

CHAPTER 19

INJURY, POISONING AND CERTAIN OTHER CONSEQUENCES OF EXTERNAL CAUSES (S00-T88)

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CHAPTER SPECIFIC CATEGORY CODE BLOCKS

- 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
- S50-S59 Injuries to the elbow and forearm
- S60-S69 Injuries to the wrist and hand
- S70-S79 Injuries to the hip and thigh
- S80-S89 Injuries to the knee and lower leg

CHAPTER SPECIFIC CATEGORY CODE BLOCKS (cont.)

- S90-S99 Injuries to the ankle and foot
- T07 Unspecified multiple injuries
- T14 Injury of unspecified body region
- T15-T19 Effects of foreign body entering through natural orifice
- T20-T32 Burns and corrosions
- T33-T34 Frostbite
- T36-T50 Poisoning by, adverse effect of and underdosing of drugs, medicaments and biological substances
- T51-T65 Toxic effects of substances chiefly nonmedicinal as to source

CHAPTER SPECIFIC CATEGORY CODE BLOCKS (cont.)

- T66-T78 Other and unspecified effects of external causes
- T79 Certain early complications of trauma
- T80-T88 Complications of surgical and medical care, not elsewhere classified

CHAPTER NOTES

- Use secondary code(s) from Chapter 20, External causes of morbidity, to indicate the cause of injury. Codes within the T-section that include the external cause do not require an additional external cause code.

Use additional code to identify any retained foreign body, if applicable (Z18.-)

Excludes 1: birth trauma (P10-P15)

obstetric trauma (O70-O71)

- The chapter uses the S-section for coding different types of injuries related to single body regions and the T-section to cover injuries to unspecified body regions as well as poisoning and certain other consequences of external causes.
- Injuries are grouped by body part rather than category of injury:



APPLICATION OF 7th CHARACTERS IN CHAPTER 19

- Most categories in chapter 19 have a 7th character requirement for each applicable code.
- Most Categories in this chapter have three 7th character values (with the exception of fractures):
 - A- Initial Encounter
 - D- Subsequent Encounter
 - S- Sequela
- The traumatic fracture categories have additional 7th character values.

7th CHARACTER “A”

- The 7th character “A” is the initial encounter and is used while the patient is receiving active treatment for the condition.
- Examples of some active treatment are:
 - Surgical Treatment
 - Emergency department encounter
 - Evaluation and treatment by a new physician

7th CHARACTER “D”

- 7th character “D” is the subsequent encounter and is used for encounters after the 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/internal fixation device
 - Medication adjustment
 - Other aftercare and follow up visits following treatment of the injury or condition

7th CHARACTER “S”

- 7th character “S” is the Sequela care and is used for complications or conditions that arise as a direct result of a condition, such as scar formation after a burn. The scars are the sequela of the burn.
- When using the 7th character “S”, it is necessary to use both the injury code that precipitated the sequela and the code for the sequela itself.
- The “S” is added to only the injury code and not the sequela code.
- The 7th character “S” identifies the injury responsible for the sequela.
- The specific type of sequela (e.g. scar) is sequenced first then followed by the injury code.

AFTERCARE “Z” CODE

- The aftercare “Z” codes should not be used for aftercare for conditions such as injuries or poisonings, where the 7th characters are provided to identify subsequent care.
- For example, for aftercare of an injury, assign the acute injury code with the 7th character “D” (subsequent encounter).

CODING OF INJURIES

- When coding injuries, assign separate codes for each injury unless a combination code is provided, in which case the combination code is assigned.
- Code T07, Unspecified multiple injuries should not be assigned in the inpatient setting unless information for a more specific code is not available.
- Traumatic injury codes (S00-T14.9) are not to be used for normal, healing surgical wounds or to identify complications of surgical wounds.
- The code for the most serious injury, as determined by the provider and the focus of treatment, is sequenced first.

Superficial Injuries- Superficial injuries such as abrasions or contusions are not coded when associated with more severe injuries of the same site.

Primary injury with damage to nerves/blood vessels- When primary injury results in minor damage to peripheral nerves or blood vessels, the primary injury is sequenced first with additional code(s) for injuries to nerves and spinal cord (such as category S04), and/or injury to blood vessels (such as category S15). When the primary injury is to the blood vessels or nerves, that injury should be sequenced first.

FRACTURE CODING

- Fractures require greater specificity such as:
 - Type of fracture
 - Specific anatomical site
 - Displaced vs nondisplaced
 - Laterality
 - Routine vs delayed healing
 - Nonunion
 - Malunion
 - Type of encounter:
 - ❖ Initial
 - ❖ Subsequent
 - ❖ Sequela
- Some fracture categories provide for seventh characters to designate the specific type of open fracture based on the Gustilo open fracture classification
- A fracture not indicated as displaced or nondisplaced should be coded to displaced
- A fracture not designated as open or closed should be coded to closed

FRACTURE SEVENTH CHARACTER

A – Initial encounter for closed fracture

B – Initial encounter for open fracture

D – Subsequent encounter for fracture with routine healing

G – Subsequent encounter for fracture with delayed healing

K – Subsequent encounter for fracture with nonunion

P – Subsequent encounter for fracture with malunion

S - Sequela

OPEN FRACTURE 7TH CHARACTER (BASED ON GUSTILLO OPEN FRACTURE CLASSIFICATION)

B- initial encounter for open fracture type I or type II (open NOS or not otherwise specified)

C- initial encounter for open fracture type IIIA, IIIB, or IIIC

E- subsequent encounter for open fracture type I or II with routine healing

F- subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing

H- subsequent encounter for open fracture type I or II with delayed healing

J- subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing

M- subsequent encounter for open fracture type I or II with nonunion

N- subsequent encounter for open fracture type IIIA, IIIB, or IIIC with nonunion

Q- subsequent encounter for open fracture type I or II with malunion

R- subsequent encounter for open fracture type IIIA, IIIB or IIIC with malunion

GUSTILLO OPEN FRACTURE CLASSIFICATION

- I • Low energy, Wound less than 1 cm
- II • Greater than 1 cm with moderate soft tissue damage
- III • High energy wound greater than 1 cm with extensive soft tissue damage
- IIIA • Adequate soft tissue cover
- IIIB • Inadequate soft tissue cover
- IIIC • Associated with arterial injury

CODING OF TRAUMATIC CODING FRACTURES

- The principles of multiple coding of injuries should be followed in coding fractures.
- Fractures of specified sites are coded individually by site in accordance with both the provisions within categories S02, S12, S22, S32, S42, S49, S52, S59, S62, S72, S79, S82, S89, S92 and the level of detail furnished by medical record content.
- Multiple fractures are sequenced in accordance with the severity of the fracture.

INITIAL VS. SUBSEQUENT ENCOUNTER FOR FRACTURES

- Traumatic fractures are coded using the appropriate 7th character for initial encounter (A, B, C) while the patient is receiving active treatment for the fracture.
- The appropriate 7th character for initial encounter should also be assigned for a patient who delayed seeking treatment for the fracture or nonunion.
- Fractures are coded using the appropriate 7th character for subsequent care for encounters after the patient has completed active treatment for the fracture and is receiving routine care for the fracture during the healing or recovery phase.
- Care for complications of surgical treatment for fracture repairs during the healing or recovery phase should be coded with appropriate complication codes.
- Care of complications of fractures, such as malunion and nonunion, should be reported with the appropriate 7th character for subsequent care with nonunion (K, M, N) or subsequent care with malunion (P, Q, R).
- A code from category M80, not a traumatic fracture code, should be used for any patient with known osteoporosis who suffers a fracture, even if the patient had a minor fall or trauma, if that fall or trauma would not usually break a normal, healthy bone.

CODING OF BURNS AND CORROSIONS

- ICD-10-CM makes a distinction between burns and corrosions.
- The burn codes are for thermal burns that come from a heat source such as a fire or hot appliance, sunburn codes are not included in thermal burns.
- The burn codes are also for burns resulting from electricity and radiation.
- Corrosions are burns due to chemicals.
- Current burns (T20-T25) are classified by depth, extent and by agent (X code).
- Burns are classified by depth as first degree (erythema), second degree (blistering), and third degree (full thickness involvement).
- Burns of the eye and internal organs (T26-T28) are classified by site, not by degree.

SEQUENCING OF BURN AND RELATED CONDITION CODES

- Sequence first the code that reflects the highest degree of burn when more than one burn is present .
- When the reason for the admission or encounter is for the treatment of external multiple burns, sequence first the code that reflects the burn of the highest degree.
- When a patient has both internal and external burns, the circumstances of admission govern the selection of the principal diagnosis or first-listed diagnosis.
- When a patient is admitted for burn injuries and other related conditions such as smoke inhalation and /or respiratory failure, the circumstances of admission govern the selection of the principal or first-listed diagnosis.

BURNS OF THE SAME LOCAL SITE

- Classify burns of the same local site (three-character category level, T20-T28) but of different degrees to the subcategory indentifying the highest degree recorded in the diagnosis.

NON-HEALING BURNS

- Non-healing burns are coded as acute burns.
- Necrosis of burned skin should be coded as a non-healed burn.

INFECTED BURNS

- For any documented infected burn site, use an additional code for the infection.

ASSIGN SEPARATE CODES FOR EACH BURN SITE

- When coding burns assign separate codes for each burn site.
- Category T30, Burn and corrosion, body region unspecified is extremely vague and should rarely be used.

BURNS AND CORROSIONS CLASSIFIED ACCORDING TO EXTENT OF BODY SURFACE INVOLVED

- Assign codes from category T31, Burns classified according to extent of body surface involved, or T32, Corrosions classified according to extent of body surface involved, when the site of the burn is not specified or when there is a need for additional data.
- It is advisable to use category T31 as additional coding when needed to provide data for evaluating burn mortality, such as that needed by burn units.
- It is also advisable to use category T31 as an additional code for reporting purposes when there is mention of a third-degree burn involving 20 percent or more of the body surface.
- Categories T31 and T32 are based on the classic “rule of nines” in estimating body surface involved: head and neck are assigned nine percent, each arm nine percent, each leg 18 percent, the anterior trunk 18 percent, posterior trunk 18 percent, and genitalia one percent.
- Providers may change these percentage assignments where necessary to accommodate infants and children who have proportionately larger heads than adults, and patients who have large buttocks, thighs, or abdomen that involve burns.

ENCOUNTERS FOR TREATMENT OF SEQUELA OF BURNS

- Encounters for the treatment of the late effects of burns or corrosions (i.e., scars or joint contractures) should be coded with a burn or corrosion code with the 7th character “S” for sequela.

SEQUELAE WITH A LATE EFFECT CODE AND CURRENT BURN

- When appropriate, both a code for a current burn or corrosion with 7th character “A” or “D” and a burn or corrosion code with 7th character “S” may be assigned on the same record (when both a current burn and sequela of an old burn exist).
- Burns and corrosions do not heal at the same rate and a current healing wound may still exist with sequela of a healed burn or corrosion.

USE OF AN EXTERNAL CAUSE CODE WITH BURNS AND CORROSIONS

- An external cause code should be used with burns and corrosions to identify the source and intent of the burn, as well as the place where it occurred.

ADVERSE EFFECTS, POISONING, UNDERDOSING AND TOXIC EFFECTS

- Codes in Categories T36-T65 are combination codes that include the substance that was taken as well as the intent.
- No additional external cause code is required for poisonings, toxic effects, adverse effects and underdosing codes.
- Do not code directly from the Table of Drugs and Chemicals, always refer to the Tabular List.
- Use as many codes as necessary to describe completely all drugs, medicinal or biological substances.
- If the same code would describe the causative agent for more than one adverse reaction, poisoning, toxic effect or underdosing, assign the code only once.
- If two or more drugs, medicinal or biological substances are reported, code each individually unless a combination code is listed in the Table of Drugs and Chemicals.

THE OCCURRENCE OF DRUG TOXICITY IS CLASSIFIED IN ICD-10-CM AS FOLLOWS:

Adverse Effect

Poisoning

Underdosing

Toxic Effects

ADVERSE EFFECT

- When coding an adverse effect of a drug that has been correctly prescribed and properly administered, assign the appropriate code for the nature of the adverse effect followed by the appropriate code for the adverse effect of the drug (T36-T50).
- The code for the drug should have a 5th or 6th character “5” (for example T36.0X5-).
- Examples of the nature of an adverse effect are: tachycardia, delirium, gastrointestinal hemorrhaging, vomiting, hypokalemia, hepatitis, renal failure, or respiratory failure.

POISONING

- When coding a poisoning or reaction to the improper use of a medication (e.g., overdose, wrong substance given or taken in error, wrong route of administration), first assign the appropriate code from categories T36-T50.
- The poisoning codes have an associated intent as their 5th or 6th character (accidental, intentional self-harm, assault, and undertimed).
- Use additional code(s) for all manifestations of poisoning.
- If there is also a diagnosis of abuse or dependence of the substance, the abuse or dependence is assigned as an additional code.

EXAMPLES OF POISONING

Error was made in drug prescription- Errors made in drug prescription or in the administration and resulted in drug toxicity, it would be coded as a poisoning

- **Overdose of a drug intentionally taken**- If an overdose of a drug was intentionally taken or administered and resulted in drug toxicity, it would be coded as poisoning

Nonprescribed drug taken with correctly prescribed and properly administered drug- If a nonprescribed drug or medicinal agent was taken in combination with a correctly prescribed and properly administered drug, any drug toxicity or other reaction resulting from the interaction of the two drugs would be classified as poisoning.

- **Interaction of drug(s) and alcohol**- When a reaction results from the interaction of a drug(s) and alcohol, this would be classified as poisoning.

❖ **See Section I.C.4. if poisoning is the result of insulin pump malfunction**

UNDERDOSING

- Underdosing refers to taking less of a medication than is prescribed by a provider or a manufacturer's instruction.
- For underdosing, assign the code from categories T36-T50 (fifth or sixth character "6").
- Codes for underdosing should never be assigned as principal or first-listed codes.
- If a patient has a relapse or exacerbation of the medical condition for which the drug is prescribed because of the reduction in dose, then the medical condition itself should be coded.
- Noncompliance (Z91.12-, Z91.13-) or complication of care (Y63.6-Y63.9) codes are to be used with an underdosing code to indicate intent, if known.

TOXIC EFFECTS

- When a harmful substance is ingested or comes in contact with a person, this is classified as a toxic effect.
- The toxic effect codes are in categories T51-T65.
- Toxic effect codes have an associated intent: accidental, intentional, self-harm, assault and undetermined.

ADULT AND CHILD ABUSE, NEGLECT AND OTHER MALTREATMENT

- Sequence first the appropriate code from categories T74.- (Adult and child abuse, neglect and other maltreatment, confirmed) or T76.- (Adult and child abuse, neglect and other maltreatment, suspected) for abuse, neglect and other maltreatment, followed by any accompanying mental health or injury code(s).
- If the documentation in the medical record states abuse or neglect it is coded as confirmed (T74.-). It is coded as suspected if it is documented as suspected.
- For cases of confirmed abuse or neglect an external code from the assault section (X92-Y08) should be added to identify the cause of any physical injuries.
- When there is a known perpetrator of the abuse then a perpetrator code (Y07) should be added.
- You would not add a perpetrator code (Y07) or an external cause code (X92-Y08) for any suspected cases of abuse or neglect.

ADULT AND CHILD ABUSE, NEGLECT AND OTHER MALTREATMENT (cont.)

- If a suspected case of abuse, neglect or mistreatment is ruled out during an encounter code Z04.71, Encounter for examination and observation following alleged physical adult abuse, ruled out, or code Z04.72, Encounter for examination and observation following alleged child physical abuse, ruled out, should be used, not a code from T76.
- If a suspected case of alleged rape or sexual abuse is ruled out during an encounter code Z04.41, Encounter for examination and observation following alleged physical adult abuse, ruled out, or code Z04.42, Encounter for examination and observation following alleged rape or sexual abuse, ruled out, should be used, not a code from T76.

❖ ***See Section I.C.15. Abuse in a pregnant patient.***

COMPLICATIONS OF CARE

General guidelines for complications of care

- Documentation of complications of care
 - ❖ **See Section I.B.16 for information on documentation of complications of care**

COMPLICATIONS OF CARE (cont.)

Pain due to medical devices

- Pain associated with devices, implants or grafts left in a surgical site (for example painful hip prosthesis) is assigned to the appropriate code(s) found in Chapter 19, Injury, poisoning, and certain other consequences of external causes.
- Specific codes for pain due to medical devices are found in the T code section of the ICD-10-CM.
- Use additional code(s) from category G89 to identify acute or chronic pain due to presence of the device, implant or graft (G89.18 or G89.28).

COMPLICATIONS OF CARE (cont.)

Transplant complications

- Transplant complications other than kidney
 - ❖ Codes under category T86, Complications of transplanted organs and tissues, are for use for both complications and rejection of transplanted organs.
 - ❖ A transplant complication code is only assigned if the complication affects the function of the transplanted organ.
 - ❖ Two codes are required to fully describe a transplant complication: the appropriate code from category T86 and a secondary code that identifies the complication.
 - ❖ Pre-existing conditions or conditions that develop after the transplant are not coded as complications unless they affect the function of the transplanted organs.

***See I.C.21. for transplant organ removal status**

***See I.C.2. for malignant neoplasm associated with transplanted organ.**

COMPLICATIONS OF CARE (cont.)

Kidney transplant complication

- Patients who have undergone kidney transplant may still have some form of chronic kidney disease (CKD) because the kidney transplant may not fully restore kidney function.
- Code T86.1- should be assigned for documented complications of a kidney transplant, such as transplant failure or rejection or other transplant complication.
- Code T86.1- should not be assigned for post kidney transplant patients who have chronic kidney disease (CKD) unless a transplant complication such as transplant failure or rejection is documented.
- If the documentation is unclear as to whether the patient has a complication of the transplant, query the physician.
- Conditions that affect the function of the transplanted kidney, other than CKD, should be assigned a code from subcategory T86.1, Complications of transplanted organ, Kidney, and a secondary code that identifies the complication.
- For patients with CKD following a kidney transplant, but who do not have a complication such as failure or rejection, see section I.C.14. Chronic kidney disease and kidney transplant status.

COMPLICATIONS OF CARE (cont.)

Complication codes that include the external cause

- As with certain other T codes, some of the complications of care codes have the external cause included in the code.
- The code includes the nature of the complication as well as the type of procedure that caused the complication.
- No external cause code indicating the type of procedure is necessary for these codes.

COMPLICATIONS OF CARE (cont.)

Complications of care codes within the body system chapters

- Intraoperative and post procedural complication codes are found within the body system chapters with codes specific to the organs and structures of that body system.
- These codes should be sequenced first, followed by a code(s) for the specific complication, if applicable.

CODING EXAMPLES

1. This patient is seen for increased pain in her ankle. She has a previous trimalleolar fracture of the left ankle. After evaluation she was found to have a nonunion of her left trimalleolar fracture. What is the correct diagnosis code(s)? (Do not assign the external cause codes)

Answer: S82.852K - Nonunion, fracture –see Fracture, by site. Fracture, traumatic (abduction) (adduction) (separation), ankle, trimalleolar (displaced). Review the Tabular for complete code assignment as well as correct seventh character.

Rationale: Aftercare Z codes should not be used for aftercare of fractures. For aftercare of a fracture, assign the acute fracture code with the correct seventh character indicating the type of aftercare. Coding guidelines specify that if displaced versus nondisplaced is not indicated, the default is displaced.

CODING EXAMPLES (cont.)

2. Patient has a 2 cm laceration of the left heel with foreign body. This is a current injury. What is the correct diagnosis code(s)?

Answer: S91.322A- Laceration, heel- see Laceration, foot (except toe(s) alone), left, with foreign body. Review the Tabular for correct seventh character.

Rationale: In ICD-10-CM, the Index identifies both the laterality and the presence of the foreign body with the laceration code. The seventh character A is used to indicate the initial encounter.

CODING EXAMPLES (cont.)

3. The patient is seen in follow-up to his traumatic lateral epicondyle fracture of the right elbow. This is healing normally. What is the correct diagnosis code(s)?

Answer: S42.431D- Fracture, traumatic (abduction) (adduction) (separation), humerus, lower end, epicondyle, lateral (displaced). Review the Tabular for complete code assignment and the correct seventh character.

Rationale: The documentation indicates that this is the elbow but the epicondyle is coded to the humerus. Indexing Elbow in the book will lead to an incorrect code. The elbow is the lower end of the humerus, and the lateral epicondyle extends medially to form the main part of the lower end of the humerus. This type of fracture is common in children. Even with normal healing, aftercare for fractures is coded to the acute fracture code with the seventh character that indicates routine healing.

CODING EXAMPLES (cont.)

4. A patient has been taking Digoxin and is experiencing nausea and vomiting and profound fatigue. The patient indicates that he has been taking the drug appropriately. The evaluation and treatment was focused on adjustment of medication only. What is the correct diagnosis code(s)?

Answer: R11.2- Nausea, with vomiting

R53.83- Fatigue

T46.0x5A- Table of Drugs and Chemicals, Digoxin, adverse effect

Rationale: The Index directs the coder to T46.0X5 in the Tabular. The seventh character must be assigned to indicate the initial encounter. The Official Coding Guidelines state “Assign the appropriate code for the nature of the adverse effect followed by the appropriate code for the adverse effect of the drug (T36-T50).”

CODING EXAMPLES (cont.)

5. This 85-year-old patient is seen in the hospital with a diagnosis of congestive heart failure due to hypertensive heart disease. Patient also has stage 5 chronic kidney failure. The patient had been prescribed lasix previously but admits that he forgets to take his medication everyday. This is due to his advanced age. What are the correct diagnosis code(s)?

Answer: I13.2- Disease, diseased, heart (organic), hypertensive – see Hypertension, heart. Hypertension, hypertensive (accelerated) (benign) (essential) (idiopathic) (malignant) (systemic), heart (disease) with kidney disease (chronic) – see Hypertension, cardiorenal (disease), with heart failure, with stage 5 or end-stage renal disease

I50.9- Failure, heart (acute) (sudden), congestive (compensated) (decompensated). The “use additional code” statement under code I13.2 indicates the use of this code to identify the type of heart failure.

N18.5- Disease, diseased, kidney (functional) (pelvis), chronic, stage 5. (The “use additional code” statement under code I13.2 indicates the use of this code to identify the stage of the chronic kidney disease.)

T50.1X6A- Refer to Table of Drugs and Chemicals, Lasix, underdosing

Z91.130- Noncompliance, with, medication regimen, underdosing, unintentional, due to patients age-related debility.

CODING EXAMPLES (cont.)

Rationale to Example 5: In ICD-10-CM, underdosing of medication can now be identified. The coding guidelines state: “Underdosing refers to taking less of a medication than is prescribed by a provider or a manufacturer’s instruction. For underdosing, assign the code from categories T36-T50 (fifth or sixth character 6). Noncompliance (Z91.12-, Z91.13-) or complication of care (Y63.8-Y3.9) codes are to be used with an underdosing code to indicate intent, if known. Codes for underdosing should never be assigned as principal or first-listed codes.” There is also a “code first underdosing of medication...” note under code Z91.13. The combination code for heart and kidney disease is used in this situation because both heart and renal disease exist along with the hypertension. According to the Official Coding Guidelines for hypertensive heart disease, the causal relationship is implied with the word “hypertensive.” An additional code from category I50 is used to identify the type of heart failure. The “use additional code” statement under code I13.2 indicates the use of the N18.5 code to identify the stage of the chronic kidney disease.

CODING EXAMPLES (cont.)

6. This 50-year-old man was in the Cardiac Cath Lab for insertion of a dual chamber pacemaker to treat his sick sinus syndrome. During the procedure the pacemaker electrode broke upon insertion. The procedure was abandoned and will be rescheduled. What is the correct diagnosis code(s)?

Answer: I49.5- Syndrome, sick, sinus

T82.110A- Complication(s) (from) (of), cardiovascular device, graft, or implant, electronic, electrode, mechanical, breakdown.
Review the Tabular for assignment of seventh character.

Z53.8- Canceled procedure (surgical), because of, specified reason NEC

Rationale: The complication code, for the broken pacemaker electrode, is assigned as a secondary diagnosis because the sick sinus syndrome was the reason for admission. The Z code for the canceled procedure should also be added.

CODING EXAMPLES (cont.)

7. This elderly woman is seen for increased right hip pain. She has right hip prosthesis. After extensive evaluation, she is found to have an infection of the prosthesis. She will be scheduled for surgery. What is the correct diagnosis code(s)?

Answer: T84.51XA- Complication(s) (from) (of), joint prosthesis, internal, infection or inflammation, hip. Review the Tabular for complete code assignment and seventh character.

Rationale: The complication code assigned for this case includes the type of complication, the specific type of prosthesis, and laterality.

TRAINING SOURCES

American Health Information Management Association

www.ahima.org

American Academy of Professional Coders

www.aapc.com