

ORTHOPEDIC - UPPER 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**?

ADDITIONAL 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 occurring.

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.

IMPRINGEMENT

If your patient has impingement of their shoulder, **PLEASE INCLUDE STAGE.**



ORTHOPEDIC - UPPER

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*).

SHOULDER REPLACEMENT

Please remember to notate the specific anatomical location of the shoulder replacement:

- Sternoclavicular
- Acromioclavicular
- Humeral surface only
- Glenoid Surface only
- Reverse replacement
- Total replacement

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

