Diseases of the Musculoskeletal System and Connective Tissue M00 – M50 (Part 2)

Presented by Lawrence Santi, DPM, FASPS

Webinar 4b: Thursday, March 6, 2014
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The APMA "ICD-10 is Here" Coding Seminar and Webinar Series

In order to meet the ever-increasing demand for information on coding policies specific to the practice of podiatric medicine and surgery, APMA will offer a series of stand-alone seminars in 2014 to address the implementation of ICD-10. For more details and information, visit the "ICD-10 is Here" page.

General Information

- APMA Coding Resource Center: ICD-10-CM and Crosswalks
  The APMA Coding Resource Center is a fully integrated subscription online coding and reimbursement resource for foot, ankle, and leg-relevant CPT®, ICD-9-CM and ICD-10 (Volume 1, 2), HCPCS Level II codes, and Medicare LCDs and IME schedules.

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- The APMA "ICD-10 is Here" Coding Seminar and Webinar Series
- Preparing for 2014: What You Need to Ask Your Vendors
  James Christina, DPM, APMA director, Scientific Affairs (November 19, 2013)
• ICD-9 to ICD-10 crosswalks are now available.
REVIEW OF SOME OF THE ESSENTIAL GUIDELINES AND INSTRUCTIONS FOR CHAPTER 13 (M00 – M50)
Specific Coding Guidelines for Chapter 13 (M00 – M99)

Site and laterality

• Most of the codes within Chapter 13 have site and laterality designations. The site represents the bone, joint or the muscle involved.

• Where more than one bone, joint or muscle is usually involved, such as osteoarthritis, there is a “multiple sites” code available.

• For categories where no multiple site code is provided and more than one bone, joint or muscle is involved, multiple codes should be used to indicate the different sites involved.
Specific Coding Guidelines for Chapter 13 (M00 – M99)

Bone versus joint

• For certain conditions, the bone may be affected at the upper or lower end, (e.g., avascular necrosis of bone, M87, Osteoporosis, M80, M81). Though the portion of the bone affected may be at the joint, the site designation will be the bone, not the joint.
Specific Coding Guidelines for Chapter 13 (M00 – M99)

- Chronic or recurrent conditions should generally be coded with a code from chapter 13.

- If it is difficult to determine from the documentation in the record which code is best to describe a condition, query the provider.
Specific Coding Guidelines for Chapter 13 (M00 – M99)

Coding of Pathologic Fractures

• 7th character A is for use on a patient that is receiving initial treatment for the fracture.

• 7th character, D is to be used for encounters after the initial treatment for the fracture.

• The other 7th characters, listed under each subcategory in the Tabular List, are to be used for subsequent encounters for treatment of problems associated with the healing, such as malunions, nonunions, and sequelae.
Specific Coding Guidelines for Chapter 13 (M00 – M99)

Coding of Pathologic Fractures

• Care for complications of surgical treatment for fracture repairs during the healing or recovery phase should be coded with the appropriate complication codes.
Specific Coding Guidelines for Chapter 13 (M00 – M99)

Osteoporosis

• Osteoporosis is a systemic condition, meaning that all bones of the musculoskeletal system are affected.

• Site is not a component of the codes under category M81, Osteoporosis without current pathological fracture.

• The site codes under category M80, Osteoporosis with current pathological fracture, identify the site of the fracture, not the osteoporosis.
Diseases of the Musculoskeletal System and Connective Tissue (M00-M50)

• Use an external cause code following the code for the musculoskeletal condition, if applicable, to identify the cause of the musculoskeletal condition.
REVIEW OF EXCLUDES NOTES
EXCLUDES NOTES

• Excludes1 note
  – Indicates that code identified in the note and code where the note appears cannot be reported together because the 2 conditions cannot occur together.

Example: E10 Type 1 Diabetes mellitus

Excludes1:
  diabetes mellitus due to underlying condition (E08.-)
  drug or chemical induced diabetes mellitus (E09.-)
  gestational diabetes (O24.4-) hyperglycemia NOS (R73.9)
  neonatal diabetes mellitus (P70.2)
  type 2 diabetes mellitus (E11.-)
EXCLUDES NOTES

• Excludes2 note
  – Indicates that condition identified in the note is not part of the condition represented by the code where the note appears, so both codes may be reported together if the patient has both conditions.

Example: L89 Pressure ulcer

non-pressure chronic ulcer of skin (L97.-) skin infections (L00-L08) varicose ulcer (I83.0, I83.2)
Painful Hallux Valgus – Left Foot

In this presentation, we will learn to code using the new ICD – 10 classification a patient who presents with:

1. Hallux valgus of the left foot
2. Osteoarthritis of the left foot and ankle
3. Pain in the left limb
Painful Hallux Valgus – Left Foot
(Initial Visit)

Consultation:

Referring physician: Dr. XXXXXXX

Chief Complaint:

Mr. Jones, a 56 year old male, presents for an initial visit with a painful bunion on his left foot.
Painful Hallux Valgus – Left Foot  
(Initial Visit)

History of present illness:
He states that the left bunion has been hurting him for about 3 months. He has discomfort when he ambulates with shoes or sneakers. Taking his shoes off helps to make it feel better. He does not remember any trauma and this is not work related.

Location of injury: N/A
Painful Hallux Valgus – Left Foot (Initial Visit)

Left foot - Foot type – pes planus

Normal ROM - subtalar, midtarsal, and ankle joints

Forefoot reveals a moderate to severe hallux valgus deformity with partial ROM

Tenderness noted on both dorsiflexion and plantarflexion of hallux

Tenderness on palpation of medial eminence of bunion

No signs of infection

Muscle power/tone – WNL
Painful Hallux Valgus – Left Foot
(Initial Visit)

Radiological:

Review of patient’s radiographs reveal a hallux valgus deformity with degenerative changes on the left foot. Osteophytes noted on the head of the first metatarsal with subchondral bone cysts.
Painful Hallux Valgus – Left Foot (Initial Visit)

Assessment:
1. Hallux valgus, left foot
2. Osteoarthritis left foot and ankle
3. Pain in left hallux

Plan:
1. Rx: Celebrex 200 mg. daily
2. Discussed with patient better shoe gear with custom-made orthotics
3. Surgical options were discussed
4. Patient to return for follow-up in one week
Coding This Encounter Using ICD - 9

Hallux Valgus – 735.0

Osteoarthritis of foot and ankle – 715.17

Pain in joint – 719.47
Coding This Encounter Using ICD - 10

Code for Hallux Valgus:

Go to Chapter 13 - Diseases of the Musculoskeletal System and Connective Tissue (M00-M99).

M20 - Acquired deformities of fingers and toes.
M20.1 - Hallux valgus (acquired).
M20.10 - Hallux valgus (acquired), unspecified foot.
M20.12 - Hallux valgus (acquired), left foot.
Coding This Encounter Using ICD - 10

Code for osteoarthritis left foot:

M19.0 - Primary osteoarthritis of other joints.
M19.07 - Primary osteoarthritis ankle and foot.
  M19.072 Primary osteoarthritis, left ankle and foot.
Coding This Encounter Using ICD - 10

Code for pain in left hallux:

M25 - Other joint disorder
   M25.5- Pain in joint
      M25.50 - Pain in unspecified joint
      M25.57 - Pain in ankle and joints of foot
         M25.572 Pain in left ankle and joints of foot
### Comparing ICD-9 and ICD-10

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Coding This Encounter Using ICD - 10

The codes for this initial encounter of a patient with a painful Hallux Valgus of the left foot would be:

**ICD – 10:**
- **M20.12** Hallux valgus (acquired), left foot.
- **M19.072** Primary osteoarthritis, left ankle and foot.
- **M25.572** Pain in left ankle and joints of foot
Painful Ankle Right Ankle

In this presentation, we will learn to code using the new ICD – 10 classification a patient who presents with:

1. Osteoarthritis, localized, secondary to previous trauma, right ankle
2. Loose body in right ankle
3. Chronic right ankle sprain
4. Pain in right limb
Painful Right Ankle
(Initial Visit)

Consultation:

Referring physician: Dr. XXXXXXX

Chief Complaint:
Mr. Smith, a 30 year old male presents for an initial visit with pain in his right ankle.
Painful Right Ankle  
(Initial Visit)

History of present illness:
He states that his right ankle has been annoying him for about 3 years, but now the discomfort is causing him to limp. The patient recalls spraining his right ankle about 3 years ago while playing basketball. He was treated in the emergency room with a soft cast and was told that he had a bad sprain. He wore the soft cast for 2 weeks. He occasionally takes Motrin, 400mg, to help manage the discomfort.

Location of injury: Playground, 3 years ago
Painful Right Ankle
(Initial Visit)

Right foot and ankle –

- Normal ROM of the subtalar and midtarsal joints.
- Limited and painful ROM of the ankle joint, especially dorsiflexion. Ankle joint appears stable.
- Pain on dorsiflexion and plantarflexion of the ankle.
- Tenderness on palpation of the anterior aspect of the ankle.
- Patient ambulates with a slight limp.
- No edema noted.
- No signs of infection.
- Muscle power/tone - wnl
Painful Right Ankle
(Initial Visit)

Radiological:

Review of patient’s radiographs reveal a loose body located on the lateral aspect of the right ankle, dorsal to the talus. Osteophytes noted on the lateral aspect of the talus. There are no other fractures or dislocations.
Painful Right Ankle (Initial Visit)

Assessment:
1. Oteoarthrosis, localized, secondary to previous trauma
2. Loose body in ankle
3. Chronic ankle sprain
4. Pain in limb

Plan:
1. Rx: Celebrex 200 mg. daily
2. Dispensed CAM walker, to be worn daily.
3. Surgical options were discussed.
4. Patient to return for follow-up in one week
Coding This Encounter Using ICD - 9

Oteoarthrosis, localized, secondary, ankle - 715.27

Loose body in ankle - 718.17

Chronic ankle sprain - 845.00

Pain in limb - 729.5
Coding This Encounter Using ICD - 10

Code for osteoarthrosis, localized, secondary, right ankle:

Go to chapter 13 - Diseases of the musculoskeletal system and connective tissue (M00-M99).

M19.1 - Post-traumatic osteoarthritis of other joints
M19.17 - Post-traumatic osteoarthritis, ankle
M19.171 Post-traumatic osteoarthritis, right ankle
Coding This Encounter Using ICD - 10

Code for loose body in right ankle joint:

M24.0 - Loose body in joint
M24.07 - Loose body in ankle and toe joints
M24.071 - Loose body in right ankle
Coding This Encounter Using ICD - 10

Code for chronic ankle sprain:

S93.4 - Sprain of ankle
S93.40 - Sprain of unspecified ligament
  S93.401 - Sprain of unspecified ligament, right ankle
  S93.401S Sprain of unspecified ligament, right ankle with sequela
Coding This Encounter Using ICD - 10

Code for pain in right ankle:

M25 - Other joint disorder
M25.5 - Pain in joint
M25.50 - Pain in unspecified joint
M25.57 - Pain in ankle and joints of foot
M25.571 Pain in right ankle
Comparing ICD-9 and ICD-10

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Coding This Encounter Using ICD - 10

The codes for this initial encounter of a patient with a painful right ankle would be:

ICD – 10:

M19.171 – Post-traumatic osteoarthritis, right ankle
M24.071 – Loose body in right ankle
S93.401S – Sprain of unspecified ligament, right ankle
M25.571 – Pain in right ankle
Painful Tailor’s Bunion, Left Foot (Initial Visit)

In this presentation, we will learn to code using the new ICD – 10 classification a patient who presents with:

1. Tailor’s Bunion, left foot
2. Overlapping 5th digit, left foot
3. Shorten limb, left foot
4. Pain in left foot
Painful Tailor’s Bunion, Left Foot
(Initial Visit)

Consultation:

Referring physician:  Dr. XXXXXXX

Chief Complaint:

Mrs. Jones, a 45 year old female, presents for an initial visit with a painful bump and an overlapping 5th toe on the left foot.
Painful Tailor’s Bunion, Left Foot (Initial Visit)

History of present illness:

She states that the bump on the outside of her left foot has been there for years but now she has pain when she ambulates with shoes. Over the past couple of years, she has also noticed that her 5th toe on the same foot is now overlapping the 4th toe. She has difficulty ambulating with both shoes or sneakers. She has tried padding the area, but has not gotten any relief.

Location of injury: N/A
Painful Tailor’s Bunion, Left Foot
(Initial Visit)

Surgical History:
The patient relates a history of fracturing her left tibia right above her left ankle 15 years ago and had surgical repair with a plate. The surgery healed uneventfully but she finds she walks better with a heal lift placed in her left shoe.
Painful Tailor’s Bunion, Left Foot (Initial Visit)

Left foot and ankle –

Normal ROM- subtalar, midtarsal, and ankle joints

Forefoot reveals a moderate to severe tailor’s bunion with an overlapping 5th toe.

There is tenderness on palpation of lateral eminence of the 5th metatarsal head.

The patient ambulates with a slight limp. On measuring both limbs, the left leg measures ¼ inch shorter than the right.

No edema noted.

No signs of infection.

Muscle power/tone - WNL
Painful Tailor’s Bunion, Left Foot (Initial Visit)

Radiological:

Review of patient’s radiographs reveal a hypertrophied lateral eminence on the 5th metatarsal head of the left foot. The left 5th digit appears deviated and overlapping the 4th toe. There are no signs of degenerative changes. There are no fractures or dislocations.
Painful Tailor’s Bunion, Left Foot (Initial Visit)

Assessment:
1. Tailor’s Bunion, left foot
2. Overlapping 5th digit, left foot
3. Shorten limb, left foot
4. Pain in left foot

Plan:
1. Discussed proper shoe gear with patient.
2. Discussed custom-made orthotics with patient.
3. Discussed surgical options with patient.
4. Placed ¼ heel lift in left shoe.
5. Patient to return in one week for follow-up.
Coding This Encounter Using ICD - 9

1. Tailor’s Bunion, left foot – 727.1

2. Overlapping 5\textsuperscript{th} digit, left foot – 735.8

3. Shorten limb, left foot – 736.81

4. Pain in left foot – 729.5
Coding This Encounter Using ICD - 10

Code for Tailor’s bunion, left foot:

Go to chapter 13 - Diseases of the musculoskeletal system and connective tissue (M00-M99).

M21.- Other acquired deformities of limb
M21.6X- Other acquired deformities of foot
M21.6X2 Other acquired deformities of left foot
Coding This Encounter Using ICD - 10

Code for overlapping 5\textsuperscript{th} digit, left foot:

- M20- Acquired deformities of fingers and toes
- M20.5- Other deformities of toe(s) (acquired)
- M20.5X- Other deformities of toe(s) (acquired)
- M20.5X2 Other deformities of toe(s) (acquired), left foot.
Coding This Encounter Using ICD - 10

Code for shorten limb, left foot:

M21-  Other acquired deformities of limb
M21.7-  Unequal limb length (acquired)
M27.76-  Unequal limb length (acquired), tibia and fibula
M21.762  Unequal limb length (acquired), left tibia
Coding This Encounter Using ICD - 10

Code for pain in the left foot:

M79.6- Pain in limb, hand, foot, fingers and toes
M79.60- Pain in limb, unspecified
M79.67- Pain in foot and toes
M79.672 Pain in left foot
Comparing ICD-9 and ICD-10

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<td>M79.672 – Pain in left foot</td>
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Coding This Encounter Using ICD - 10

The codes for this initial encounter of a patient with a painful tailor’s bunion of the left foot would be:

ICD – 10:

M21.6X2 – Other acquired deformities of left foot
M20.5X2 – Other deformities of toe(s) (acquired), left foot
M21.762 – Unequal limb length (acquired), left tibia
M79.672 – Pain in left foot
Next Webinar

Diseases of the Musculoskeletal System and Connective Tissue M51 – M99 (Part 1)

Thursday, March 20, 2014 at 8:00 PM ET

Presented by David Freedman, DPM

Register at www.apma.org/webinars or www.apma.org/icd10
Questions?