ICD-10 Diagnosis Documentation Tips – Orthopedic Spine

ICD-10 requires enhanced clinical specificity:
- ICD-9 code – “Other specified paralytic syndromes”
- ICD-10
  - Brown-sequard syndrome
  - Anterior cord syndrome
  - Posterior cord syndrome
  - Todd’s paralysis (post-epileptic)
  - Other specified paralytic syndromes

Enhanced Specificity for Laterality: many conditions have multiple new codes due to increased anatomic specificity
- Reflex Sympathetic Dystrophy – ICD-9
- [Current Name] Complex Regional Pain Syndrome 1 – ICD-10
  - Upper and lower extremity
  - New under ICD-10: Laterality: right, left, bilateral
- Other examples: peripheral nerves, cerebral ventricles, etc.

Episode of Care: ICD-10 captures episode of care for many types of acute injuries. Examples of specificity for encounter:
- Initial encounter for closed fracture
- Initial encounter for open fracture
- Subsequent encounter for fracture with routine healing
- Subsequent encounter for fracture with delayed healing
- Subsequent encounter for fracture with nonunion
- Subsequent encounter for fracture with malunion
- Sequela
ICD-10 [INPATIENT] Procedural Coding Tips – Orthopedic Spine

Characters:
- Section – almost always medical/surgical
- Body system – should be self evident from your description
- Root operation – describes the intent of your procedure
  - Resection – removal of all of a body part
  - Excision – removal of a portion of a body part
    - Examples: lumbar discectomies are usually excisions; a total lumbar disc removal would be a resection.
- Body part – describe with anatomic specificity, laterality if applies
- Approach – open, percutaneous, percutaneous endoscopic
- Device
  - Describe as specifically as possible any device left in the patient.
  - Intrathecal infusion pump (coded as an infusion device)
- Qualifier – If diagnostic procedure, document.

Component Procedures:
- Describe the procedures performed on individual body parts:
  - Example: Lumbar interbody fusion, posterior approach, L2-3, L3-4, BAK fusion device
- Coding Components
  - 0SG10A1 – the procedure described above
  - 0QB30ZZ – the potentially forgotten procedure, the bone graft from the L iliac crest
- Message: document each component of your procedure as a separate component procedure and the coder can determine which ones should / should not be coded