

Traumatic Fracture Coding Defaults

- A fracture not indicated as open or closed should be coded as **closed**.
- A fracture not indicated whether displaced or not displaced should be coded as **displaced**.
- A fracture described as both open and closed is coded to **open**.
- Multiple fractures are sequenced according to the **severity** of the fracture.
- Dislocations or subluxations associated with the fracture are **included** in the fracture code.
- Superficial injuries associated with a fracture of the same site are **not coded**.

Traumatic Fracture Coding Tips

- The primary axis for classifying injuries is the anatomical site.
- The secondary axis is the type of injury.
- If ICD-10-CM does not provide codes to identify both the site and the type of fracture, **the fracture site takes precedence over the type of fracture**. AHA Coding Clinic.
- If the provider documents the fracture as “fracture secondary to fall/trauma”, the fracture is coded as traumatic even with a resident with osteoporosis. AHA Coding Clinic, 2018 Issue 2.
- **Fracture Documentation:** if the provider has diagnosed a fracture, **the radiology report identifies the specific site and type of the fracture**, allowing the coder to code to the highest degree of specificity. AHA Coding Clinic, 2013 Issue 1.

Example: What is the correct diagnosis code assignment for comminuted fracture of the left distal tibia?

Answer: S82.392D

Rationale: The fracture was described as comminuted. There is not a subindex entry for comminuted. The sub-index entry “specified” is used when the information in the medical records provides details for which a specific code does not exist.

Fracture, traumatic (abduction) (adduction) (separation)

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- tibia (shaft) S82.20-
-- comminuted (displaced) S82.25-
--- nondisplaced S82.25-
-- condyles -see Fracture, tibia, upper end
-- distal end -see Fracture, tibia, lower end
-- epiphysis
--- lower -see Fracture, tibia, lower end
--- upper -see Fracture, tibia, upper end
-- following insertion of implant, prosthesis or plate M96.67-
-- head (involving knee joint) -see Fracture, tibia, upper end
-- intercondyloid eminence -see Fracture, tibia, upper end
-- involving ankle or malleolus -see Fracture, ankle, medial malleolus
-- lower end S82.30-
--- physeal S89.10-
---- Salter-Harris
----- Type I S89.11-
----- Type II S89.12-
----- Type III S89.13-
----- Type IV S89.14-
---- specified NEC S89.19-
--- pilon (displaced) S82.87-
--- nondisplaced S82.87-
--- specified NEC S82.39-

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Anatomic Site Descriptions

Anterior	Towards the front of the body.
Diaphysis	Shaft of the bone.
Distal	Lower end, away from the center of the body.
Epiphysis	End of the bone adjacent to the joint.
Head	Upper end.
Lateral	Away from the center, towards the outside of the body.
Medial	Toward the midline.
Metaphysis	Widening portion adjacent to the growth plate.
Neck	Upper end.
Posterior	Towards the back of the body.
Proximal	Towards the center of the body.

CLOSED Fracture Descriptions

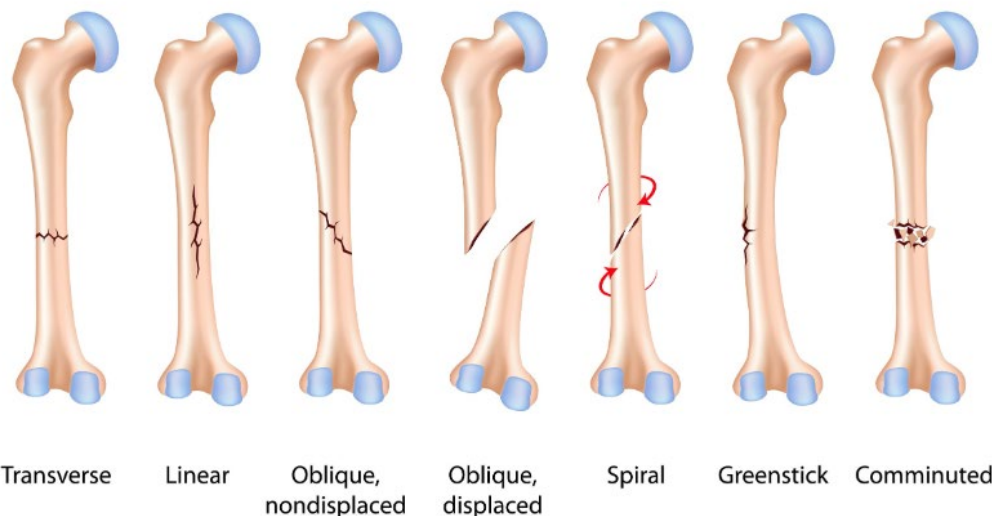
Comminuted	Simple
Depressed	Spiral
Elevated	Transverse
Greenstick	

OPEN Fracture Descriptions

Compound	Missile
Infected	Puncture
With Foreign Body	

Fracture Types

Avulsion	A broken piece attached to a tendon or ligament separates from the rest of the bone.
Complete	Fracture all the way through the width of a bone.
Complex	Fracture with significant soft tissue issue injury around the break.
Displaced	Fracture with movement of the bone from normal anatomic position.
Comminuted	Splintering or crushing of bone into multiple bone fragments.
Complete	Complete break through the bones that separate into two.
Epiphyseal	Fracture of the epiphyseal plate.
Greenstick	Fracture with a break in one side of the bone and bending of the other side.
Hairline	Minor fracture in which bone fragments remain in alignment and appear as a fine line on radiology imaging.
Impacted	Complete fracture in which the broken ends of each bone are driven into each other.
Incomplete	Fracture of bone ends without complete separation of the bone.
Malunion	Fracture that has healed into an abnormal anatomic position.
Nonunion	Fracture that fails to join and heal in a union.
Oblique	Across the shaft of a long bone. Most often in long bones.
Open	Fracture with an open wound.
Segmental	The same bone fractures in two places, leaving a “floating” segment of bone between the two breaks. This occurs in long bones such as those in the legs.
Simple	Fracture without skin compromise.
Spiral	Torsion and compression – ends of the bones are sharp/pointed.
Stress	Fracture caused by repetitive stress – microtraumas.
Transverse	Fractures are complete fractures that traverse the bone perpendicular to the axis of the bone.



Fracture 7th Characters for Subsequent Care

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

CLOSED Fracture 7th Characters

D	Subsequent encounter for closed fracture with routine healing.
G	Subsequent encounter for closed fracture with delayed healing.
K	Subsequent encounter for closed fracture with nonunion .
P	Subsequent encounter for closed fracture with malunion .
S	Sequela (late effect).

Nonunion: Healing has not occurred, and the bony structures involved in the fracture are still separated.

Malunion: Healing has occurred, but the fracture fragments are in a poor position.

OPEN Fracture 7th Characters

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 .
S	Sequela (late effect).