Injury Coding – Using Injury Narrative with Tri-Code to Obtain Accurate Diagnosis Codes and Scoring

Injury Coding Webinar Series

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Objectives

- Search for and abstract the additional detail to support ICD10 Injury coding.
- Enter narrative and code using Tri-Code to accurately assign ICD10-CM and AIS.

Tri-Code and Injury Coding in ICD10

- Two methods of coding in Tri-Code
  - Code by narrative description of injury. Consists of the following:
    - One injury per line which includes:
      - Organ or body part
      - Description of injury
      - Extent of injury
  - Code by ICD10 injury code:
    - Enter each ICD10 Injury Diagnosis on a separate lines

Using Tri-Code

- Narrative Based Coding:
  - Complete set of Guidelines available – Tri-Code for ICD10 Guidelines – ICD10-CM with AIS 2005 Update 2008
  - Includes detailed guidelines by AIS chapter.

Narrative Development Guidelines

- Cornerstone of accurate injury coding – Good abstraction of injuries from the medical record.
- Abstraction Recommendations
  - Read entire patient chart – In particular focus on:
    - Radiological results
    - Operative reports (tells you what has been fixed that was injured)
    - Consult reports
    - Discharge abstracts
    - Autopsy reports (if can be obtained for deaths)

Narrative Development Guidelines

- Abstraction Recommendations (continued)
  - Record all definitive injury diagnosis
    - Use the most descriptive diagnosis.
  - Cannot code the following:
    - Rule outs
    - Suspected/possible/probable diagnosis (unless later confirmed)
  - For accurate AIS coding, some diagnosis require additional support from the following:
    - Radiological evidence (diffuse intracranial injury)
    - Blood loss (units/cc of blood administered to determine loss)
    - Burns (TBSA assessment completed – e.g. Lund/Brower)

Narrative Development Guidelines

- Key Concept – Use the O.D.E. to Tri-Code – The O.D.E. can be used to determine if you have a good narrative description that will yield accurate ICD10 and AIS codes using Tri-Code. O.D.E. stands for:
  - O – Organ or Body Part/Area (specific organ, bone, vessel, nerve, or other body part/area)
  - D – Description of Injury (e.g. laceration, puncture, fracture, contusion, etc.)
  - E – Extent of Injury (size, depth, length, loss of blood, grade (solid organs), open/closed (fractures), detailed location (proximal, distal, condyle, parenchymal, etc.)

General Narrative Guidelines

- Golden Rule:
  - One injury description per line of narrative (e.g. one Organ/Body Part).
- Other Key Narrative Entry Rules:
  - Spaces and numbers – Separate numbers from measurement scale using spaces. Example: Use 2 cm and not 2cm.
    - Exception: When the number is used in the following manner:
      - Ordinal position (e.g. 1st , 2nd)
      - Denote a specific vertebrae (e.g. C1, T2, L3)
      - Describes a multiplier (e.g. x3 – times 3) – Used in multiple fractures of a single bone.
  - Punctuation marks avoided except in number with decimal places (e.g 2.5 cm)

General Narrative Guidelines

- Negative terms should be avoided unless required to obtain a specific AIS or ICD10
  - The following injury narratives will require negative terms (e.g. not/no/without) to obtain an accurate code:
    - Fractures without displacement (not displaced)
    - Lacerations and punctures without foreign body (no foreign body)
    - Injuries to fingers and toes without nailbed damage (no nailbed damage)
    - Spinal cord injuries without fracture or dislocation to vertebrae (no fracture or dislocation)
    - Concussive and diffuse brain trauma without loss of consciousness (no LOC)
    - Intracranial injuries without loss of consciousness (no LOC)
    - Inhalation injury without carbonaceous deposits, erythema, edema, brochorrhea, or obstruction (no carbonaceous deposits).
    - Hemopericardium without cardiac tamponade (no tamponade) or without heart injury.
    - Certain lacerations without perforations (e.g. trachea laceration without perforation).

General Narrative Guidelines

- Inequalities – Avoid if possible but if required use the following symbols:
  - > "Greater Than" or "greater than or equal to".
  - < "Less than" or "Less than or equal to".
  - No need to use equal sign.
  - Inequalities under the value 1.0 cm should be converted to mm (millimeters).

General Narrative Guidelines

- Laterality – When applicable, state side of injury. The following injuries support laterality:
  - Any injuries to the eyes or ears.
  - All extremity injuries (upper and lower extremity S40-S99 codes).
  - All superficial injuries and open wounds to the chest and abdomen.
  - All vessel injuries with parallel vessels in both the right and left sides (e.g., right external carotid artery major laceration).
  - All rib fractures (for AIS coding only – ICD10 only supports single vs multiple codes).
  - All burns to body parts/locations that have right and left sides (e.g., right hand burn).
  - All frostbites to body parts/locations that have right and left sides (e.g., frostbite to left ear).

General Narrative Guidelines

- Laterality (continued)
  - The following injuries support laterality:
    - Any internal organs that have left or right counterparts.
    - Exceptions include those injuries in ICD10 that support unilateral and bilateral codes:
      - Lung
      - Ovaries/Fallopian Tubes
      - Bronchus distal to mainstem
      - Flail chest

Detailed Narrative Guidelines

- Fractures:
  - Displacement assumed if not mentioned. If a fracture is not displaced, this should be explicitly stated in the narrative (e.g. fx femur not displaced OR fx femur undisplaced).
  - Fracture is assumed closed if not mentioned. If a fracture is open, this should be stated. For many long bone fractures, the Gustillio open fracture system types yield two different open fracture assignments. If not mentioned, the Gustillio type is assumed to be Type 1.
    - Gustillio types:
      - Type 1 or Type 2 – Seventh character assignment of B
      - Type 3a, 3b, or 3c

Detailed Narrative Guidelines

- Extremities
  - Muscles/Tendons – Specific muscle/tendon and/or applicable body location must be specified (e.g. long muscle of biceps in right arm)
  - Finger and Toes
    - Avoid the terms "index", "middle", "ring", "little" for fingers and toes. These terms have different meanings to Tri-Code.
    - To enter finger and toes accurately, use the following terms:
      - Thumb: D1 or thumb
      - Index Finger: d2 finger
      - Middle Finger: d3 finger
      - Ring Finger: d4 finger
      - Little Finger: pinky or d5 finger
      - Great Toe: d1 toe or great toe
      - Lateral Toes: d2 through d5 and toe or lateral toes

Detailed Narrative Guidelines

- Fractures (continued):
  - Salter-Harris Physeal Classification – ICD10 supports this classification for physeal fractures in long bones. If mentioned, the type of physeal fracture should be entered.
  - Shaft fractures – The following terms assume shaft fracture. These terms should not be used in describing proximal or distal fractures involving a joint:
    - Spiral
    - Oblique
    - Transverse
    - Greenstick
    - Torus
    - Comminuted
    - Segmental

Detailed Narrative Guidelines

- Genitalia
  - ICD10 includes other and unspecified injuries to genitalia. When using one of these descriptions, denote male or female for correct ICD10 assignment. Tri-Code will assume female if not explicitly stated.
  - The following body parts are assumed to be male:
    - Penis, Testes, Scrotum, Prostate
  - The following body parts are assumed to be female:
    - Ovaries, Fallopian Tubes, Uterus, Vagina, Vulva
  - The following genitalia requires detail as to male or female:
    - Perineum

Detailed Narrative Guidelines

- Superficial Injuries and Open Wounds
  - Superficial injury should only be stated if not related to underlying injury.
    - E.g. laceration to chest which punctures the lung. The laceration to chest is NOT stated.
  - Support for additional descriptive terms:
    - Superficial: Contusions, constrictions, insect bites, blisters, abrasions, foreign bodies, closed bites
    - Open wounds: Bites, punctures, lacerations, foreign bodies
- Penetrating Trauma
  - Penetrating injury should only be stated if detailed penetrating injury to specific organs bones, or vessels is not provided.
    - Exception: Penetrating injury to skull.

Detailed Narrative Guidelines

- Combination Codes – ICD10-CM has eliminated most combination codes (with the exception of intracranial injuries and loss of consciousness).
  - However certain AAAM codes require stating the injury as a single description. These include:
    - Concussive injury with loss of consciousness information.
    - Spinal cord injuries with associated fractures and/or dislocations
    - Certain solid organ injuries with associated vessel (vascular) damage:
      - Liver with vena cava involvement
      - Uterus with uterine artery involvement

Detailed Narrative Guidelines

- Bilateral – Term only supported for the following
  - AAAM injuries (AIS) that still have bilateral support.
    - Certain Amputations (e.g. Bilateral leg amputations below hip)
    - Lung Contusions, Lacerations, and Blast Injuries
    - Certain Artery Lacerations (e.g. Cerebral artery laceration bilateral)
    - Certain Eye, Optic Nerve and Ear Injuries
  - ICD10-CM injuries requiring distinction between unilateral and bilateral codes:
    - Bilateral flail chest
    - Bilateral rib fractures
    - Bilateral lung injuries
    - Bilateral bronchus injuries
    - Bilateral ovary injuries
    - Bilateral fallopian tube injuries

Detailed Narrative Guidelines

- Multiple and Bilateral Injuries
  - Multiple fractures of the same bone or multiple skin lacerations can be stated using the X# representation or by using the word multiple. For example *scalp lacs X2* OR *multiple scalp lacs* are both acceptable.
  - For certain AIS codes, bilateral injuries will yield a combined single AIS code. Bilateral injuries can be stated as two lines with notation as to the side (left, right) or stated on one line with the word bilateral in the description.
  - The following injuries must be described as bilateral for accurate ICD10 and AAAM coding:
    - Bilateral flail chest
    - Bilateral lung injuries
    - Bilateral bronchus injuries
    - Bilateral ovary injuries
    - Bilateral fallopian tube injuries

Detailed Narrative Guidelines

- Loss of Consciousness (LOC) and ICD10-CM
  - For all intracranial injuries (e.g. Subdural hematomas, cerebral contusions, etc.) and all concussive and diffuse axonal injuries, the LOC information should be stated with the injury.
  - State LOC only with the concussive or diffuse injury if both diffuse and focal injury are described.
  - If only focal injury is described (e.g. subdural hematoma) state LOC with focal injury.
  - No longer necessary to state LOC with skull fractures.

Detailed Narrative Guidelines

- Burns
  - For AIS coding, the TBSA (Total Body Surface Area) must be stated.
  - For ICD10 coding, the TBSA and specific burn or corrosion by body part must be stated.
  - Burns should be separated out using TBSA by degree:
    - 1st degree
    - 2nd degree
    - 3rd and 4th degree
  - Second and third degrees can be combined for AIS but will not yield an accurate ICD10 TBSA assignment.

Detailed Narrative Guidelines

- Other and NFS injuries
  - The term other should not be entered in Tri-Code. Specific organs, vessels, nerves, muscles, tendons, ligaments, or body part locations should be used instead.
  - If other is used with additional details, NFS is assumed.
  - Some injury such as asphyxiation support mechanism and intent descriptions. These should be stated for accurate ICD10 assignment.

Summary

- Accurate narrative coding requires an understanding of good abstraction and development of complete injury narratives.
- Key points to remember:
  - O.D.E.
  - One injury per line.
  - Using the Tri-Code Guide for additional support. Complete set of narrative development guidelines provided in the manual.