

Pain Management Coding Alert

ICD-10: Count Time, Px Status to Nail Sequela Coding

These guidelines can aid your sequela character selection.

PM practices see their share of patients who experience a reemergence of signs or symptoms from a prior injury after the initial injury subsides. When a patient experiences these symptoms, the manifestations are known as sequela effects.

You'll have several diagnostic considerations to take into account for correct sequela coding; also, you won't get far without an understanding of the rules ICD-10 implemented in coding for such sequela effects.

Help's here: Turn to this rundown of examples and expert advice, and seek success for every sequela coding scenario.

Know Sequela Definition

The ICD-10-CM guidelines define a sequela effect as the following:

- "A sequela is the residual effect (condition produced) after the acute phase of an illness or injury has terminated. There is no time limit on when a sequela code can be used. The residual may be apparent early, such as in cerebral infarction, or it may occur months or years later, such as that due to a previous injury."

Example: A patient experiences headaches in the days and weeks while recovering from a facial trauma; you would not consider these symptoms to be sequela effects.

However, if the patient experiences symptoms in the months and years since she has fully recovered from the initial traumatic incident or operation, you may consider these symptoms to be sequela effects. With these examples in mind, sequela coding can be understandably difficult do to the subjective nature of the manifestations.

Follow the Guidelines on Sequela Coding

As you will see in the ICD-10 guidelines, the information on sequela coding isn't necessarily localized to one particular section. With this in mind, it's important that coders know how to maneuver through the guidelines to identify all the vital elements within their search criteria.

The first point of reference comes with identifying the number and order of codes assigned. ICD-10-CM guidelines state:

- "Coding of sequela generally requires two codes sequenced in the following order: the condition or nature of the sequela is sequenced first. The sequela code is sequenced second."

ICD-10-CM uses the example of scar formation following a burn to illustrate the point of using two separate ICD-10-CM codes:

- "7th character "S", sequela, is for use for complications or conditions that arise as a direct result of a condition, such as scar formation after a burn. The scars are sequelae of the burn. When using 7th character "S", it is necessary to use both the injury code that precipitated the sequela and the code for the sequela itself. The "S" is added only to the injury code, not the sequela code. The 7th character "S" identifies the injury responsible for the sequela. The specific type of sequela (e.g. scar) is sequenced first, followed by the injury code."

However, before you go searching for two separate codes, consider these supplementary guidelines:

- "An exception to the above guidelines are those instances where the code for the sequela is followed by a manifestation code identified in the Tabular List and title, or the sequela code has been expanded (at the fourth, fifth or sixth character levels) to include the manifestation(s). The code for the acute phase of an illness or injury that led to the sequela is never used with a code for the lateeffect."

There's a few points to unpack, here. First, you won't necessarily come across many, if any, examples of a sequela followed by a manifestation code note in the ICD-10-CM tabular. On the other hand, you may come across examples in which a sequela code has been expanded to include manifestations.