

# Inadequate Coding

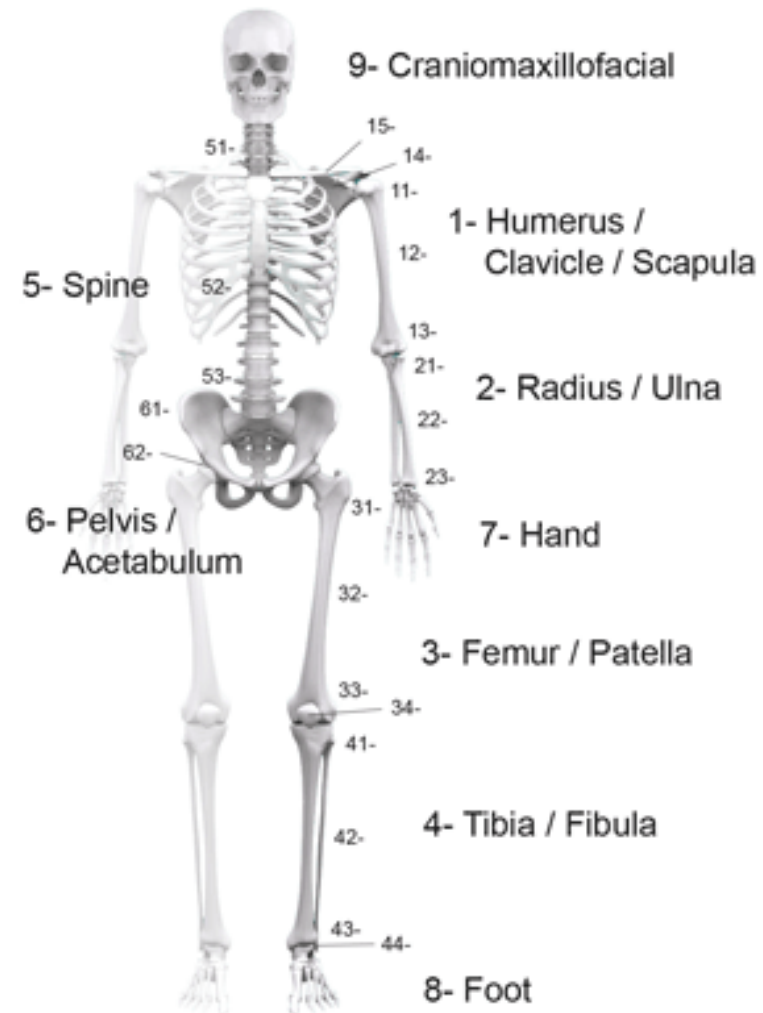
James A Goulet, MD

Professor, Department of Orthopaedic Surgery

Michigan Medicine

# AO:OTA fracture classification

- Methodology
- Sample size
- Comparison
- Next steps

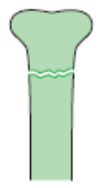
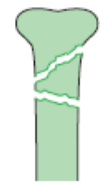

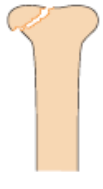
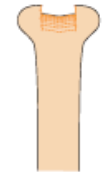
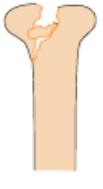
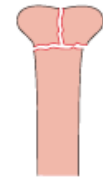
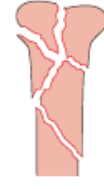
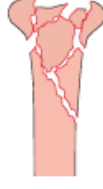


# Methodology

- Standard coding system (AO/OTA) introduced at Michigan Medicine Orthopaedic Trauma surgery admissions
- Introduced July 1<sup>st</sup>, 2018 as pilot
- No further reminders/follow-up after initial presentation
- Coding system compendium was provided to residents

# Sample size

- 113 patient encounters from July 1, 2018- September 4, 2018
- 40 of these encounters were coded using new system
- 37 of the 40 also had an ICD code reported

Type	Group		
	1	2	3
<b>A</b> Extraarticular	 Simple	 Wedge	 Complex
<b>B</b> Partial articular	 Split	 Depression	 Split-depression
<b>C</b> Articular	 Simple articular, simple metaphyseal	 Simple articular, complex metaphyseal	 Complex articular, complex metaphyseal

# Coding comparison

- AO/OTA- Pelvis, acetabulum, partial articular, isolated column or wall, anterior column or wall fracture, High anterior column fracture (exits along iliac crest)
  - 5 levels (62A3.2)
  - High specificity, provides information for surgical intervention and fracture outcomes
- ICD-10- Fracture of unspecified parts of lumbosacral spine and pelvis, initial encounter for open fracture
  - 7 levels (S32.9XXB)
  - Low specificity

# Next steps

- Promote coding system as a standard protocol for charting surgical admissions
- Continue gathering information on site
- Expand study to St Joseph Mercy Ann Arbor this year
- Add new coding system data fields to MTQIP



Thank You