ICD-10 incorporates much greater clinical detail and specificity as well as updated terminology to be consistent with current clinical practices.

ICD-10-CM and ICD-10-PCS offer much more specificity because of the expansion of codes. While it is still possible to assign nonspecific codes, it is imperative that the most specific code be reported to maximize ICD-10-CM/PCS’s ability to provide meaningful data on patient care and severity.

Below are some of the diagnoses/conditions that have expanded code specificity:

**Specific anatomy**
- Document the specific site
  - Bone, joint or the muscle involved
  - Osteoarthritis – document multiple if more than one site is involved

**Laterality**
- Document which side of the body - right or left
  - Note: approximately 5,000 codes have a right and left distinction

**Acute traumatic vs. chronic or recurrent musculoskeletal conditions**
Many musculoskeletal conditions are a result of previous injury or trauma to a site or are recurrent conditions. Documentation should include if the condition was related to a prior trauma or injury or if the condition is recurrent to avoid a query.

**Amputations**
- Lower Body (include laterality)
  - Hindquarter
  - Femoral Region
  - Knee Region
  - Upper/Lower Leg
    * High (proximal)
    * Mid (mid portion)
    * Low (distal)
  - Foot
    * Complete or partial ray(s)/metatarsal(s)
  - Toe
    * High (proximal phalanx)
    * Mid (PIP joint or middle phalanx)
    * Low (DIP joint or distal phalanx)
- Upper Body (include laterality)
  - Forequarter
  - Shoulder Region
  - Elbow Region
- Upper/Lower Arm
  * High (proximal)
  * Mid (mid portion)
  * Low (distal)
- Hand
  - Complete or partial ray(s)/metacarpal(s)
- Thumb/Finger
  - High (proximal phalanx)
  - Mid (PIP joint or middle phalanx)
  - Low (DIP joint or distal phalanx)

Arthritis
- Osteoarthritis
  - Specify type (primary/secondary) and location
- Rheumatoid arthritis
  - Specify type and location as well as with and without rheumatoid factor and organ or system involvement

Debridement
- Depth:
  - Skin
  - Subcutaneous tissue/fascia
  - Muscle
  - Joint
  - Bone
- Type:
  - Excisional
  - Non-excisional
  Specify the type of instrument used

Fractures
- Cause:
  - Traumatic
  - Stress
  - Pathologic
- Location:
  - Which bone?
  - Which part of the bone?
  - Laterality (right, left, or bilateral)
- Type:
  - Non-displaced
  - Displaced
  - Open (Gustilo classification where applicable)
  - Closed (Greenstick, spiral, etc.)
- Salter-Harris (specify type)
  - Encounter:
    - Initial
    - Subsequent
      - For routine healing
      - For delayed healing
      - For non-union
      - For malunion
  - Sequela (such as bone shortening)
  - Include the external cause of the fracture, such as fall while skiing, motor vehicle accident, tackle in sports, etc.
  - Document any associated diagnoses/conditions

**Gout**
- Specify the type/cause of gout:
  - Drug-induced
  - Idiopathic
  - Lead-induced
  - Primary
  - Secondary
  - Syphilitic
  - With renal impairment (specify the specific renal disease/disorder, including acuity and/or state)
- Specify the specific joint involved along with laterality
- Specificity acuity of gout:
  - Acute
  - Chronic—With or Without Tophus
  - Gout attack
  - Gout flare
- Document any associated diagnoses/conditions

**Gustilo Classification**
- Specificity for open fractures of the forearm, femur, and lower leg will require provider documentation to specify Gustilo Type I through Type III C:
  - **TYPE I:** The wound is smaller than 1 cm, clean, and generally caused by a fracture fragment that pierces the skin.
  - **TYPE II:** The wound is longer than 1 cm, not contaminated, and without major soft issue damage or defect. This is also a low energy injury.
  - **TYPE III:** The wound is longer than 1 cm., with significant soft tissue disruption. The mechanism often involves high-energy trauma, resulting in a severely unstable fracture with varying degrees of fragmentation.
  - **IIIA:** The wound has sufficient soft tissue to cover the bone without the need for local or distant flap coverage.
-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.

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

• NOTE: Even though the fracture may be described using the terminology found in the Gustilo classification the provider must document the type of Gustilo fracture present; coder CANNOT code based on the fracture description.

Injuries/Poisonings: (documentation will need to include the type of encounter)

- Initial encounter: As long as patient is receiving active treatment for the condition. Examples of active treatment are: surgical treatment, emergency department encounter, and evaluation and treatment by a new physician.
- Subsequent encounter: After patient has received active treatment of the condition and is receiving routine care for the condition during the healing or recovery phase. Examples of subsequent care are: cast change or removal, removal of external or internal fixation device, medication adjustment, other aftercare and follow up visits following treatment of the injury or condition.
- Sequela: Complications or conditions that arise as a direct result of a condition (e.g., scar formation after a burn).

Musculoskeletal Disorders

- Osteopenia
  - Specify by the affected site as well as laterality
- Hip and knee replacement status provides laterality
- Cervical disk displacement and spondylosis can be further specified as to the location within the cervical area such as occipito-atlanto-axial, mid-cervical, or cervicothoracic

Osteoporosis

- With current pathological fracture
  - Identify site of fracture (not traumatic)
- Without current pathological fracture
  - Document if patient had prior fracture (history of) due to osteoporosis

Pathologic Fractures

- Document location:
  - Bone (distal, proximal, shaft, etc.)
  - Laterality
- Document etiology:
  - Osteoporosis
    - Disuse
    - Drug-induced
    - Postmenopausal
-Idiopathic
-Postsurgical malabsorption
-Other (specify)
-Neoplastic disease
-Other (specify)

- Document encounter type:
  - Initial encounter
    - Active treatment (surgical treatment, ED encounter, continuing treatment)
  - Subsequent encounter
    - Routine healing
    - Delayed healing
    - Nonunion
    - Malunion
  - Sequela

- Document any associated diagnoses/conditions

Pain

- Chronic pain
  - Specify if due to trauma, post-thoracotomy, or other post-procedural chronic pain

- Back pain
  - Specify by exact location

Scoliosis

- Specify type:
  - Infantile idiopathic
    - Progressive
    - Resolving
  - Juvenile idiopathic
  - Adolescent
  - Other idiopathic
  - Thoracogenic
  - Neuromuscular
  - Other secondary
  - Other (specify)

- Specify site:
  - Cervical
  - Cervicothoracic
  - Thoracic
  - Thoracolumbar
  - Lumbar
  - Lumbosacral
  - Sacral
  - Sacrococcygeal

- Document any associated diagnoses/conditions
Spinal Fusion

➢ Column fused
   - Anterior (rounded, smooth portion of spine)
   - Posterior (pedicle, lamina, facet, transverse process of spine)

➢ Approach (please include documentation of approach)
   - Anterior
   - Lateral
   - Posterolateral
   - Posterior
   - Lateral transverse

➢ Type of device(s) used
   - Interbody fusion device
   - Autologous bone graft
   - Nonautologous bone graft

➢ Number of joints fused
   - L1–L3
   - L5–S1
   - Etc.

Underdosing

Under-dosing is a new code in ICD-10-CM. It identifies situations in which a patient has taken less of a medication than prescribed by the physician. The medical condition is sequenced first followed by the underdosing code. If known, additional information can be captured to explain why the patient is not taking the medication (e.g., financial reasons).

➢ Using a prescribed medication less frequently than prescribed, in small doses, or not using the medication as instructed should be documented as “underdosing” by the provider

➢ If the reduction in the prescribed dose of the medication results in a relapse or an exacerbation of the medical condition for which the drug is prescribed, the medical condition must also be documented