Orthopedic Surgeon Documentation in an ICD-10 World

Providence Little Company of Mary Medical Center - Torrance

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ICD-10 Is a Bit More Specific …

"I hear there's a new ICD-10 code for carpal tunnel syndrome caused by clicking too many times in an EMR system."
Components

- **ICD-10-CM**
  - The diagnosis classification system developed by the Centers for Disease Control and Prevention, a division of the Centers for Medicare & Medicaid Services (CMS) for use in all U.S. health care treatment settings.
  - Diagnosis coding under this system uses 3–7 alphabetic and numeric digits

- **ICD-10-PCS**
  - The procedure classification system developed by (CMS) for use in the U.S. for inpatient hospital settings ONLY.
  - The new procedure coding system uses 7 alpha or numeric digits, while the ICD-9-CM coding system uses 3 or 4 numeric digits.
ICD-10-CM (Clinical Modification): The Diagnosis Codes
ICD-9-CM vs. ICD-10-CM

Structural Changes

- **ICD-9-CM (Diagnoses)**
  - 3-5 characters
  - All numeric
  - Decimal point after 3\textsuperscript{rd} digit

- **ICD-10-CM (Diagnoses)**
  - 3-7 characters
  - 1\textsuperscript{st} is alpha (all letters except U)
  - 2\textsuperscript{nd} is always #
  - Decimal point after 3\textsuperscript{rd} digit
Infectious Arthropathies Generally

- ICD-10 includes 3 types of infectious arthropathies
  - Pyogenic arthritis (87 codes)
  - Direct infections of joint in infectious and parasitic diseases classified elsewhere (24 codes)
  - Post-infective and reactive arthropathies (121 codes)
    - Axes: Etiology / location / laterality
    - Etiologies
      - Arthropathy following intestinal bypass
      - Postdysenteric arthropathy
      - Postimmunization arthropathy
      - Reiter’s disease
      - Other reactive arthropathies
Pyogenic Arthritis Classification

ICD-9-CM

- Code Range 711.0
  - **10 codes**
  - Axis: Anatomy (location)
    - Site unspecified
    - Shoulder region
    - Upper arm
    - Forearm
    - Hand
    - Pelvic region and thigh
    - Lower leg
    - Ankle and foot
    - Other specified site
    - Multiple sites

ICD-10-CM

- Code Range M00.00 – M00.9
  - **97 codes**
  - Axes: Etiology (organism) / anatomy (location) / laterality
  - Example
    - Staphylococcal, pneumococcal, streptococcal, other, unspecified
    - Shoulder, elbow, wrist, hand, hip, knee, ankle and foot, vertebrae, polyarthritis, unspecified
    - **Right / left / unspecified**

Documentation Requirements:
Organism / Location / Laterality

*Staphylococcal septic arthritis left knee*
Osteomyelitis Classification

ICD-9-CM

• Code Range 730.00 – 730.99
  • 70 codes
  • Axis: Acuity or Type / Location
    • Acuity or Type
      • Acute
      • Chronic
      • Unspecified
      • Periostitis
      • Osteopathy resulting from poliomyelitis
      • Other infections involving bone
      • Unspecified infection of bone
    • Location
      • Unspecified, shoulder, upper arm, forearm, hand, pelvic region and thigh, lower leg, ankle and foot, other specified, multiple sites

ICD-10-CM

• Code Range M86.00 - M86.9
  • 179 codes
  • Type & Acuity
    • Acute hematogenous osteomyelitis
    • Other acute osteomyelitis
    • Subacute osteomyelitis
    • Chronic multifocal osteomyelitis
    • Chronic osteomyelitis with draining sinus
    • Other chronic hematogenous osteomyelitis
    • Other chronic osteomyelitis
    • Other osteomyelitis (Brodie’s abscess)
    • Osteomyelitis, unspecified
  • Secondary axes: location / laterality
    • Unspecified, shoulder, humerus, radius & ulna, hand, thigh, tibia & fibula, ankle and foot, other site, multiple sites L & R

Notice: improved anatomic specificity
Gouty Arthropathy

ICD-9-CM

- Gouty Arthropathy 274.0x
  - 4 codes
  - Type
    - Gouty arthropathy, unspecified
    - Acute gouty arthropathy
      - Acute gout, gout attack, gout flare, podagra
    - Chronic gouty arthropathy without mention of tophus
    - Chronic gouty arthropathy with tophus

ICD-10-CM

- Gouty Arthropathy M1A, M10
  - 363 codes
  - Type: 2 major categories
    - Chronic Gout M1A (242)
      - Idiopathic, lead-induced, drug-induced, due to renal impairment, other secondary, unspecified
      - Shoulder, elbow, wrist, hand, hip, knee, ankle and foot, vertebrae, multiple joints
      - Right / left / unspecified
      - Additional subaxis: with or without tophus
    - Gout M10 (Includes acute gout, gout attack, gout flare, podagra, gout NOS) (121)
      - Same subaxes except for presence of tophus
Example: Desired Documentation

“Chronic idiopathic gout right foot, with tophus”
Meniscal Tear Classification

ICD-9-CM

• Code Range 717.0 – 717.5
  • 11 codes
  • Axis: Anatomy (location)
    • Old bucket handle tear medial meniscus
    • Derangement of anterior horn medial meniscus
    • Derangement posterior horn medial meniscus
    • Other and unspecified derangement medial meniscus
    • Derangement of lateral meniscus (5)
      • Unspecified, bucket handle, anterior horn, posterior horn, other
    • Derangement of meniscus, NEC

ICD-10-CM

• Code Range M23.000 – M23.369
  • 81 codes
  • Axes: Type / anatomy (location) / laterality
  • Type
    • cystic meniscus, old tear or injury, other meniscus derangement
  • Anatomic location
    • Medial
      • Anterior horn, posterior horn, unspecified
    • Lateral
      • Anterior horn, posterior horn, unspecified
  • Laterality (R, L, or unspecified)

Example: M23.211
Derangement of anterior horn of medial meniscus due to old injury, right knee
Pathologic Fracture Classification

ICD-9-CM

- Code Range 733.10 – 733.19
  - 7 codes
  - Axis: Anatomy (location)
    - Unspecified site
    - Humerus
    - Distal Radius & Ulna
    - Vertebrae
    - Neck of Femur
    - Tibia or Fibula
    - Other specified site

ICD-10-CM

- Code Range M84.4-M84.6
  - 924 codes
  - Axis: Type
    - Osteoporosis with current pathological fracture (276)
    - Pathologic fracture in neoplastic disease (192)
    - Pathologic fracture in other disease (192)
    - Pathologic fracture, NEC (228)
    - Collapsed vertebra, NEC (36)
  - Secondary axes
    - Anatomy
      - Shoulder, humerus, radius & ulna, hand and fingers, femur and pelvis, tib/fib, ankle foot and toes, unspecified, other
    - Acuity / Status - see next page
Classification of Fracture Acuity / Status

- 7th Character:
  - Initial encounter for 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

- Example: ICD-9 v. ICD-10
  - 733.14 *Pathologic fracture of neck of femur*
  - M80.051K *Age-related osteoporotic pathologic fracture, right femur, subsequent encounter for fracture with non-union*
Chapter 19: Injuries

- This is the largest section of ICD-10-CM and reflects codes for many of the patients seen in the ED
- Additional specificity is required for the nature of injury
- The codes are built in a clinically logical hierarchical manner
Injuries to Single Body Regions

Overall S00 – S99:  [S00.00A – S99.929S]  30,219 codes

S00-S09  Injuries to the head
S10-S19  Injuries to the neck
S20-S29  Injuries to the thorax
S30-S39  Injuries to the abdomen, lower back, lumbar spine, pelvis and external genitals

**S40-S49  Injuries to the shoulder and upper arm (2730 codes)**

S50-S59  Injuries to the elbow and forearm
S60-S69  Injuries to the wrist, hand and fingers
S70-S79  Injuries to the hip and thigh
S80-S90  Injuries to the knee and lower leg
S90-S99  Injuries to the ankle and foot
Injuries to the Shoulder and Upper Arm

- **S40-S49** Injuries to the Shoulder and Upper Arm (2730)
  - S40 Superficial Injury
  - S41 Open wound of shoulder and upper arm
  - **S42 Fracture of shoulder and upper arm (1398 codes)**
  - S43 Dislocation and sprain of joints and ligaments of shoulder girdle
  - S44 Injury of nerves at shoulder and arm level
  - S45 Injury of blood vessels at shoulder and upper arm level
  - S46 Injury of muscles and tendons at shoulder and upper arm level
  - S47 Crushing injury of shoulder and upper arm
  - S48 Traumatic amputation of shoulder and upper arm
  - S49 Other and unspecified injuries of shoulder and upper arm
Injuries to the Shoulder and Upper Arm

- **S42 Fracture of shoulder and upper arm (1398 codes)**
  - S42.0 Fracture of the clavicle
  - S42.1 Fracture of the scapula
  - **S42.2 Fracture of upper end of humerus (231 codes)**
  - S42.3 Fracture of shaft of humerus
  - S42.4 Fracture of lower end of humerus
Injuries to the Shoulder and Upper Arm

- **S42.2 Fracture of upper end of humerus (231 codes)**
  - S42.20 Unspecified fx of upper end of humerus
  - S42.21 Unspecified fx of surgical neck of humerus
  - S42.22 2-part fx of surgical neck
  - S42.23 3-part fx of surgical neck
  - S42.24 4-part fx of surgical neck
- **S42.25 Fracture of the greater tuberosity (42 codes)**
  - S42.26 Fracture of the lesser tuberosity
  - S42.27 Torus fracture of upper end humerus
  - S42.29 Other fracture of upper end of humerus
Injuries to the Shoulder and Upper Arm

• S42.25  Fracture of the greater tuberosity (42 codes)
  • S42.251  Displaced fx of greater tuberosity of R humerus
  • S42.252  Displaced fx of greater tuberosity of L humerus (7 codes)
  • S42.253  Displaced fx of greater tuberosity of unspec humerus
  • S42.254  Non-displaced fx greater tub of R humerus
  • S42.254  Non-displaced fx greater tub of L humerus
  • S42.254  Non-displaced fx greater tub of unspec humerus
Injuries to the Shoulder and Upper Arm

- **S42.252** Displaced fx of greater tuberosity of *L humerus* (7 codes)
  - **S42.252A** initial encounter for closed fx
  - **S42.252B** initial encounter for open fx
  - **S42.252D** subsequent encounter for fx with routine healing
  - **S42.252G** subsequent encounter for fx with delayed healing
  - **S42.252K** subsequent encounter for fx with nonunion
  - **S42.252P** subsequent encounter for fx with malunion
  - **S42.252S** sequela
Building an ICD-10 Code

Example: Desired Documentation

“Displaced fx greater tuberosity left humerus, initial encounter”
SOLUTIONS THAT DON’T WORK
An example of what you don’t want to do…
Femoral Head & Neck Fractures

• ICD-9-CM
  • 12 available codes

ICD-9-CM Examples

820.02  Midcervical Femoral Neck Fracture, Closed
820.11  Epiphyseal Fracture Transcervical, Open
Femoral Head & Neck Fractures

- ICD-10-CM
  - 576 codes

S72.0 Fracture of the Neck of the Femur. This appears to be a specific code, but under S72.0, using the appropriate additional digits S72.0\textit{xyz} allows for markedly increased specificity.

ICD-10 CM Example: S72.0\textit{31K}

*Displaced mid-cervical fracture of right femur, subsequent encounter for closed fracture with nonunion*
S72.031A Displaced midcervical fracture of right femur, initial encounter for closed fracture
S72.031B Displaced midcervical fracture of right femur, initial encounter for open fracture type I or II
S72.031C Displaced midcervical fracture of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.031D Displaced midcervical fracture of right femur, subsequent encounter for closed fracture with routine healing
S72.031E Displaced midcervical fracture of right femur, subsequent encounter for open fracture type I or II with routine healing
S72.031F Displaced midcervical fracture of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.031G Displaced midcervical fracture of right femur, subsequent encounter for closed fracture with delayed healing
S72.031H Displaced midcervical fracture of right femur, subsequent encounter for open fracture type I or II with delayed healing
S72.031J Displaced midcervical fracture of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.031K Displaced midcervical fracture of right femur, subsequent encounter for closed fracture with nonunion
S72.031M Displaced midcervical fracture of right femur, subsequent encounter for open fracture type I or II with nonunion
S72.031N Displaced midcervical fracture of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with nonunion
S72.031P Displaced midcervical fracture of right femur, subsequent encounter for closed fracture with malunion
S72.031Q Displaced midcervical fracture of right femur, subsequent encounter for open fracture type I or II with malunion
S72.031R Displaced midcervical fracture of right femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with malunion
S72.031S Displaced midcervical fracture of right femur, sequela

S72.032A Displaced midcervical fracture of left femur, initial encounter for closed fracture
S72.032B Displaced midcervical fracture of left femur, initial encounter for open fracture type I or II
S72.032C Displaced midcervical fracture of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
S72.032D Displaced midcervical fracture of left femur, subsequent encounter for closed fracture with routine healing
S72.032E Displaced midcervical fracture of left femur, subsequent encounter for open fracture type I or II with routine healing
S72.032F Displaced midcervical fracture of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
S72.032G Displaced midcervical fracture of left femur, subsequent encounter for closed fracture with delayed healing
S72.032H Displaced midcervical fracture of left femur, subsequent encounter for open fracture type I or II with delayed healing
S72.032J Displaced midcervical fracture of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
S72.032K Displaced midcervical fracture of left femur, subsequent encounter for closed fracture with nonunion
S72.032M Displaced midcervical fracture of left femur, subsequent encounter for open fracture type I or II with nonunion
S72.032N Displaced midcervical fracture of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with nonunion
S72.032P Displaced midcervical fracture of left femur, subsequent encounter for closed fracture with malunion
S72.032Q Displaced midcervical fracture of left femur, subsequent encounter for open fracture type I or II with malunion
S72.032R Displaced midcervical fracture of left femur, subsequent encounter for open fracture type IIIA, IIIB, or IIIC with malunion
Building an ICD-10 Code

S72.042K

- Fracture of the femur
- Head & Neck
- Base of Neck
- Displaced fracture left
- Subsequent encounter for closed fx with nonunion

Example: Desired Documentation

“Subsequent encounter for non-union displaced fx base L hip”
More About Injury Codes
Coding Guidelines

• Chapter 20 lists “External Causes of Morbidity”
  • When an external cause results in a diagnosis, coders are instructed to describe the external causes which fall into four categories, each of which may be an additional code
    • Injury
    • Place of injury
    • Activity at time of injury
    • Status of the individual at the time of injury
A Case

• The patient presents with a history of a fall while climbing a tree in a state park. He is found to have a bucket-handle tear of the right medial meniscus.
  • Coding:
    • S83.211A  Bucket-handle tear of medial meniscus, current injury, right knee, initial encounter
    • W14A  Injury: Fall from tree, initial encounter
    • Y92.830  Place: Public park as place of occurrence
    • Y93.39  Activity: Climbing, not elsewhere classified
    • Y99.8  Status: leisure activity
ICD-10-PCS
The Procedural Coding System
Physician Notes

- ICD-10-PCS codes are only used to code inpatient procedures
- Your office will continue to bill your professional fees (at least for now) with CPT codes
- To submit a bill, the hospital must have all seven characters of any ICD-10-PCS code – that applies to every procedure during the inpatient stay
Principles for ICD-10-PCS Documentation

- Eliminate eponyms
- Describe each component of your surgical procedure
- Describe the intent of the procedure
  - Dilation, amputation, excision, resection
- Describe your approach if at all ambiguous
- Describe any devices placed in the patient and where they were placed
ICD-9-CM vs. ICD-10-PCS

Structural Changes

• ICD-9-CM (Procedures)

#  #  #

3-4 characters
• All numeric
• Decimal point after 2nd digit

• ICD-10-PCS (Procedures)

α/#  α/#  α/#  α/#  α/#  α/#  α/#

7 characters
• All letters except “I” & “O”
• No decimal point
• Each letter or # is called a “value”
ICD-10-PCS

Device

0  Drainage device
2  Monitoring device
3  Infusion device
7  Autologous tissue substitute
C  Extraluminal device
D  Intraluminal device
J  Synthetic substitute
K  Nonautologous tissue substitute
L  Artificial sphincter
M  Stimulator lead
Y  Other device
Z  No device

Orthopedic Examples

- Synthetic Substitute, metal
- Synthetic Substitute, ceramic
- Synthetic Substitute
- Autologous Tissue Substitute
- Nonautologous Tissue Substitute
A Case

• Patient sustains a severe laceration of the distal right index finger with a partially severed distal phalanx
• Procedure:
  • Open reduction internal fixation distal phalanx right index finger with K-wire
Building an ICD-10 Procedural Code

Example: Desired Documentation

“Open reduction internal fixation distal phalanx right index finger with K wire”
Building an ICD-10 Procedural Code

<table>
<thead>
<tr>
<th>Medical &amp; Surgical</th>
<th>Upper Bones</th>
<th>Reposition</th>
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<tbody>
<tr>
<td>Open reduction internal fixation distal phalanx right index finger with K wire</td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Body Part Character 4</th>
<th>Approach Character 5</th>
<th>Device Character 6</th>
<th>Qualifier Character 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>M Carpal, R</td>
<td>0 Open</td>
<td>4 Internal fixation device</td>
<td>Z No qualifier</td>
</tr>
<tr>
<td>N Carpal, L</td>
<td>3 Percutaneous</td>
<td>5 External fixation device</td>
<td></td>
</tr>
<tr>
<td>P Metacarpal, R</td>
<td>4 Percutaneous endoscopic</td>
<td>5 No device</td>
<td></td>
</tr>
<tr>
<td>Q Metacarpal, L</td>
<td></td>
<td></td>
<td>Z No qualifier</td>
</tr>
<tr>
<td>R Thumb phalanx, R</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S Thumb phalanx, L</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>T Finger phalanx, R</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>V Finger phalanx, L</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Another Case

• 83 yo female sustains a displaced subcapital fracture of the right hip. She undergoes a cemented hemi-arthroplasty.
ICD-10-PCS Table

<table>
<thead>
<tr>
<th>Character 4</th>
<th>Approach Character</th>
<th>Device Character 6</th>
<th>Qualifier Character 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>R</td>
<td>Hip, Femoral Surface, R</td>
<td>0 Open</td>
<td>Synthetic Substitute, metal</td>
</tr>
<tr>
<td>S</td>
<td>Hip, Femoral Surface, L</td>
<td>3</td>
<td>Synthetic Substitute, ceramic</td>
</tr>
<tr>
<td>R</td>
<td>Hip, Femoral Surface, R</td>
<td>7</td>
<td>Autologous Tissue Substitute</td>
</tr>
<tr>
<td>S</td>
<td>Hip, Femoral Surface, L</td>
<td>K</td>
<td>Nonautologous Tissue Substitute</td>
</tr>
</tbody>
</table>

Hemiarthroplasty R hip with [named device], cemented

0SRR019
A Familiar Case

- The patient presents with a history of a fall while climbing a tree in a state park. He is found to have a bucket-handle tear of the right medial meniscus.
  - Coding:
    - S83.211A Bucket-handle tear of medial meniscus, current injury, right knee, initial encounter
    - W14A Injury: Fall from tree, initial encounter
    - Y92.830 Place: Public park as place of occurrence
    - Y93.39 Activity: Climbing, not elsewhere classified
    - Y99.8 Status: leisure activity
<table>
<thead>
<tr>
<th>Body Part</th>
<th>Approach</th>
<th>Device</th>
<th>Qualifier</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lumbar vertebral joint</td>
<td>0 Open</td>
<td>Z No device</td>
<td>X Diagnostic</td>
</tr>
<tr>
<td>Lumbar vertebral disc</td>
<td>3 Percutaneous</td>
<td></td>
<td>Z No qualifier</td>
</tr>
<tr>
<td>Lumbosacral joint</td>
<td>4 Percutaneous endoscopic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lumbosacral disc</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hip joint, R</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hip joint, L</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knee joint, R</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knee joint, L</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
Spinal Fusions

Increasing the Complexity

• Coding Guidelines
  • The “body part” coded to spinal fusion procedures is the joint(s) rendered immobile by the procedure
  • Many combinations of devices are used. The device value coded is based on a hierarchy of devices:
    • The interbody fusion device, if used, has highest priority
    • If a bone graft is the only device used, the appropriate code is the non-autologous or autologous tissue substitute
    • If both autologous and non-autologous tissue substitutes are utilized, the coder will code only the autologous tissue substitute

A Case
  • Lumbar interbody fusion, posterior approach, L2-3, L3-4, BAK fusion device, and pedicle screws with autogenous bone graft
# The Fusion

<table>
<thead>
<tr>
<th>Body Part Character 4</th>
<th>Approach Character 5</th>
<th>Device Character 6</th>
<th>Qualifier Character 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Lumber vertebral joint</td>
<td>0 Open</td>
<td>7 Autologous tissue substitute</td>
</tr>
<tr>
<td>1</td>
<td>Lumbar vertebral joint; 2 or more</td>
<td>3 Percutaneous</td>
<td>A Interbody fusion device</td>
</tr>
<tr>
<td>3</td>
<td>Lumbosacral joint</td>
<td>4 Percutaneous endoscopic</td>
<td>J Synthetic substitute</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>K Nonautologous tissue substitute</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Z No device</td>
</tr>
</tbody>
</table>

Lumbar interbody fusion, posterior approach, L2-3, L3-4, BAK fusion device

0SG10AJ
Harvesting the Iliac Bone Graft

<table>
<thead>
<tr>
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<th>Device Character 6</th>
<th>Qualifier Character 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Open</td>
<td>Z No device</td>
<td>X Diagnostic</td>
</tr>
<tr>
<td>1</td>
<td>Percutaneous</td>
<td>Z No qualifier</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Percutaneous</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Pelvic bone, L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Acetabulum, R</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Acetabulum, L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Upper femur, R</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Upper femur, L</td>
<td></td>
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</tr>
<tr>
<td>...</td>
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</tr>
</tbody>
</table>
Summary

• Don’t try to focus on all the new codes
• Remember that what’s essential is providing the information necessary to code
• Eliminate eponyms
• Use anatomic terminology
• Describe each component of the procedure
• Go through the online modules for even more detail
• Work with your clinical documentation/coding team
JA Thomas
ICD-10 Clinician (Peer-to-Peer) Web-Based Video Training Modules
The Commons
An introduction to the Diagnosis Calculator and Specialty Content Training for ICD-10
Log-in at:  https://www.commonslearning.com/eco_login.php
Specialty Modules
ICD10 Specialty - Internal Medicine Part 1

Key slides:
- 3, 10, 12, 15, 27, 28, 40-42, 44, 46, 48

Reviewer: Dr. Sean Tushia – Providence Portland Medical Center.

Completion Requirements:

To receive credit for completion you must Pass the test on slide 50 of this presentation. If you do not pass the test you must close the module and reopen it. Upon reopening the module you must choose Not to resume where you left off, thereby restarting the test. Once you have passed the test you must further click the Green Mark Done button to receive completion.

CME credits will only be granted to Employed providers of Providence and Swedish. Upon completion, you will be granted 1hr of CME credit for this module. For more information on how to receive your CME credit please review the ICD-10 Provider FAQ: NOW@ICD10FAQ

Click Here to begin module
Listen to the Module
Answer questions at end. A 100% is required to complete.
Click Here to Continue
You are Done! Click here to go continue and close or to complete your next module.
ICD-10 General Questions, questions on The Commons content can be directed to:

ICD10questions@providence.org

Questions regarding accounts and access to The Commons can be directed to:

Anjna.Bhandari@providence.org or Richard.Ramberg@providence.org
"I'm sorry, the doctor no longer makes diagnoses."
You Don’t Order Coffee the Way You Used to...

Large black coffee

Venti
3/4 Caff
Skinny
Vanilla
No foam
Latte

It’s Time to Add Specificity to Your Documentation Too.
Questions?

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