 st degree right forearm	EXTERNAL	912002.1
T68.XXXA	Hypothermia (34.9)	EXTERNAL	010002.1

Ramona Krash

- ▶ Pediatric 7-year-old girl. Passenger in middle row on the driver's side van. Patient was restrained with lap belt only. From scene to Level 3 Trauma Center then transferred to a pediatric trauma center (focus on receiving facility) via helicopter.
- ▶ **Diagnoses:**
 - ▶ Moderate, 4.5cm anterior margin splenic laceration – GR3, closed
 - ▶ Lt. Bimalleolar fracture, closed, displaced
 - ▶ Multiple abrasions, Lt. ankle, Rt. cheek
 - ▶ Multiple contusions, Rt. Dorsal hand, LUQ, Rt. Forehead
 - ▶ Rt. Distal radius complete dislocation, open
 - ▶ Rt. Forearm laceration, 3 cm



Lacerated Spleen Descriptors/Severity/ Codes

OIS

Grade I = Laceration - Capsular tear, <1cm parenchymal depth

Grade II = Capsular tear, 1-3cm parenchymal depth that does not involve a trabecular vessel

Grade III = > 3cm parenchymal depth or involving trabecular vessels

Grade IV = Involving segmental or hilar vessels producing major devascularization (>25% of spleen)

Grade V = Completely shattered spleen

AIS

544299.2 = Spleen laceration, NFS

544222.2 = Spleen laceration, simple capsular tear <3cm parenchymal depth and no trabecular vessel involvement; minor; superficial [OIS I, II]

544224.3 = Spleen laceration no hilar or segmental parenchymal disruption or destruction; >3cm parenchymal depth or involving trabecular vessels; moderate [OIS III]

544228.5 = Spleen laceration hilar disruption producing total devascularization; tissue loss; avulsion; massive [OIS V]

ICD-10-CM

S36.039A = Unspecified laceration of spleen

S36.030A = Superficial (capsular) laceration of spleen

Laceration < 1cm; minor

S36.031A = Moderate laceration of spleen

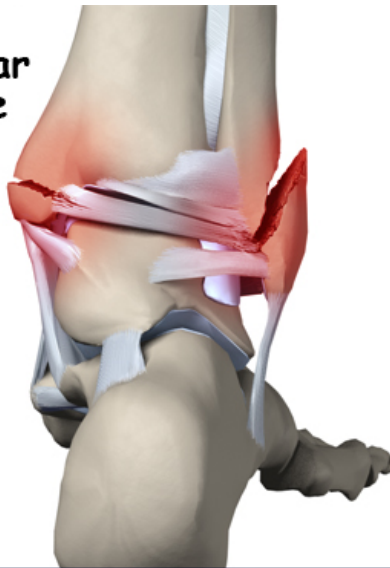
Laceration 1-3cm

S36.032A = Major laceration of spleen

Laceration >3cm; Avulsion; Massive; Multiple moderate lacerations; Stellate laceration

Bimalleolar Fracture

**Bimalleolar
fracture**



- ▶ Involves the lateral malleolus and medial malleolus
 - ▶ Lateral Malleolus = End of Fibula
 - ▶ Medial Malleolus = Inside Part Tibia

Unstable Fracture = Surgical Repair

Syndesmosis Joint = Joint between the tibia & fibula which is held together by ligaments

Ramona Krash

ISS = 14

ICD-10-CM	Description	Body Region	AIS Code
S36.031A	Grade 3 Splenic Laceration, 4.5cm, moderate	ABDOMEN	544224.3
S82.842A	Left Bimalleolar Fracture, displaced	EXTREMITY	854455.2
S51.811A	Right Forearm Laceration, 3cm	EXTERNAL	710602.1
S00.83XA	Right Forehead Contusion	EXTERNAL	210402.1
S30.1XXA	Left Upper Quadrant Contusion	EXTERNAL	510402.1
S60.221A	Right Dorsal Hand Contusion	EXTERNAL	710402.1
S00.81XA	Right Cheek Abrasion	EXTERNAL	210202.1
S90.512A	Left Ankle Abrasion	EXTERNAL	810202.1

Jimmy Krash

- ▶ Admission 43-year-old male, restrained 3-point seatbelt, driver who lost control of van down a 4 ft. embankment, rolled. Air lifted to Level 1 Trauma Center.
- ▶ **Diagnoses:**
 - ▶ Lt. temporal subdural hematoma with LOC, 1.3cm with 4mm midline shift
 - ▶ Cerebral edema
 - ▶ Lt. temporal skull fracture traversing to parietal skull, non-displaced
 - ▶ T3/4 dislocation with Brown-Sequard syndrome
 - ▶ Grade 2 kidney contusion
 - ▶ Lt. orbital floor blowout fracture, comminuted
 - ▶ Nasal septum fracture
 - ▶ Nasal bone fracture
 - ▶ Lt. zygomatic arch fracture
 - ▶ Lt. clavicle shaft fracture, with butterfly fragment
 - ▶ Lt. A/C separation



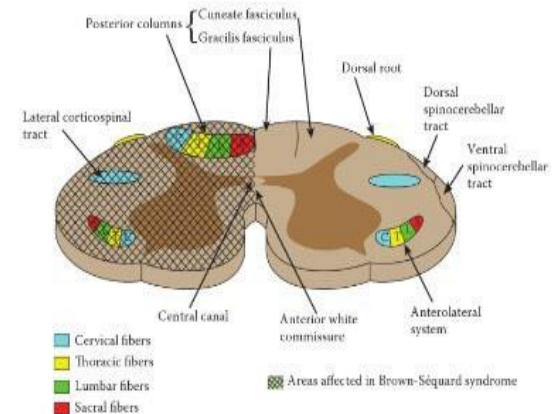
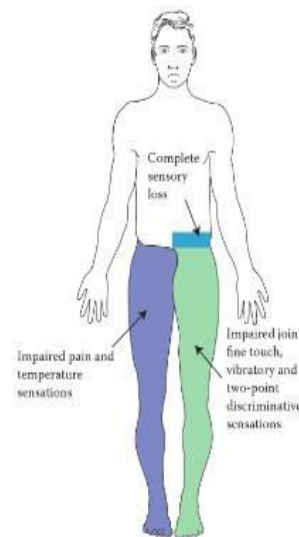
Jimmy Krash

ISS = 45

ICD-10-CM	Description	Body Region	AIS Code
S06.5X1A	Lt. Temporal SDH, 1.3cm with 4mm midline shift, +LOC	HEAD	140656.5
S23.123A	T3/4 Dislocation with Brown-Sequard Syndrome	T-SPINE	640416.4
S24.142A	T3/4 Level Brown-Sequard Syndrome		
S06.1X1A	Cerebral Edema	HEAD	140670.3
S02.0XXA	Lt. Temple to Parietal Skull Fracture, non-displaced	HEAD	150402.2
S02.32XA	Lt. Orbital Floor Blowout Fracture, comminuted	FACE	251223.2
S02.2XXA	Nasal Septum Fracture	FACE	251006.2
S42.022A	Lt. Clavicle Shaft Fracture, butterfly fragment	EXTREMITY	750661.2
S43.102A	Lt. A/C Separation	EXTREMITY	770730.2
S37.011A	Kidney Contusion, Grade 2	ABDOMEN	541612.2
S02.40FA	Lt. Zygomatic Arch Fracture, non-displaced	FACE	251802.1
S02.2XXA	Nasal Bone Fracture	FACE	251000.1

Brown-Sequard Syndrome

- ▶ Brown-Sequard first identified in 1849
- ▶ Rare form of incomplete spinal cord injury which results after damage to one side of the spinal cord only (hemi-section) typically in the neck but may be anywhere along the length of the spinal cord. It accounts for up to 4% of all traumatic spinal cord injuries.
- ▶ Loss of sense of vibration, deep touch or pressure, position sense, and muscle strength below the level of the spinal cord injury on the same side of the body as the injury. Accompanied by a loss of the sense of light touch, pain and temperature on the opposite side of the body to which the spinal cord damage occurred.
- ▶ Diagnosis is made on the basis of neurological history, physical examination and may include laboratory investigations and/or MRI or X-Ray.



Jane Krash

- ▶ Death, 38-year-old female. Unrestrained front seat passenger. Traumatic arrest on scene. Transported to community hospital. No vitals on arrival. Open thoracotomy. Patient pronounced dead 48 minutes later in the ED.
- ▶ **Diagnoses:**
 - ▶ Liver laceration, bilateral lobes with 50% parenchymal disruption
 - ▶ Bilateral hemothoraces, Lt. 650cc, Rt. 1200cc
 - ▶ Partial thickness laceration, inferior vena cava near its attachment to the right atrium
 - ▶ Rt. frontotemporal scalp abrasion 3 x 2 inch
 - ▶ Rt. lateral hip contusions x 4 (1 x 5 inch)
 - ▶ Lt. middle finger contusion (.5 x .5 inch)
 - ▶ Rt. Forearm contusions x 2 (.5 x .5 inch)

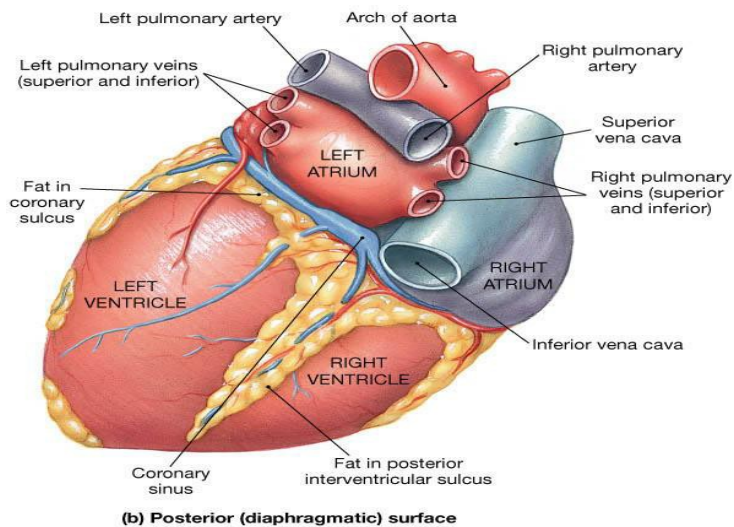


Jane Krash

ISS = 26

ICD-10-CM	Description	Body Region	AIS Code
S36.115A	Liver laceration, bilateral lobes with 50% parenchymal disruption	ABDOMEN	541826.4
S27.1XXA	Lt. hemothorax (500 mL)	CHEST	442200.3
S27.1XXA	Rt. hemothorax (300 mL)	CHEST	442200.3
S35.11XA	Inferior vena cava, partial thickness laceration at atrium	CHEST	421804.3
S00.01XA	Rt. frontotemporal scalp abrasion	EXTERNAL	110202.1
S50.11XA	Rt. forearm contusion, multiple	EXTERNAL	810402.1
S60.032A	Lt. middle finger contusion	EXTERNAL	710402.1
S70.01XA	Rt. lateral hip contusion, multiple	EXTERNAL	810402.1

Inferior Vena Cava at Atrium



- ▶ Large vein carrying deoxygenated blood from the lower and middle body into the right atrium of the heart. Walls are rigid and has valves so the blood does not flow down via gravity
- ▶ Formed by the joining of the right and left common iliac veins
- ▶ Short intra-thoracic course before draining into the right atrium from the lower backside of the heart

What Drives your Coding? Procedures

Kathy Cookman
12:45





What Drives Your Coding?

PROCEDURES

Kathy J. Cookman, BS, CSTR, CAISS, EMT-P, FMN

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International Technical Coordinator/AIS Course director - AAAM

Objectives

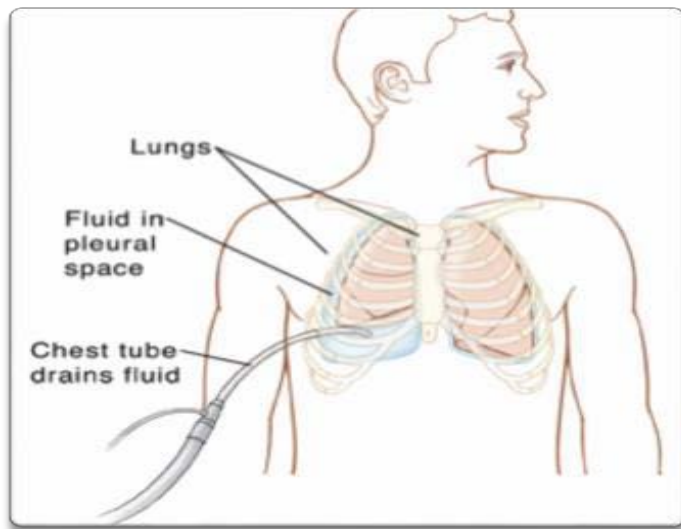
- ▶ Identify procedures and correct ICD-10-PCS coding
- ▶ Incorporate education of procedure coding
- ▶ Incorporate anatomy and physiology
- ▶ Rules for coding, specific to procedures identified in the scenarios

Procedure ICD-10-PCS Coding



- ▶ Purpose of Procedure
- ▶ Root Operations
- ▶ Approach
- ▶ Device
- ▶ Qualifiers
- ▶ Place Holder

Procedure Purpose



▶ Chest Tube

- ▶ We often say or see documented "Chest Tube placed on the right"
- ▶ "Chest tube inserted on the right"

What is the purpose of a chest tube?

To "DRAIN"

Root Operations Common in Trauma

- ▶ Bypass
- ▶ Change
- ▶ Detachment
- ▶ Drainage
- ▶ **Excision**
- ▶ Extirpation
- ▶ Fusion
- ▶ Insertion
- ▶ Inspection
- ▶ Occlusion

- ▶ Reattachment
- ▶ Removal
- ▶ Repair
- ▶ Replacement
- ▶ Reposition
- ▶ **Resection**
- ▶ Restriction
- ▶ Revision
- ▶ Supplement
- ▶ Transfer

Which one is "Cutting out or off, without replacement, all of a body part"

Root Operations Common in Trauma

- ▶ Bypass
- ▶ Change
- ▶ Detachment
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- ▶ **Excision**
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- ▶ Reattachment
- ▶ Removal
- ▶ Repair
- ▶ Replacement
- ▶ Reposition
- ▶ **Resection**
- ▶ Restriction
- ▶ Revision
- ▶ Supplement
- ▶ Transfer

Which one is "Cutting out or off, without replacement, all of a body part"

Approach

▶ OPEN

- ▶ Cutting through the skin or mucous membrane and any other body layers necessary to expose the site of the procedure

▶ PERCUTANEOUS

- ▶ Entry by puncture or minor incision of instrumentation through the skin or mucous membrane and/or any other body layers necessary to expose the site of the procedure

▶ PERCUTANEOUS ENDOSCOPIC

- ▶ Entry by puncture or minor incision of instrumentation through the skin or mucous membrane and/or any other body layers necessary to reach and visualize the site of the procedure

▶ EXTERNAL

- ▶ Performed directly on the skin or mucous membrane and procedures performed indirectly by the application of external force through the skin or mucous membrane

▶ VIA NATURAL or ARTIFICIAL OPENING

- ▶ Entry of instrumentation through a nature or artificial external opening to reach the site of the procedure

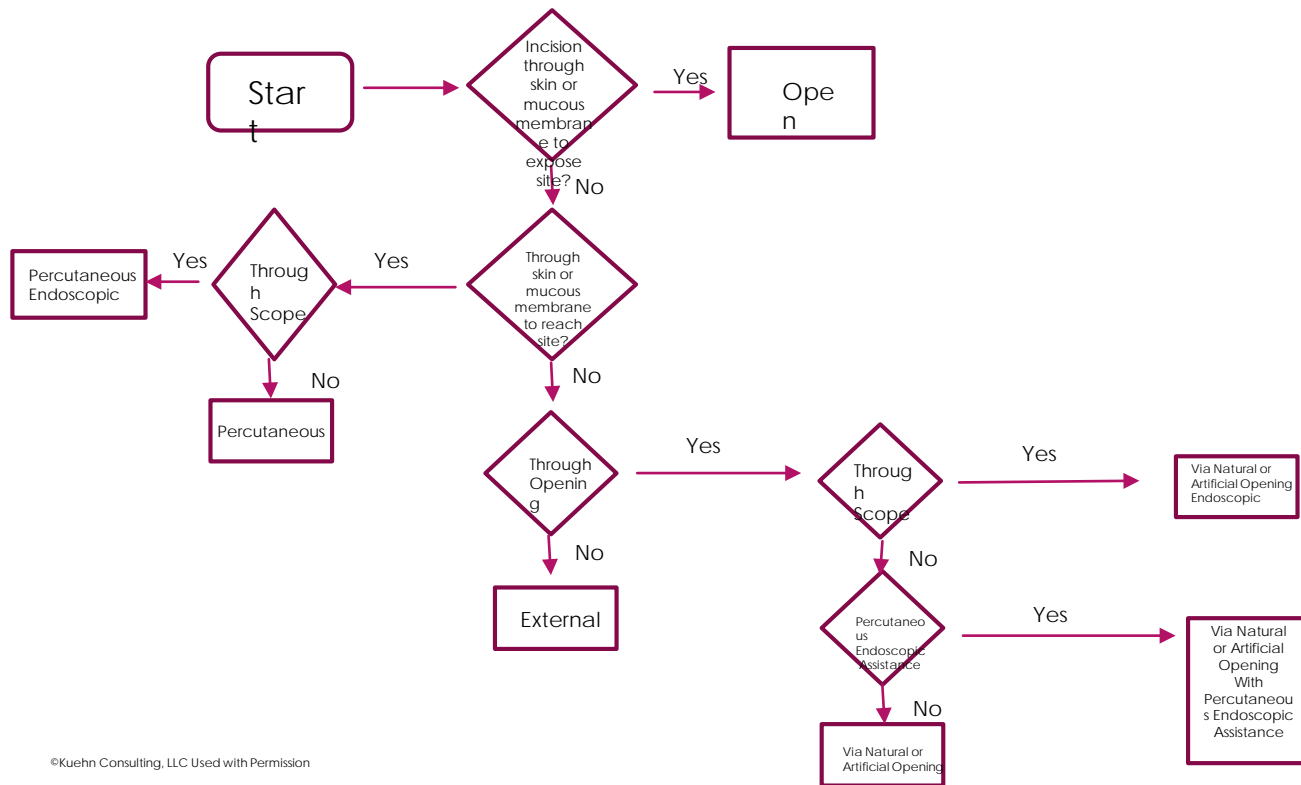
▶ VIA NATURAL or ARTIFICIAL OPENING ENDOSCOPIC

- ▶ Entry of instrumentation through a natural or artificial external opening to reach and visualize the site of the procedure

▶ VIA NATURAL or ARTIFICIAL OPENING with PERCUTANEOUS ENDOSCOPIC ASSISTANCE

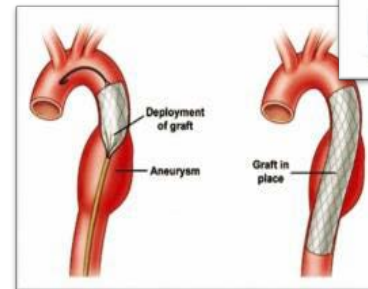
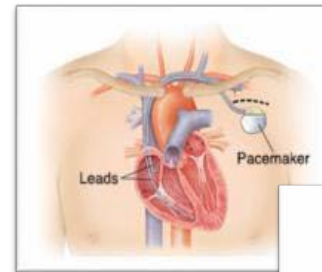
- ▶ Entry of instrumentation through a natural or artificial external opening and entry, by puncture or minor incision of instrumentation through the skin or mucous membrane and any other body layers necessary to aid in the performance of the procedure

Approach Decision Tree



Device

- ▶ Left in place
 - ▶ Grafts
 - ▶ Prostheses
 - ▶ Implants
 - ▶ Simple or Mechanical Appliances
 - ▶ Electronic Appliances



Qualifier

- ▶ Additional Information
- ▶ Narrow Application
- ▶ No Specific Guidelines

EXAMPLES OF QUALIFIERS

Type of
transplant

Second
site bypass

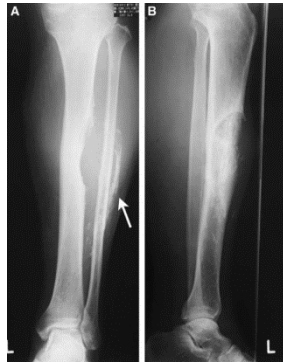
Diagnostic
excision
(Biopsy)

ICD-10-PCS Placeholder

"Z"

Plain Radiography

- ▶ BW0 – Anatomical Regions
- ▶ BN0 – Skull & Facial Bones
- ▶ BP0 – Non-Axial Upper Bones
- ▶ BQ0 – Non-Axial Lower Bones



The spectrum of trauma, especially in the early resuscitative phase, is to look at the broad picture to determine injuries and most often “anatomical regions” would be the correct code options.

Example: Initial x-ray would be looking at the lower leg and not specifically the tibia.

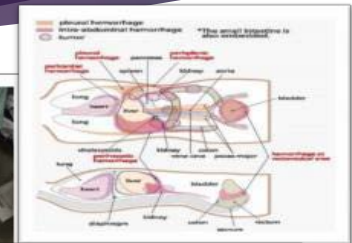
JJ Krash

ICD-10-PCS	Description
6A3Z0ZZ	Bair Hugger
2W2QX4Z	Right lower extremity wound dressing
2W2CX4Z	Right forearm wound dressing
0YHH33Z	Intraosseous, right lower leg (percutaneous infusion device)
3E0A3GC	Intraosseous, right lower leg (percutaneous therapeutic substance)



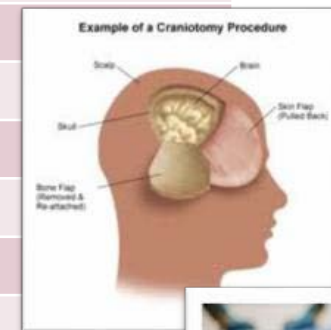
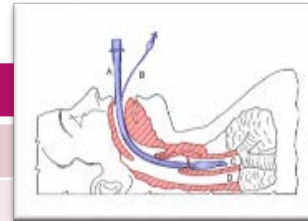
Ramona Krash

ICD-10-PCS	Description
0QSHXZZ	Closed reduction bimalleolar fracture, left tibia
0QSKXZZ	Closed reduction bimalleolar fracture, left fibula
0QSH04Z	ORIF bimalleolar fracture, left tibia
0QSK04Z	ORIF bimalleolar fracture, left fibula
0HQBXZZ	Suture laceration, right forearm
BW40ZZZ	FAST (Abdominal portion)
BH4BZZZ	FAST (Chest portion)
BQ2SZZZ	CT left lower leg
BP0LZZZ	Plain radiography right distal radius



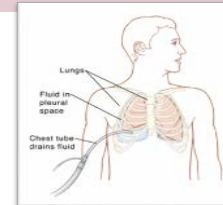
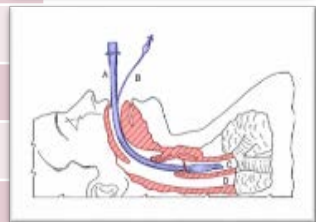
Jimmy Krash

ICD-10-PCS	Description
OBH17EZ	Intubation, oral
BW28ZZZ	CT head, without contrast
BN25ZZZ	CT face, without contrast
BR20ZZZ	CT cervical spine, without contrast
BR27ZZZ	CT thoracic spine, without contrast
BR29ZZZ	CT lumbar spine, without contrast
BW21YZZ	CT abdomen/pelvis, with contrast, not specified
00C40ZZ	Craniotomy with evacuation of SDH
4A107BD	Camino bolt (ICP monitoring)
5A12012	CPR (External chest compressions)

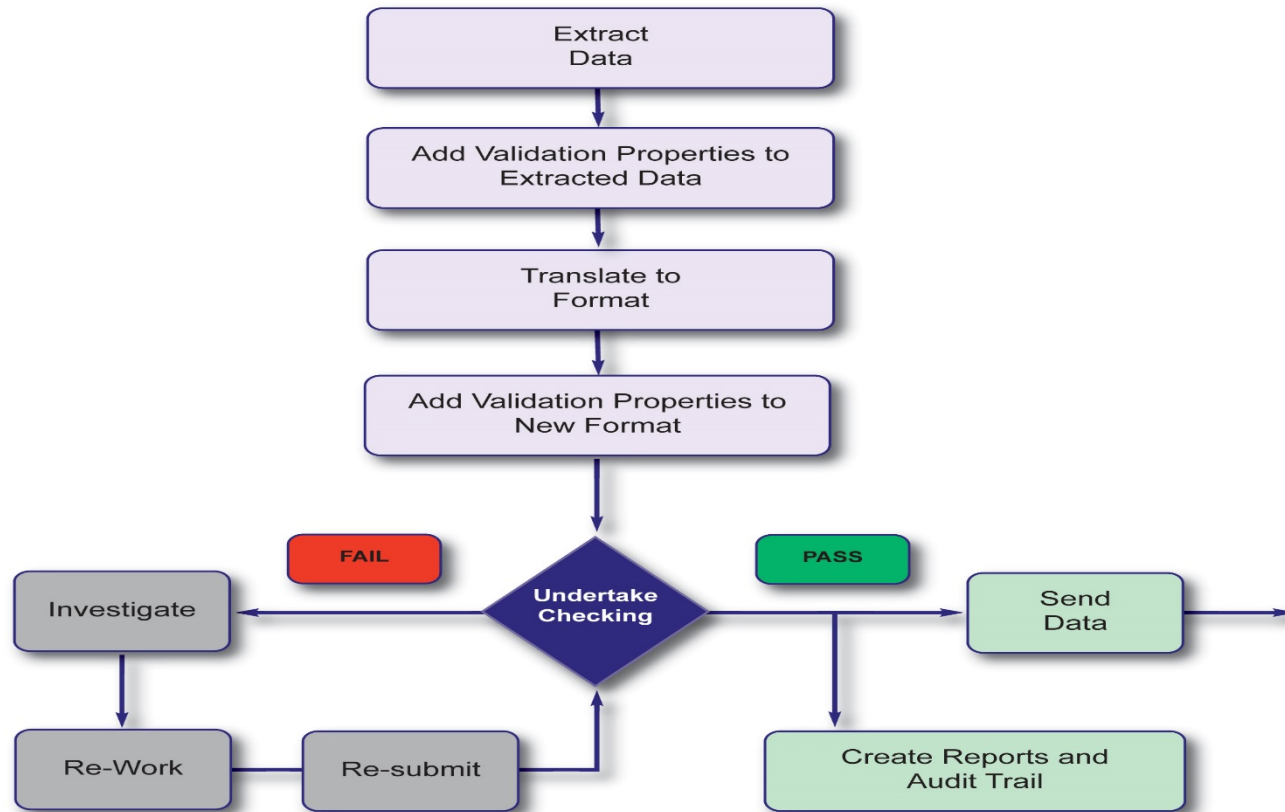


Jane Krash

ICD-10-PCS	Description
0BH17EZ	Intubation, oral
0YHH33Z	Intraosseous, right lower leg (percutaneous infusion device)
3E0A3GC	Intraosseous, right lower leg (percutaneous therapeutic substance)
5A12012	CPR (External chest compressions)
05HP33Z	External jugular access
0WJG0ZZ	Left thoracotomy
0W9B3ZZ	Left chest tube



Validation Process



AIS Training Announcements

- ▶ **AIS2005/2008 Course** still available online & in-person
- ▶ **AIS2015 Course** available in-person (online available this fall)
- ▶ **AIS2015 Update Course** available online this fall
 - ▶ Must have had AIS2005/2008 course sometime between 2012 and 2018 to be eligible to take this course
- ▶ **AIS2015 Refresher Course** available early 2019
 - ▶ Must have had AIS2015 course sometime between 01/01/16 and 12/31/18 to be eligible to take this course
- ▶ **AIS Academy** available fourth quarter 2018
 - ▶ Body-region focus with online, self-learning modules
- ▶ **AIS Coding Questions** : KCookman@AAAM.org

Summary

- ▶ ICD-10-CM/PCS revisions due to be published in June
- ▶ Budget for at least 1 set of new code books annually
- ▶ New books available for order now at reduced rates with delivery in September – purchase from a credible source
- ▶ Read the within the medical record in order to assign the most appropriate injury with best code for ICD-10-CM, ICD-10-PCS or AIS
- ▶ Determine best practice for abstracting information, remain consistent
- ▶ Validate, validate, validate!



Thank You!

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