The Musculoskeletal System and ICD-10-CM/PCS

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The ICD-10-CM/PCS transition will provide coding professionals with the opportunity to enhance their coding skills. However, it will also require most coders brush up on their anatomy and physiology knowledge. Now is the perfect time to gain a better understanding of the differences between ICD-10-CM/PCS and ICD-9-CM and determine the areas where additional anatomy and physiology education is necessary.

This article outlines the terminology and classification changes in the musculoskeletal system in ICD-10-CM/PCS.

ICD-10-CM

In ICD-10-CM, chapter 13, "Diseases of the Musculoskeletal System and Connective Tissue (M00–M99)," classifies conditions such as osteoarthritis (M15–M19), spondylopathies (M45–M49), muscle disorders (M60–M63), other soft tissue disorders (M70–M79), and intraoperative and postprocedural complications and disorders of musculoskeletal system, not elsewhere classified (M96).

A number of block, category, and subcategory title changes have been made in this chapter. For example, section M00–M25 is titled "Arthropathies," whereas in subsection 710–719 of ICD-9-CM this section was titled "Arthropathies and Related Disorders."

In addition, a number of conditions from other chapters in ICD-9-CM are now included in chapter 13, including gout from chapter 3; polyarteritis nodosa from chapter 7; and categories 524, Dentofacial anomalies, including malocclusion, and 526, Diseases of the jaw, from chapter 9.

Bone, joint, or muscle conditions that are the result of a healed injury and recurrent bone, joint, or muscle condition are also usually found in chapter 13. Any current, acute injury should be coded to the appropriate injury code from chapter 19, "Injury, Poisoning and Certain Other Consequences of External Causes." Chronic or recurrent conditions should generally be coded with a code from chapter 13.

In chapter 13, the seventh-character extensions are utilized more than in some other ICD-10-CM chapters. The extensions represent pathological or stress fractures in subcategory M84.3–M84.6. They are:

- A, Initial encounter for fracture
- D, Subsequent encounter for fracture with routine healing
- G, Subsequent encounter for fracture with delayed healing
- K, Subsequent encounter for fracture with nonunion
- P, Subsequent encounter or fracture with malunions
- S, Sequela

As with many of the chapters in ICD-10-CM, codes in chapter 13 have been expanded to include greater anatomic specificity and laterality. In addition, instructional notes have been expanded to indicate that additional codes should be assigned for associated conditions or an underlying condition should be coded first.

A few examples of the expanded specificity can be found in the inflammatory polyarthropathies section (M05–M14). This section includes subcategories for:

- Rheumatoid lung disease with rheumatoid arthritis (M05.1)
- Rheumatoid vasculitis with rheumatoid arthritis (M05.2)
- Rheumatoid heart disease with rheumatoid arthritis (M05.3)

- Rheumatoid myopathy with rheumatoid arthritis (M05.4)
- Rheumatoid polyneuropathy with rheumatoid arthritis (M05.5)
- Rheumatoid arthritis with involvement of other organs and systems (M05.6)
- Rheumatoid arthritis with rheumatoid factor without organ or systems involvement (M05.7)
- Other rheumatoid arthritis with rheumatoid factor (M05.8)
- Rheumatoid arthritis with rheumatoid factor, unspecified (M05.9)

In this chapter, some terms have been defined in the classification. For example, in category M66, Spontaneous rupture of synovium and tendon, a spontaneous rupture is defined as one that occurs when a "normal force is applied to tissues that are inferred to have less than normal strength." In category M80, Osteoporosis with current pathological fracture, a fragility fracture is defined as a "fracture sustained with trauma no more than a fall from a standing height or less that occurs under circumstances that would not cause a fracture in a normal healthy bone."

Many commonly coded conditions are also found in this chapter. These conditions include osteoarthritis (M15–M19), chronic gout (M1a.0), gout (M10), internal derangement of knee (M23), and systemic lupus erythematousis (M32).

Osteoporosis and pathological fractures are included in this chapter, but in ICD-10-CM these diagnoses are classified to much greater specificity. For osteoporosis there are separate categories to identify osteoporosis with and without current pathological fracture.

Category M80 identifies osteoporosis with current pathological fracture and requires the appropriate seventh-character extension. Pathological fractures due to neoplastic disease and stress fractures are also included in this section and also require a seventh-character extension.

Chapter 13 Coding Guidelines

Chapter 13 includes several new guidelines, several of which are highlighted below.

Guideline I.C.13.a, 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. For some conditions 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.

Guideline I.C.13.d, Osteoporosis

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

Guideline I.C.13.d.2, Osteoporosis with Current Pathological Fracture

Category M80, Osteoporosis with current pathological fracture, is for patients who have a current pathologic fracture at the time of an encounter. The codes under M80 identify the site of the fracture. A code from category M80, not a traumatic fracture code, should be used for any patient with known osteoporosis who suffers a fracture, even if the patient had a minor fall or trauma, if that fall or trauma would not usually break a normal, healthy bone.

ICD-10-PCS

Every ICD-10-PCS code is seven characters long, and each character represents an aspect of the procedure. One of 34 values can be assigned to each of the seven characters; numbers 0 through 9 and all letters of the alphabet except I and O are utilized.

In ICD-10-PCS the second character identifies the body system, which is the general physiological system or anatomic region involved. There are a total of 31 body systems in ICD-10-PCS.

Eleven of the 31 body systems pertain to the musculoskeletal system: muscles, tendons, bursae and ligaments, head and facial bones, upper bones, lower bones, upper joints, lower joints, anatomical regions general, anatomical regions upper extremities, and anatomical regions lower extremities.

The fourth character in ICD-10-PCS identifies the body part or specific anatomical site where the procedure was performed. There are up to 34 possible body part values for each of the body systems.

Not every body part has its own distinct body part value. For example, there is one body system for the muscles, and since each body system has a maximum of 34 body parts, only 34 muscles can have their own distinct body part value.

ICD-10-PCS coding guideline B4.2 provides guidance on the selection of the body part value for procedures performed on a body part with no distinct body part value. The guideline states that where a specific branch of a body part does not have its own body part value, the body part is coded to the closest proximal branch that has a specific body part value.

An example of this can be found in the tendons body system. There are 30 tendons that have a distinct body part value in the tendons body system. A procedure performed on the obturator tendon would be coded to the hip tendon body part (J for hip tendon, right; K for hip tendon, left). A procedure performed on the popliteus tendon would be coded to the lower leg tendon body part (N for lower leg tendon, right; P for lower leg tendon, left).

References

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