

ICD-10

OCTOBER 1, 2015

Orthopedics Quick Reference Guide

General

Acuity: Conditions need to be specified as acute, chronic, or acute on chronic

Laterality: Always specify right, left, or bilateral

Timing/Episode of Care: Documentation should be clear enough to define the episode of case as:

- **Initial:** Active phase of treatment
- **Subsequent:** After care (document original injury and reason for visit (e.g., cast change))
- **Sequela:** Late effect (Document original injury dx and specific sequela dx)

Site: Document the condition, lesion, injury or problem with the most site specificity possible

Pain

Location: Document site

Laterality: Specify right, left, or bilateral

Cause of pain/underlying condition(s): (e.g., left sciatica due to HNP)

Psychological factors: If any

If the patient was admitted for PAIN MANAGEMENT, please document.

Back Pain

Document the site as specific as possible:

- Lumbar/Lumbosacral
- Cervical/Cervico-thoracic
- Sacral
- Sacro-coccygeal
- Thoracic
- Thoracolumbar

Type of pain: Acute, Chronic, Psychogenic

Due to: Radiculopathy, bone spur, herniated disc

Joint/Ligament/Tendon/Muscle

Document the type of injury or disorder and include:

- Affected site and laterality
- Cause
- Underlying disease
- Acute or chronic disease/disorder

Pathologic Fracture

Describe the fracture as due to:

- Wedging
- Collapse
- Osteoporosis
- Neoplastic disease
- Age-related (senile, postmenopausal), or
- Specify other etiology

Osteomyelitis

Documentation must include:

- Acute or chronic
- Infectious agent
- Underlying disease or associated condition
- Site and laterality
- Presence of any major osseous defect

Spondylopathies/Dorsopathies

Always include the underlying disease, associated conditions and affected sites.

Include type:

- Ankylosing spondylitis
- Discitis
- Spinal stenosis
- Collapsed vertebra
- Scoliosis

Gout

Always include:

- Acute or chronic
- Site and laterality
- With or without tophi

Also further specify, if known:

- Drug-induced
- Idiopathic
- Secondary to condition
- In (due to) renal impairment

Osteoporosis

Documentation must include:

- With or without current fracture
- Age-related or other specific cause
- Hx of any (healed) osteoporotic fx
- Major osseous defect, if any

Osteoarthritis

Always include:

- Site and laterality
- Primary or secondary type
- Underlying condition

List cause and effect relationships (post-traumatic)

Document manifestations (vasculitis, polyneuropathy)

Injuries

Dislocations:

- Specify site and laterality
- Status: Current, Recurrent
- Type: Traumatic, congenital, pathologic

A-C joint: w/displacement – 100%, >200%

Head injury: Length of time of any loss of consciousness: 30 min. or less, 31 - 59 min, 1 hr. - 5:59 hrs. and 6 to 24 hrs.

Circumstances of injury:

- Specify whether accidental, intentional self-harm, assault, undetermined cause
- What activity was taking place (e.g., working)
- When the injury occurred (e.g., 3 hours ago)
- Where the injury happened (e.g., parking lot)

continued on back

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Side 2: Orthopedics Quick Reference Guide

Traumatic Fractures

Healing status:

- New open or closed fracture
- Routine healing
- Delayed healing
- Nonunion, malunion

Specify: displaced vs. non-displaced

Type: greenstick, torus, spiral

Include fracture classification score:

- Gustillo Open Fracture (radius, femur)
- Salter-Harris Physeal Fracture
- Neer, Humerus Fracture (two-part, three-part, four-part)

Gustillo Score Definitions

Type I: Wound is smaller than 1 cm., clean and generally caused by a fracture fragment that pierces the skin (i.e., inside-out injury). This is a low-energy injury.

Type II: Wound is longer than 1 cm., not contaminated, and without major soft-tissue damage or defect. This is also a low energy injury.

Type III: Wound is longer than 1 cm., with significant soft-tissue disruption. The mechanism often involved high-energy trauma, resulting in a severely unstable fracture with varying degrees of fragmentation.

Type IIIA: Wound has sufficient soft tissue to cover the bone without the need for local or distant flap coverage.

Type IIIB: Disruption of the soft tissue is extensive, such that local or distant flap coverage is necessary to cover the bone. The wound may be contaminated, and serial irrigation and debridement procedures are necessary to ensure a clean surgical wound.

Type IIIC: Any open fracture associated with an arterial injury that requires repair is considered type IIIC. Involvement of vascular surgeon is generally required.

Spinal Fusion

Approach: open, percutaneous, percutaneous endoscopic (arthroscopic)

- Anterior approach, anterior column
- Posterior approach, anterior column
- Posterior approach, posterior column

Include:

- Number of joints fused
- Number of cages or devices used
- Level inserted

Salter Harris Score Definitions

Type I: Fracture follows growth plate, separating epiphysis from metaphysis

- Affects young childhood
- Growth plate is thick
- Large hypertrophied chondrocytes
- Healing is rapid, usually within 2-3 weeks

Type II: Division between the epiphysis and metaphysis except for a flake of metaphyseal bone is carried with epiphysis (Thurston Holland Sign)

- Occurs after age 10
- Cartilage failure on the tension side
- Metaphyseal failure on the compression side
- Healing is rapid and growth is rarely disturbed

Type III: Separation of a portion of the epiphysis and its associated growth plate from the rest of the epiphysis

- Usually occurs after age 10
- Generally occurs when growth plate is partially fused
- Prognosis is poor unless there is early treatment

Type IV: Fracture line crosses physis, separating a portion of the metaphysis-epiphysis

- Occurs at any age
- Potentially interferes with normal growth
- ORIF is indicated if fracture is displaced
- Even with perfect reduction, growth is affected and prognosis is guarded

Knee Replacement

Include:

- Partial or total
- Laterality
- Document prosthesis: ceramic, ceramic on polyethylene, metal, metal on polyethylene
- Cemented or Uncemented

Revision knee: Document all components that are being replaced and location (e.g., tibial liner) inserted

Shoulder Replacement

Include:

- Laterality
- Replacement site
 - Acromioclavicular - joint, shoulder joint (humeral, glenoid)

Hip Replacement

Include:

- Partial or total
- Laterality
- Document prosthesis: ceramic, ceramic on polyethylene, metal, metal on polyethylene
- Cemented or uncemented

Revision hip: Document all components that are being replaced and location (e.g., femoral liner)