Coding





Injury CodesAND THE SEVENTH CHARACTER

By Caleb Jesudasson, RHIA and Monica Leisch, RHIA, CDIP, CCS

Assigning injury codes may seem straight forward *initially...* then *subsequently* it is realized that the seventh character can be tricky. Puns aside, most injury codes require a seventh character to signify the encounter type. While the tabular uses the terminology of initial, subsequent and sequela for A, D, and S respectively, the official coding guidelines provide a much clearer definition which will be explored here.

In the chapter nineteen guidelines of the ICD-10-CM Codebook, the seventh character of 'A, initial encounter' is further described as "whether the patient is undergoing active treatment and not whether the provider is seeing the patient for the first time." This clarifies that "initial" can apply to any encounter, not simply the first. Moreover, the key words "active treatment" lead the coding professional to look for a new course of treatment directed at the injury during any given encounter. Traumatic fractures have additional seventh characters A, B, and C, that build on this concept to further classify the type of fracture, open versus closed. If a patient delays treatment of a nonunion fracture, it too is coded as initial care because it is a new treatment.

The seventh character 'D, subsequent encounter' applies when "the patient has completed active treatment of the condition and is receiving routine care for the condition." The key concept is that routine care signifies the healing and recovery phase. If a provider discontinues a treatment and shifts to a different approach to treat the injury, the coding professional no longer use routine care considering the new treatment plan qualifies as an initial encounter. Subsequent fractures follow the same logic for the encounter and use additional seventh characters K, M, N to specify nonunion and P, Q, R for malunion. Overall, to apply subsequent encounter "D" correctly, look for continuity of an existing treatment plan.

Lastly, Coding Guidelines defines 'S, sequela' as "complications or conditions that arise as a direct result of a condition." After the active treatment (A) and the healing phase (D) pass, any residual complication of the injury is a sequela. Treatment will be aimed at the sequela itself, therefore we sequence the nature of the sequela first

followed by the injury code with a seventh character of "S". There is no time limit for when a sequela can occur. Think of post-traumatic osteoarthritis many years after a fracture from a crushing injury. Always be sure to look for documentation that links the sequela to the injury.

The most important concept of coding the seventh character for A, D, S relates to medical necessity. Routine care (D) will never meet medical necessity for inpatient admission unless it is for a planned admission to remove an internal fixation device. Therefore "D", which signifies the healing phase, and

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failures to follow important requirements in the rules. OCR chose to focus on two areas, which it has voiced concern, namely compliance with HIPAA by business associates and the failure by covered entities to undertake adequate security risk assessments and to implement proper risk management plans. In each case, the covered entity was subjected to a fine and to a corrective action plan requiring close OCR scrutiny over a two-year period. We can expect more reports of investigations and resolution agreements along these lines as OCR moves from providing instructional support to conducting formal enforcement proceedings in its role as overseer of the HIPAA privacy and security rules.

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"S", which tends to be chronic, will most often be treated in an outpatient routine visit. When contemplating an injury as a diagnosis, think about the phases, new treatment plan, healing phase, or sequela — A, D, or S respectively.

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In Memoriam

Gertrude "Trudie" Caban transitioned to her life with Christ on June 8, 2017. Trudie was born in Linz. Austria in 1942 and came to the United States in 1950. She was a gifted pianist and had a superior mind for business. She spent much of her adult life working in medical records in Southern California where she brought great passion and enthusiasm to the field. In her later years, Trudie spent much time with her quilting club gals and forged new and happy friendships. Trudie was surrounded by her loving husband of 53 years, Jose Caban, her loving children, Maria Alizondo, John, Theresa and Robert Caban, their spouses, Anthony Alizondo, Janette Weisberg, and Christa Caban, along with her beautiful grandchildren, Ava Marie Opal, Alexander Michael Garret and John Arthur Caban. There will be a private ceremony for the family. In lieu of flowers, please make donations in her name to the American Cancer Society.

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Governing Health Information for Better Health: The Health Care Consumer's Expectation

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