# ORTHOPEDIC - LOWER Fractures & Injuries

In preparation for the upcoming switch to ICD-10 it's more important than ever to be prepared. This tool has been created to help ensure accurate dictations and improve your chances of payor cooperation, lessening your chance for denials and lost reimbursement. Use this checklist during your dictation process to help successfully navigate the change to ICD-10.

## INDICATIONS

**ACUTE VS CHRONIC**
Is the condition **ACUTE OR CHRONIC?**
*If acute, please include date of onset of illness or injury.*
Is the condition **CONGENITAL OR ACQUIRED?**

**ADDITONAL CHRONIC CONDITIONS**
Inpatient cases require the additional coding of any
**CHRONIC CONDITIONS** that affect patient care.
List any other chronic conditions:

| | |
|---|---|
| COPD | CHF |
| ASTHMA | ESRD |
| HYPERTENSION | DIABETES |

## FINDINGS

**OPEN WOUND**
Does your patient have an **OPEN WOUND?**

| | |
|---|---|
| Simple | Complicated |
| Tendon involvement | Superficial laceration |
| Retained foreign body? | Any infection? |

Does the patient have any **BLEEDING** due to their condition?

**INJURY**
Was there **ANOTHER PERSON INVOLVED?**
Was it related to **MACHINERY?** If yes, please specify type.
Was it related to a **MOTOR VEHICLE?**
Please clarify any **LATE EFFECTS** due to the original injury.

**HEAD INJURY**
Did your patient suffer a head injury?
did they lose consciousness?
please include the length of time unconscious
did the patient regain consciousness?
If so, what state did they return to?

**FALLS**
Did your patient fall? If yes...
did the patient strike against anything when they fell?
if yes, what was the object?
where were they when they fell?
did they trip?

## FRACTURE
What's the stage of care? Please specify:
**INITIAL | SUBSEQUENT | SEQUELA**

## FINDINGS

**FRACTURE**
**PATHOLOGICAL FRACTURES** require an additional diagnosis.
If there is pain due to the fracture, please specify this and the site where the pain is occuring.

**OPEN FRACTURE**
What's the Gustilo class of any **OPEN FRACTURE?**

**PRIOR TREATMENT**
Is the patient's service part of **AFTERCARE MANAGEMENT?**
If so, please specify if the procedure is following a **PRIOR TREATMENT:**
Joint replacement
Placement of internal fixation
Surgical amputation
Scoliosis surgery

**DEVICE COMPLICATIONS**
Has your patient had any **DEVICE COMPLICATIONS?**

| | |
|---|---|
| Caused perforation | Protrusion of the device |
| Displacement | Defective |
| Loosening | Broken |
| Wear of the articular surface | |
| Caused obstruction | |

**ADMITTING DIAGNOSIS**
Please **SPECIFY THE CONDITION** that is chiefly responsible as the reason to admit the patient.

If the patient was admitted for a **SUSPECTED PROBLEM** and that was not confirmed as existing, please include any symptoms or conditions that were a deciding factor in the admission.

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# ORTHOPEDIC - LOWER
## Fractures & Injuries Cont.

## PROCEDURE

**GRAFTS**

Please select the material and thickness for **MUSCLE GRAFTS, SKIN GRAFTS, AND TENDON/LIGAMENT RECONSTRUCTIONS:**
- Autologous or Nonautologous tissue substitute
- Synthetic
- If Autologous, please remember to include the donor site
- Full or split thickness *(skin grafts)*
- Percutaneous, Open, or Endoscopic approach *(tendon or ligament reconstruction).*

**HIP JOINT RESURFACING**

If your patient is here for hip resurfacing please remember to include the **ANATOMICAL SITE OF THE HIP JOINT SURFACE BEING TREATED.** ICD10 lists each area separately.

## POST OPERATIVE

**COMPLICATIONS**

Please specify any complications of surgical care for your patient?

Accidental puncture or laceration

Device, supply, or other material inadvertently left inside the patient

Wrong site, procedure, or patient

Abnormal reaction to device, if yes, specify reaction

Fracture of bone following insertion of fixation

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