Volume 3, Issue 6, June 2016
Last Revised: April 2018

Anthem

Risk Adjustment Coding Academy- Coding Focus

Coding Compression Fractures

According to the American Association of Neurological Surgeons, the most common type of fracture in patients with osteoporosis is a vertebral compression fracture (VCF), which affects about 750,000 people annually.[1] A VCF occurs when the there is a collapse of the vertebral body in the spine.

While the most common cause of VCF is osteoporosis, these fractures can also be caused by trauma or metastatic tumors.

Fracture Coding Complexity

Coding for fractures is complex as there are different types of fractures, multiple anatomical locations, and various other factors that influence correct code assignment. In fact, there are over 17,000 ICD-10 codes (approximately 25%) related to fractures.

Medical record documentation is essential to properly coding for fractures. It is important to know what caused the fracture in order to select a code from the correct category. Fracture types include[2]:

- Traumatic fractures – typically due to an accident or injury
- Stress fractures – caused by repetitive motion and overuse
- Pathological fractures – caused by an underlying disease, which weakens the bone

Once the cause is identified, the anatomical site of the bone will further narrow down the code assignment.

For compression fractures, the most common site is the vertebrae, usually in the thoracic region. These fractures may also be documented as collapsed vertebrae, or as wedging of the vertebrae.

In ICD-10, codes for compression and pathologic fractures of the spine (not due to trauma) are located in Chapter 13, *Diseases of the Musculoskeletal System and Connective Tissue*. Category M48.5-, *Collapsed vertebra, not elsewhere classifiable* (HCC 169) is to be used for vertebrae fracture where no cause is listed.[3]

Category M80, *Osteoporosis with current pathological fracture* (HCC 169) should be used when a patient with known osteoporosis suffers a fracture, even if the patient had a minor fall or trauma that would not normally break a healthy bone. The site of the fracture is identified with the codes under M80.

Greater Specificity in ICD-10

ICD-10 adds greater specificity by including additional details such as laterality, encounter information, and status of healing.

There are codes for both the right and left side to indicate laterality, as well as an unspecified, to use when laterality information has not been provided.

7th Characters

ICD-10 fracture codes have a 7th character requirement providing information about the episode of care and status of healing.

The episode of care indicates initial encounter, subsequent encounter, or sequela. The initial encounter refers to the initial period of care, when the patient is receiving active treatment. Subsequent encounter occurs after the patient has received active treatment and is receiving routine care during the recovery phase. Sequela is assigned for conditions and complications that occur as a direct result of an injury.

Information about how the fracture is healing is also provided by the 7th character. There are indicators for open or closed fracture, routine or delayed healing, and non-union or mal-union of the bone. The medical record will need to provide this detail in order to properly code to the highest degree of specificity.

1. The American Association of Neurological Surgeons. website (accessed June 2016). aans.org
2. WebMD website: Understanding Bone Fractures—the Basics (accessed June 2016): webmd.com
3. Anita Schmidt, K.K., &, P.W. (2016). ICD-10- CM Expert for Physicians. Optum360