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Michigan Trauma Coalition



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What's Next?



Trauma Scenario 1

- Diagnoses
- Procedures

Trauma Scenario 2

- Diagnoses
- Procedures

You asked for answers...

Case Scenarios



Trauma Scenario 1

Trauma Scenario 1: Diagnoses



Entrance wound Upper Left Thigh

- **S71.142A** Puncture wound with foreign body, left thigh, initial encounter

Perforated:

- Pericardium, inferior wall and anterior wall
- **S26.99XA** Perforated Pericardium, inferior wall and anterior wall, initial encounter
- Small bowel
- **S36.439A** Perforated Small Bowel, initial encounter
- Left flexure of large bowel
- **S36.532A** Perforated Left flexure of Large Bowel (splenic flexure), initial encounter

Trauma Scenario 1: Diagnoses



Perforated:

- Diaphragm
- **S27.803A** Laceration diaphragm, initial encounter
- Fundus of stomach
- **S36.39XA** Perforated Fundus of Stomach, initial encounter
- Spleen laceration, hylum
- **S36.039A Laceration** Spleen, hylum, initial encounter - **OR**—
S36.09XA Perforated Spleen, hylum, initial encounter

Note: (Major, Moderate, Superficial) needs to be documented for greater specificity with Laceration of Spleen)

Trauma Scenario 1: Diagnoses



Perforated:

- Left Kidney grazed with significant surface injury
- **S37.092A** Grazed Left Kidney with significant surface injury, initial encounter
- Large contusion left upper lung
- **S27.321A** Contusion, left upper lung (unilateral), initial encounter

Trauma Scenario 1: Diagnoses



External Cause Codes

- **W34.00XA** Accidental discharge from unspecified firearms or gun, initial encounter
- **Y92.9** Unspecified place

Trauma Scenario 1: Procedures



- Endotracheal intubation
- **0BH17EZ**
- CPR
- **5A12012**
- Thoracotomy
- **Not coded**, it's the approach for other procedures
- Defibrillation
- **5A2204Z**
- Removal of bullet ventricle atrium (need laterality, we are using the left)
- **02C70ZZ** reflects the left side

Trauma Scenario 1: Procedures



- Open cardiac massage
- **02QA0ZZ**
- Fast US - we are limiting to heart and aorta without contrast
- **B24BZZZ**
- Central venous catheter, Left
- **05H633Z**

Note: We also need the laterality for the central venous cath. 05H633Z reflects the left for now

- Whole blood transfusion, through peripheral vein
- **30233H1**

Case Scenarios



Trauma Scenario 2

Trauma Scenario 2: Diagnoses



- Closed posterior dislocation of left knee proximal tibia, initial encounter
- **S83.125A** Posterior dislocation of proximal end of tibia, left knee, initial encounter
- Gunshot wound of thigh/femur, right, initial encounter
- **S71.101A** Unspecified open wound, right thigh, initial encounter
- Vascular injury – dissection of left popliteal artery
- **S85.092** Other specified injury of popliteal artery, left leg – **OR** – **I77.79** Dissection other artery (This appears to have been a residual of the injury to the knee)

Trauma Scenario 2: Diagnoses



External Cause Codes

- **W34.00XA** Accidental discharge from unspecified firearms or gun, initial encounter
- **Y92.481** Parking lot as place of occurrence
- **Y99.8** Leisure activity
- **Y93.55** Bike riding, activity
- **Y93.02** Running

Trauma Scenario 2: Procedures



- Closed Reduction of Knee
- **0SSDXZZ** Reposition Left Knee Joint, External Approach
- Incision and drainage of the hematomas of the left thigh, knee, and proximal leg areas.
- **0H9LXZZ** Drainage of Left Lower Leg Skin, External Approach
- Thrombectomy of the left superficial femoral popliteal arteries, open approach
- **04CN0ZZ** Extirpation of Matter from Left Popliteal Artery, Open Approach

How do we code this???



ICD-10-PCS

How do we code this???



ORIF Right tibia/fibula

- **0QSG04Z** Reposition Right Tibia with Internal Fixation Device, Open Approach
- **0QSJ04Z** Reposition Right Fibula with Internal Fixation Device, Open Approach

How do we code this???



Peg tube

- **0DH63UZ** Insertion of Feeding Device into Stomach, Percutaneous Approach

Note: The tube is placed percutaneously from the outside in and the endoscope is used to guide the percutaneous placement of the tube. The guidance can be accomplished via esophagogastroduodenoscopy (EGD), laparoscopically or via CT imaging. Do not code the endoscopic guidance separately.

How do we code this???



Intubation

- **0BH17EZ** Insertion of Endotracheal Airway into Trachea, Via Natural or Artificial Opening

Insertion of device in Trachea **0BH1**

<i>Section</i>	0 Medical and Surgical		
<i>Body System</i>	B Respiratory System		
<i>Operation</i>	H Insertion: Putting in a nonbiological appliance that monitors, assists, performs, or prevents a physiological function but does not physically take the place of a body part		
<i>Body Part</i>	<i>Approach</i>	<i>Device</i>	<i>Qualifier</i>
1 Trachea	7 Via Natural or Artificial Opening 8 Via Natural or Artificial Opening Endoscopic	2 Monitoring Device D Intraluminal Device E Intraluminal Device, Endotracheal Airway	Z No Qualifier

How do we code this???



Mechanical Ventilation

- **5A1935Z** Respiratory Ventilation, Less than 24 Consecutive Hours
- **5A1945Z** Respiratory Ventilation, 24-96 Consecutive Hours
- **5A1955Z** Respiratory Ventilation, Greater than 96 Consecutive Hours

Mechanical ventilation see Performance, Respiratory **5A19**

How do we code this???



Brain MRI

- **B030ZZZ** Magnetic Resonance Imaging (MRI) of Brain

Magnetic Resonance Imaging (MRI)

Brain **B030**

How do we code this???



- **Head CT**
- **BW28ZZZ** Computerized Tomography (CT Scan) of Head

CAT scan *see* Computerized Tomography (CT Scan)

Computerized Tomography (CT Scan)
Head **BW28**

How do we code this???



CPR

- **5A12012** Performance of Cardiac Output, Single, Manual

Resuscitation

External chest compression **5A12012**

How do we code this???



ICP monitor

- **4A103BD** Monitoring of Intracranial Pressure, Percutaneous Approach

Monitoring

Central Nervous

Pressure 4A100BZ

Intracranial **4A10**

How do we code this???



IVC filter

- **06H03DZ** Insertion of Intraluminal Device into Inferior Vena Cava, Percutaneous Approach

Note: Greenfield filter or IVC filter is inserted in the inferior vena cava

Insertion of device in
Vena Cava
Inferior **06H0**
Superior 02HV

How do we code this???



Bronchoscopy

- **0BJ08ZZ** Inspection of Tracheobronchial Tree, Via Natural or Artificial Opening Endoscopic

Note: You will need to know the purpose of the bronchoscopy to code it correctly. The root operation will change depending on the purpose.

Bronchoscopy 0BJ08ZZ

Bronchoscopy



Some procedures a bronchoscope may be used for and their Root Operations:

- View the airways for abnormalities – Inspection
- Remove foreign object(s) from the airway – Extirpation
- Remove small bits of tissue for biopsy – Excision with qualifier Diagnostic
- Perform a bronchial washing during viewing – Irrigation (Administration Section)
- Perform a BAL (Bronchoalveolar Lavage) – Drainage
- Perform lung ablation – Destruction
- Insertion of brachytherapy seeds - Insertion

How do we code this???



Craniotomy (Exploration) only of brain

- **00J00ZZ** Inspection of Brain, Open Approach
- **Note:** You will need to know the purpose of the craniotomy to code it correctly. The root operation will change depending on the purpose.

Exploration see Inspection

Inspection

Brain **00J0**

How do we code this???



Craniotomy (Evacuation) of hematoma – subdural space

- **00C40ZZ** Extirpation of Matter from Subdural Space, Open Approach

Evacuation

Hematoma *see* Extirpation

Extirpation

Subdural Space **00C4**

How do we code this???



External fixator placement tibia/fibula (left)

- **0QHH35Z** Insertion of External Fixation Device into Left Tibia, Percutaneous Approach
- **0QHK35Z** Insertion of External Fixation Device into Left Fibula, Percutaneous Approach

Verify the Approach

Insertion of device in

Fibula

Left **0QHK**

Tibia

Left **0QHH**

How do we code this???



Removal external fixator tibia/fibula

- **0QPHX5Z** Removal of External Fixation Device from Left Tibia, External Approach
- **0QPKX5Z** Removal of External Fixation Device from Left Fibula, External Approach

Verify the Approach

Removal of device from

Fibula

Left **0QPK**

Tibia

Left **0QPH**

How do we code this???



Arterial line

- **04HL3DZ** Insertion of Intraluminal Device into Left Femoral Artery, Percutaneous Approach

Note: For the example the arterial line ended up in the left femoral artery, this determines the 4th character, Body Part

Insertion of device in

Artery

Femoral

Left **04HL**

Right **04HK**

How do we code this???



Arterial line placed for multiple arterial blood gases via the right radial artery

- **03HY322**, Insertion of Monitoring Device into Upper Artery, Percutaneous Approach

Insertion of device in
Artery
Upper **03HY**

Note: Upper artery (4th character) is selected because there is no Monitoring Device (6th character) with Radial Artery

How do we code this???



Central line

- **02HV33Z** Insertion of Infusion Device into Superior Vena Cava, Percutaneous Approach

Note: Central venous catheter is placed percutaneously and should end in the superior vena cava

Verify the end point

Insertion of device in
Vena Cava
Inferior 06H0
Superior **02HV**

How do we code this???



Primary repair right atrial inferior vena caval injury

- **02Q60ZZ** Repair Right Atrium, Open Approach
- **06Q00ZZ** Repair Inferior Vena Cava, Open Approach

Note: Verify two sites were actually repaired

Repair

Atrium

Left 02Q7

Right **02Q6**

Vena Cava

Inferior **06Q0**

How do we code this???



Debridement of skin, subcutaneous tissue, muscle and fascia in association with open fractures in toes 1-4

- **Note:** A physician query is needed for the reason for the debridement (whether a separate excisional debridement versus cleaning of the open wound was done).
- **Note:** Code to the deepest layer debrided
- **Note:** All will code to Excision, (skin, subcutaneous tissue and fascia, or muscle), Foot; there is no subterm for toe

How do we code this???



Amputation of great toe through the interphalangeal joint

Note: Query for (1) laterality and (2) which interphalangeal joint

Amputation of left great toe through the proximal interphalangeal joint

- **0Y6Q0Z2** Detachment at Left 1st Toe, Mid, Open Approach

Amputation see Detachment

Detachment

Toe

1st

Left **0Y6Q0Z**

Right 0Y6P0Z

How do we code this???



- **T11-L3 posterior nonsegmental instrumentation for unstable spine fx**
- **Posterior fusion T11-L3**
- **T12-L1 laminectomy for decompression**
- **Ligamentotaxis for spinal cord decompression**
- **Use of autograft/ allograft**

How do we code this???



Example: Posterior lumbar interbody fusion L3-L4 and L4-L5 using autologous bone graft, discectomy of L3-L4 and L4-L5, packing of the disc space with autologous bone that was harvested from the right iliac crest, and pedicle screw instrumentation

- **0SG107J** Fusion of 2 or more Lumbar Vertebral Joints with Autologous Tissue Substitute, Posterior Approach, Anterior Column, Open Approach
- **0SB20ZZ** Excision of lumbar vertebral disc, open approach, for the discectomy
- **0QB20ZZ** Excision of right pelvic bone, open approach, for the harvesting of the autologous bone for grafting

How do we code this???



- **Note:** Discectomy is almost always performed at the same time as spinal fusion surgery. Typically, a fusion involves partial removal of the disc. If the provider performs a discectomy with spinal fusion, it should be coded as excision of disc. If, however, the provider documents “total discectomy,” it should be coded as a disc resection.
- **Note:** Fixation (rods, plates, screws) is included in the fusion root operation, no additional code is assigned.

How do we code this???



T12-L1 laminectomy for decompression

- **Note:** The laminectomy procedure to release the spinal cord is coded only once for each level because the cervical, thoracic and lumbar spinal cord are each classified as a single body part. By convention, the vertebral level (C3, C4, and so on) is used to identify a specific area along the spinal cord, but each designation is not considered a separate and distinct body part anatomically. The current version of the ICD-10-PCS guideline B3.2b states, “During the same operative episode, multiple procedures are coded if: The same root operation is repeated at different body parts that are included in the same body part value.” The guideline uses two separate and distinct muscles in the upper leg as an example of the correct application of the guideline.

How do we code this???



- **Note, cont.:** The vertebral level designations of the spinal cord do not constitute separate and distinct body parts anatomically, therefore the multiple procedures guideline B3.2b does not apply. Assign the following ICD-10-PCS code:

00NX0ZZ Release thoracic spinal cord, open approach

00NY0ZZ Release lumbar spinal cord, open approach

Although the ICD-10-PCS' Index entry "Laminectomy," instructs to see Excision, the objective of a decompressive laminectomy is to release pressure and free up the spinal nerve root. Therefore the appropriate root operation is "Release."

How do we code this???



Repair of left common femoral artery and superficial femoral artery

- **04QLOZZ** Repair Left Femoral Artery, Open Approach

Note: There is no sub-entry for either common or superficial

Repair

Artery

Femoral

Left **04QL**

Right 04QK

How do we code this???



Ligation of left superficial femoral vein

- **06LN0ZZ** Occlusion of Left Femoral Vein, Open Approach

Ligation *see* Occlusion

Occlusion

Vein

Femoral

Left **06LN**

Right 06LM

How do we code this???



Exploratory laparotomy

- **0WJG0ZZ** Inspection of Peritoneal Cavity, Open Approach

Exploration *see* Inspection

Laparotomy

Drainage *see* Drainage, Peritoneal Cavity 0W9G

Exploratory *see* Inspection, Peritoneal Cavity **0WJG**

How do we code this???



(1) Closed reduction of mandible fracture with (2) placement of arch bars and (3) intermaxillary fixation

- **0NSTXZZ** Reposition Right Mandible, External Approach
- 2W31X9Z Immobilization of Face using Wire

Note: Query, need laterality, for this example chose **Right**

Reduction

Fracture *see* Reposition

Reposition

Mandible

Left 0NSV

Right **0NST**

How do we code this???



(1) Closed reduction of mandible fracture with (2) placement of arch bars and (3) intermaxillary fixation

- 0NSTXZZ Reposition Right Mandible, External Approach
- **2W31X9Z** Immobilization of Face using Wire

Note: Query, were the arch bars placed for fracture reduction? Changes the code.

Fitting

Arch bars, for fracture reduction *see* Reposition, Mouth and Throat 0CS

Arch bars, for immobilization *see* Immobilization, Face **2W31**

How do we code this???



(1) Closed reduction of mandible fracture with (2) placement of arch bars and (3) intermaxillary fixation

Note: Query how was the intermaxillary fixation was performed? In this case we will assume External Fixation without reduction, percutaneous.

- **0NHR35Z** Insertion external fixation device right maxilla, Percutaneous Approach

Fixation, bone

External, with fracture reduction see Reposition
External, without fracture reduction
see Insertion
Internal, with fracture reduction see Reposition
Internal, without fracture reduction
see Insertion

Insertion of device in Maxilla

Left 0NHS
Right **0NHR**

How do we code this???



Left shoulder hemiarthroplasty (Glenoid) surface

- **0RRK0J7** Replacement of Left Shoulder Joint with Synthetic Substitute, Glenoid Surface, Open Approach

Note: Need specific site location (glenoid or humeral) of the shoulder to complete code for left shoulder hemiarthroplasty

Arthroplasty

see Repair, Upper Joints 0RQ

see Replacement, Upper Joints **0RR**

see Supplement, Upper Joints 0RU

How do we code this???



Left shoulder hemiarthroplasty (Humeral) surface

- **0RRK0J6** Replacement of Left Shoulder Joint with Synthetic Substitute, Humeral Surface, Open Approach

Note: Need specific site location (glenoid or humeral) of the shoulder to complete code for left shoulder hemiarthroplasty

Arthroplasty

see Repair, Upper Joints 0RQ

see Replacement, Upper Joints **0RR**

see Supplement, Upper Joints 0RU

How do we code this???



Suture left knee laceration

- **0HQXLZZ** Repair Left Lower Leg Skin, External Approach

Note: Need documentation of depth of repair; for this example we selected Skin.

Suture

Laceration repair *see* Repair

Repair

Skin

Lower Leg

Left **0HQXLZZ**

How do we code this???

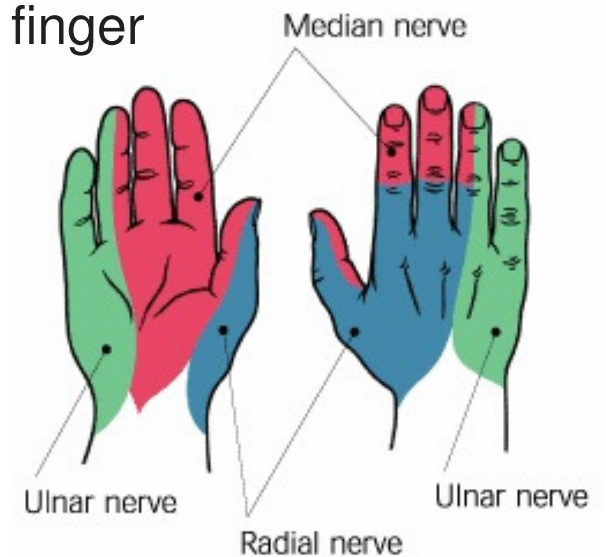


Repair digital nerve small finger Right hand

- **01Q40ZZ** Repair Ulnar Nerve, Open Approach

Note: There are three nerve that serve the fingers, radial, medial and ulnar. The ulnar nerve provides feeling to the little finger

Repair
Nerve
Ulnar **01Q4**



How do we code this???



Tracheostomy (Open) approach

- **0B110F4** Bypass Trachea to Cutaneous with Tracheostomy Device, Open Approach

Tracheostomy see Bypass, Respiratory System **0B1**

Bypass

Trachea **0B11**

How do we code this???



(1) Exploration of gunshot wound of below-knee popliteal artery as well as (2) 4 compartment fasciotomy with (3) wound VAC placement.

- **04JY0ZZ** Inspection, Lower artery, Open approach

Note: Query, what was explored? Which leg? We are selecting left popliteal artery.

Exploration *see* Inspection

Inspection

Artery

Lower **04JY**

How do we code this???



(1) Exploration of gunshot wound of below-knee popliteal artery as well as (2) 4 compartment fasciotomy with (3) wound VAC placement.

- **0J8P0ZZ** Division, Subcutaneous Tissue and Fascia, left lower leg, Open

Note: Query, what was explored? Which leg? We are selecting left.

Fasciotomy

see Division, Subcutaneous Tissue and Fascia **0J8**

see Drainage, Subcutaneous Tissue and Fascia 0J9

Division

Subcutaneous Tissue and Fascia

Lower Leg

Left **0J8P**

How do we code this???



(1) Exploration of gunshot wound of below-knee popliteal artery as well as (2) 4 compartment fasciotomy with (3) wound VAC placement.

- **No code**

Note: Query, what was explored? Which leg?

Do not assign a separate code for the VAC, because it was part of the operative closure.

How do we code this???



Repair right diaphragmatic laceration 40-50 cm in length

- **0BQR0ZZ** Repair Right Diaphragm, Open Approach

Note:
Verify the
Approach

Repair
Diaphragm
Right **0BQR**

How do we code this???



Packing of liver laceration

The root operations in the Placement section include only those procedures performed without making an incision or a puncture. This includes Root Operation “Packing.”

Note: To control a small amount of bleeding from the liver could be integral to a primary procedure and should not be coded separately.

How do we code this???



Splenectomy total (Open) approach

- **07TP0ZZ** Resection of Spleen, Open Approach

Note: Knowing the definitions of Root Operations is important.

Resection — Definition: Cutting out or off, without replacement, all of a body part

Resection

Spleen **07TP**

How do we code this???



Internal fixation with SI (Sacroiliac) screw placement in pelvis

- **0QH334Z** Insertion of Internal Fixation Device into Left Pelvic Bone, Percutaneous Approach

Note: Need to verify if a reduction was done. Need to verify approach, Percutaneous vs, Percutaneous endoscopic

Fixation, bone

Internal, without fracture reduction *see* Insertion

Insertion of device in

Bone

Pelvic

Left **0QH3**

How do we code this???



(1) Angiography and (2) embolization of right internal iliac artery

- **B41CZZZ** Fluoroscopy of Pelvic Arteries
- 04LC3DZ Occlusion of Right Common Iliac Artery with Intraluminal Device, Percutaneous Approach

Fluoroscopy

Artery

Pelvic **B41C**

Was contrast used?

This will affect the 5th character selection.

How do we code this???



(1) Angiography and (2) embolization of right internal iliac artery

- B41BZZZ Fluoroscopy of Other Intra-Abdominal Arteries
- **04LE3DZ** Occlusion of Internal Iliac Artery, Right, with Intraluminal Device, Percutaneous Approach

Embolization *(continued)*

see Occlusion

see Restriction

Occlusion

Artery

Internal Iliac

Left 04LF

Right **04LE**

Was the artery fully closed (Occlusion) or partially closed (Restriction)?
Was the Approach Percutaneous or Percutaneous Endoscopic?

Questions???





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