

Outpatient Facility Coding Alert

ICD-10: Verify 3 Points to Break Down Jones Fracture Code Options

You'll need more details for success in ICD-10.

If an orthopedic surgeon treats a Jones fracture, you're coding for a break in the base of the fifth metatarsal. That area of the toe has a very small blood supply, so disrupted blood flow can mean a longer healing time and might require surgical treatment.

ICD-9 lists a single code for closed fracture of metatarsal bone(s): 825.25 (Fracture of metatarsal bone[s] closed). You report the same code for fracture in any metatarsal bone, first to fifth. Your choices will expand under ICD-10, however. Keep the following points in mind when choosing the correct diagnosis code beginning October 2014.

Take a 3-Step Approach to Diagnosis Selection

You'll need to know three things to ensure you report the most accurate diagnosis for a Jones fracture under ICD-10:

- Whether the fracture is displaced or nondisplaced
- Whether the fracture is in the right or the left foot
- Whether the fracture is open or closed.

"Because of the significant differences in fracture coding between ICD-9 and ICD-10, it is imperative that coders begin educating their physicians well in advance of the ICD-10 implementation date," says **Heidi Stout, BA, CPC, COSC, PCS, CCS-P**, with Coder on Call, Inc., in Milltown, N.J., and orthopedic coding division director of The Coding Network, LLC, in Beverly Hills, CA.

"Key areas to cover are the expansion from 4- or 5-digit codes to 7-digit codes that require the physician to document location of fracture, including laterality, whether the fracture is open or closed, and whether the fracture is displaced or nondisplaced at the time of the initial encounter," Stout says. "For the follow-up encounter, the physician must indicate whether the fracture is healing in a routine manner, delayed manner, or if a malunion or nonunion has developed."

ICD-10: The code set under ICD-10 will offer more specific options than ICD-9:

- S92.351 □ Displaced fracture of fifth metatarsal bone, right foot
- S92.352 □ Displaced fracture of fifth metatarsal bone, left foot
- S92.353 □ Displaced fracture of fifth metatarsal bone, unspecified foot
- S92.354 □ Nondisplaced fracture of fifth metatarsal bone, right foot
- S92.355 □ Nondisplaced fracture of fifth metatarsal bone, left foot
- S92.356 □ Nondisplaced fracture of fifth metatarsal bone, unspecified foot.

Tip: Pay attention to the sixth digit to pick up the right code. "The sixth digit will refer to laterality and displacement," explains **Ruby O'Brochta-Woodward, BSN, CPC, CCS-P, COSC, ACS-OR**, compliance and research specialist for Twin Cities Orthopedics, P.A.

The seventh character is chosen based on the encounter and type of fracture:

- "A" indicating initial encounter for closed fracture
- "B" indicating initial encounter for open fracture
- "D" indicating subsequent encounter for routine healing
- "G" indicating subsequent encounter for delayed healing
- "K" indicating subsequent encounter for non-union
- "P" indicating subsequent encounter for malunion
- "S" indicating sequela (pathological fracture for a fracture caused by a disease process or a late effect)

"The seventh character extenders are used for fracture code assignment in ICD-10-CM to indicate the encounter," says **Josie Dunn, CPC**, with the University of Maryland Faculty Practices' Department of Orthopedics.

"The seventh digit will refer to episode of care: initial closed fracture, initial open fracture, subsequent, sequelae, delayed union, nonunion, and malunion," adds Woodward.

Remember ICD-10 Differences

When the surgeon does not document whether the fracture was open or closed, report it as closed (under both ICD-9 and ICD-10).

"ICD-10-CM guidelines state that a fracture not indicated as open or closed should be coded to closed," says Dunn. However, unlike ICD-9, ICD-10 indicates that you may report a fracture as displaced when the surgeon does not document the displacement. "ICD-10-CM guidelines also state that a fracture not indicated, whether displaced or nondisplaced, should be coded to displaced," says Dunn.

Higher stakes: "ICD-10 codes are far more specific and require greater specificity on the part of the providers to ensure correct ICD-10 code selection for the type of fracture (open vs. closed, late effect or sequela), the state of the healing process (routine, delayed, malunion, or nonunion), the type of encounter (initial or subsequent), and the side (right vs. left)," says **Kristi Stumpf, MCS-P, CPC, COSC, ACS-OR**, owner of Precision Auditing and Coding and senior orthopedic coder and auditor for The Coding Network in Washington.