

ICD 10 Coding Alert

Back to Basics: Don't Confuse Contusion Coding Intricacies

Make sure you're coding the diagnosis, not a symptom.

Test your contusion coding knowledge with a quick quiz. Remember, selecting the correct ICD-10 code for a contusion requires knowing the respective contusion's exact anatomical location, including side of the body, and whether the patient's visit is an initial or subsequent visit.

Define Contusion First

Question 1: What is a contusion?

Answer 1: A bruise, or contusion, is caused when the blood vessels are damaged or broken as the result of a blow to the skin of the part of the foot, ankle, or toes (such as an accidental hammer hit). The raised area of a bump or bruise results from blood leaking from these injured blood vessels into the tissues as well as from the body's response to the injury. Contusions cause swelling and pain and limit joint range of motion near the injury. In severe cases, swelling and bleeding beneath the skin may cause shock. If tissue damage is extensive, the patient may also have a broken bone, dislocated joint, sprain, torn muscle, or other injuries.

Don't be Fooled by 'Easy Bruising'

Question 2: Our podiatrist recently mentioned "easy bruising" in his clinical notes. Is there any specific diagnosis code for easy bruising?

Answer 2: "Easy bruising" is a symptom, not a diagnosis. You would report the diagnosis code depending upon whether or not the podiatrist identified a cause. If the cause is identified, you should code for the specific disease. However, if the clinician does not document the cause, you should code for the symptoms.

If the clinician documents "easy bruising" with no identifiable cause, then you should report R23.3 (Spontaneous ecchymoses). For example, a patient may suffer from a disease such as a bone marrow disorder that predisposes her to develop bruises, even with a light rap on her feet, which may not bother other patients. This rap could result in "easy bruising" for that particular patient.

Coding tip: An ecchymosis is defined as a bruise that is larger than one centimeter. A bruise that is less than one centimeter, but not less than three millimeters, is called a purpura. A bruise less than three millimeters is called a petechiae. Although R23.3 also applies to petechia, you should not report this code for purpura.

Code Bruises Resulting from Trauma Like This

Question 3: If the patient has a bruise caused by a trauma, how would we report that?

Answer 3: Bruises resulting from trauma can occur due to a variety of reasons, including falls, accidents, and post-surgeries. In general, use codes from category S90- (Superficial injury of ankle, foot and toes) for bruises secondary to trauma.

Note that, as per ICD-10, these codes are for the initial visit only and you should appropriate corresponding codes according to subsequent visits.

Narrow Down Cause with These Questions

Question 4: If the patient presents with a contusion, what are some questions we can ask to help us choose the correct diagnosis code?

Answer 4: If the patient presents with a contusion, you need to answer the following questions to choose the correct ICD-10 code:

- What is the exact site of contusion (ankle, toe or foot)?
- What side of the body is the contusion located?
- Is this the first visit or subsequent?

"As well as identifying whether it is an initial or subsequent visit and locating the correct side of the body, in the clinical notes, I would also include the measurement of the contusion as well as a description of the extent of the contusion," says **Arnold Beresh, DPM, CPC, CSFAC**, in West Bloomfield, Michigan.

Contusion of Ankle or Foot? Do This

Question 5: If the clinician documents that the patient suffers from an ankle or foot contusion, which codes should we look at?

Answer 5: For a contusion of the ankle, you will choose from S90.0- (Contusion of ankle). For the unspecified ankle, you would report S90.00-- (Contusion of unspecified ankle). For right ankle contusions, report S90.01-- (Contusion of right ankle), and for left ankle contusions, report S90.02-- (Contusion of left ankle).

If you encounter contusions of the foot, you will look to category S90.3- (Contusion of foot). For a contusion of an unspecified foot, report S90.30-- (Contusion of unspecified foot). For a contusion of the right foot, report S90.31-- (Contusion of right foot). For a contusion of the left foot, report S90.32-- (Contusion of left foot).

Important: Notice there is a further sixth and seventh digit expansion for the above codes. The expansions XA, XD and XS in both ankle and foot contusions describe if the encounter was initial, subsequent, or sequela.