

Untangling Trauma: Guiding the Journey to Mastery in ICD-10-CM Coding

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AHIMA-APPROVED ICD-10 TRAINER

OBJECTIVES

- Untangle the structure and intent of ICD-10-CM Chapter 19 by examining how trauma codes reflect injuries and burns.
- Unravel the application of essential coding conventions, such as laterality, 7th character extensions, and episode of care, through guideline-based interpretation.
- Trace the relationship between clinical documentation and accurate code assignment and sequencing for trauma encounters.



TRAUMA

TRAUMA

Trauma—bodily tissue injury arising from an external force and caused by an accident or violence



7TH CHARACTER CODE ASSIGNMENT

GROUNDWORK FOR 7TH CHARACTER CODE ASSIGNMENT

Why designate initial, subsequent, or sequela?

Provides ability to track treatment through various stages

Allows tracking of resource utilization as well as outcomes

GROUNDWORK FOR 7TH CHARACTER CODE ASSIGNMENT

7th Characters assignment

May require placeholder if code is not 6 characters in length

S83.511A Sprain, ACL, right knee, initial

T82.03XD Leakage, heart valve prosthesis, subsequent

S34.3XXA Injury of cauda equina, initial

W25.XXXS Contact with, sharp glass, sequela

GROUNDWORK FOR 7TH CHARACTER CODE ASSIGNMENT

7th Characters indicate the type of encounter for care received

Initial (A)

Subsequent (D)

Sequela (S)

GROUNDWORK FOR 7TH CHARACTER CODE ASSIGNMENT

Initial (A)

Active treatment

Active treatment being given for the condition
(injury, poisoning, fracture)

GROUNDWORK FOR 7TH CHARACTER CODE ASSIGNMENT

Indications for active treatment designation:

Active treatment can require a staged approach

Active treatment might require several different episodes of care for the actual fracture/injury or for a complication of medical/surgical care

Active treatment might require more than one physician

Active treatment can* include evaluation/treatment by a new physician

GROUNDWORK FOR 7TH CHARACTER CODE ASSIGNMENT

Subsequent (D)

Routine care for healing/recovery

GROUNDWORK FOR 7TH CHARACTER CODE ASSIGNMENT

Aftercare Z codes

Not used with injuries and poisonings

7th character available to designate subsequent care (D)

GROUNDWORK FOR 7TH CHARACTER CODE ASSIGNMENT

Sequela (S)

Complications or conditions that are directly resultant from a condition

Two codes required for sequela conditions

Sequence sequela first, injury code second

“S” is only added to the injury code



INJURY CODING

CODING INJURIES

Coding of Injuries

Each injury should be coded separately*

Unspecified multiple injuries (T07) rarely used for inpatients

Do not use codes from S00-T14.9 for surgical wounds that are healing or for complications of surgical wounds

Sequence the most severe injury first

CODING INJURIES

Coding Superficial Injuries

If superficial injury at same site as more severe injury
only code the more severe injury

CODING INJURIES

Coding primary injury with damage to nerves/blood vessels

Primary injury-minor damage to nerves/blood vessels =
sequence primary injury first

Primary injury is to nerves/blood vessels = that injury is
sequenced first

CODING INJURIES

Coding iatrogenic injury

Injuries occurring during or as a result of a medical intervention are not coded from Chapter 19

Requires assignment of a complication code

CODING TRAUMATIC FRACTURES

Traumatic fractures

Follow same concept for coding multiple injuries

Assign code(s) for each individual site

Sequence according to severity

Default is closed fracture if open/closed not specified

Default is displaced if displaced/nondisplaced not specified

CODING TRAUMATIC FRACTURES

Traumatic fractures

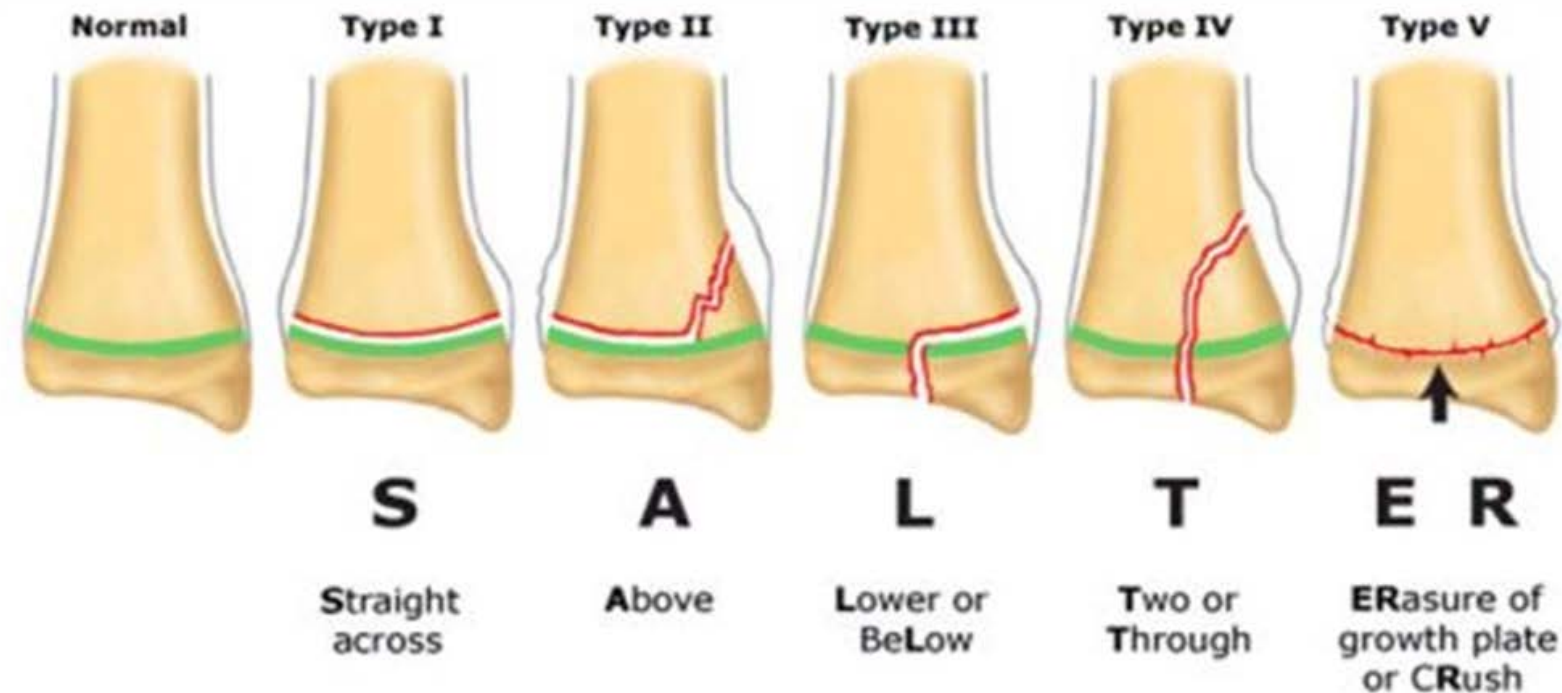
Physeal fractures

Code only type of physeal fracture

Do not assign a code for the specific bone fractured

CODING TRAUMATIC FRACTURES

Salter-Harris classification of physeal fractures



CODING TRAUMATIC FRACTURES

Traumatic fractures

Do not use aftercare Z codes

Assign fracture code with appropriate 7th character

7TH CHARACTERS FOR FRACTURES

More specific

Closed/open (A, B)

Routine/delayed healing (D, G)

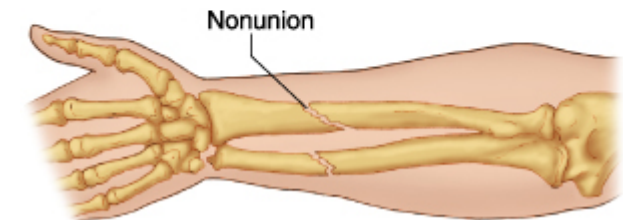
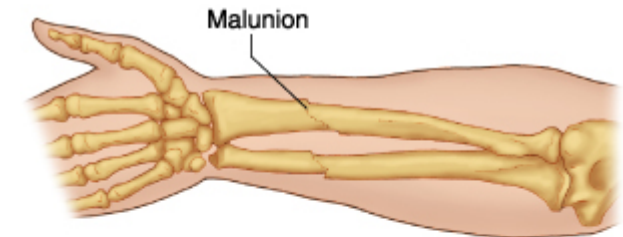
Nonunion/malunion (K, P)

Sequela (S)

7TH CHARACTERS FOR FRACTURES

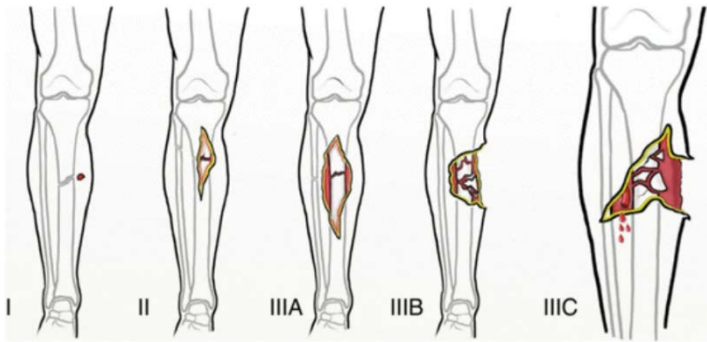
Malunion-fracture healing has taken place, but fragments are not in the correct position

Nonunion-fracture healing has not taken place, bony separation exists



7TH CHARACTERS FOR FRACTURES

■ Even MORE specificity for fractures in Gustilo classification



Type I=puncture wound \leq 1 cm, minimal soft tissue injury, little contamination

Type II=wound $>$ 1 cm, moderate soft tissue injury, some comminution, adequate soft tissue to cover bone

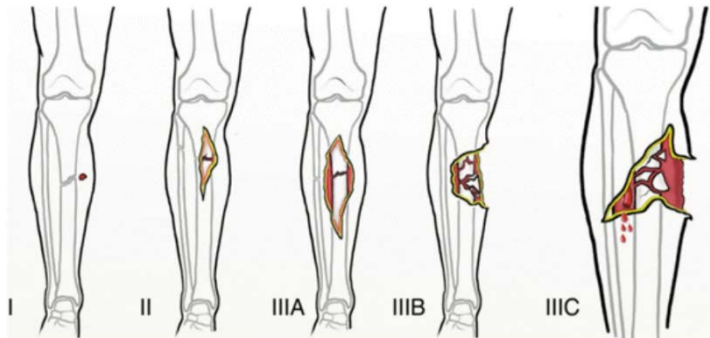
Type IIIA=Extensive soft tissue damage, heavy contamination, comminuted or segmental fxs are severe, adequate soft tissue to cover bone

Type IIIB=Extensive soft tissue damage, bone exposed, often heavy contamination and comminution, flaps are needed to cover soft tissue

Type IIIC=An arterial injury is present and requires repair for limb salvage

7TH CHARACTERS FOR FRACTURES

- Even MORE specificity for fractures in Gustilo classification



B=initial, open, type I or II

C=initial open, type IIIA, IIIB, or IIIC

E=subsequent, open, type I or II routine healing

F=subsequent, open, type IIIA, IIIB, or IIIC routine healing

H=subsequent, open, type I or II delayed healing

J=subsequent, open, type IIIA, IIIB, or IIIC delayed healing

M=subsequent, open, type I or II nonunion

N=subsequent, open, type IIIA, IIIB, or IIIC nonunion

Q=subsequent, open, type I or II malunion

R=subsequent, open, type IIIA, IIIB, or IIIC malunion

7TH CHARACTERS FOR FRACTURES

Default for unknown Gustilo classification of a fracture

Type I or Type II

Same default is applicable for subsequent care if original Gustilo classification is unknown

Assign E, H, M, or Q as appropriate



BURN CODING

CODING BURNS

Burns = thermal burns (from a heat source: fire, electricity, radiation, hot appliance)

Corrosions = burns due to chemicals

CODING BURNS

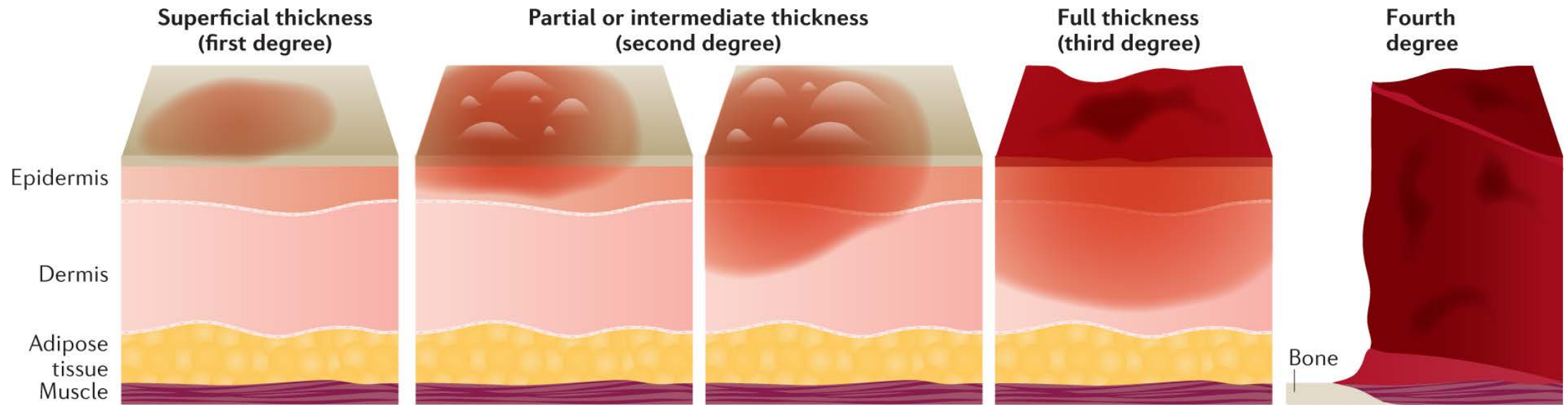
Burns classified by:

- Depth
- Extent
- Agent

Depth classified as:

- first degree (erythema)
- second degree (blistering)
- third degree (full-thickness involvement)

CODING BURNS



- Painful
- Does not blister
- Does not scar

- Superficial partial thickness burns do not require surgery, but may scar and be more painful

- Deep partial thickness burns require surgery and form more scars and are less painful

- Blisters and weeps
- With increasing depth, increased risk of infection
- With increasing depth, increased risk of scarring

- Dry
- Insensate to light touch and pin prick
- Small areas will heal with substantial scar or contracture
- Large areas require skin grafting
- High risk of infection

- Involves muscle or bone
- Leads to loss of the burned part

CODING BURNS

Multiple burns:

Sequenced burn of highest degree first

Internal and external burns, sequencing will be governed by circumstances of admission

Burns along with other related conditions (respiratory failure), sequencing dictated by circumstances of admission

Burns of same anatomic site and same laterality but different degrees should be coded to the highest degree documented

CODING BURNS

Non-healing burns = acute burns

Necrosis of burns = non-healed burn

Infection of burn = code also the infection

Multiple burns = code for each burn site; use multiple sites when specific site not recorded

Sequelas (scars, contractures) will be assigned a 7th character of S

Sequelas and current burn may be assigned on same record (A or D and S) if a current burn and sequela of old burn coexist

CODING BURNS

Extent of Body Surface Area (BSA)

Burns – T31

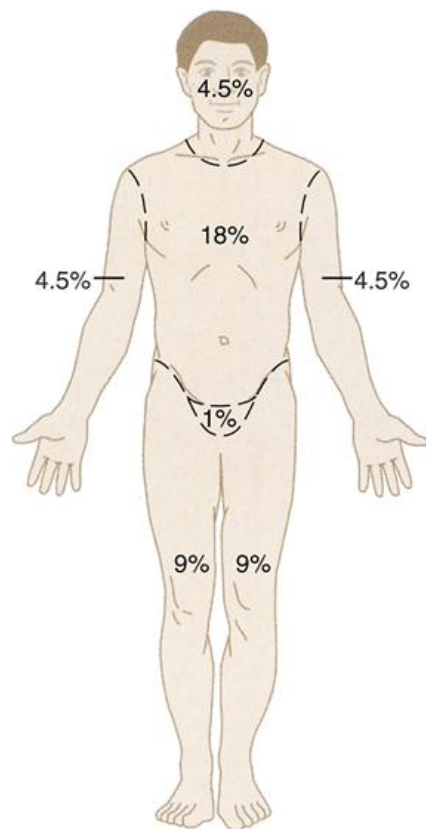
Corrosions – T32

Based on Rule of 9's

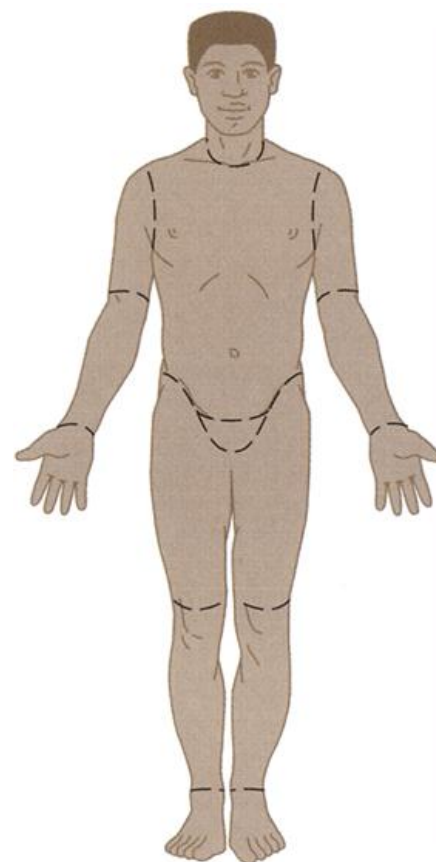
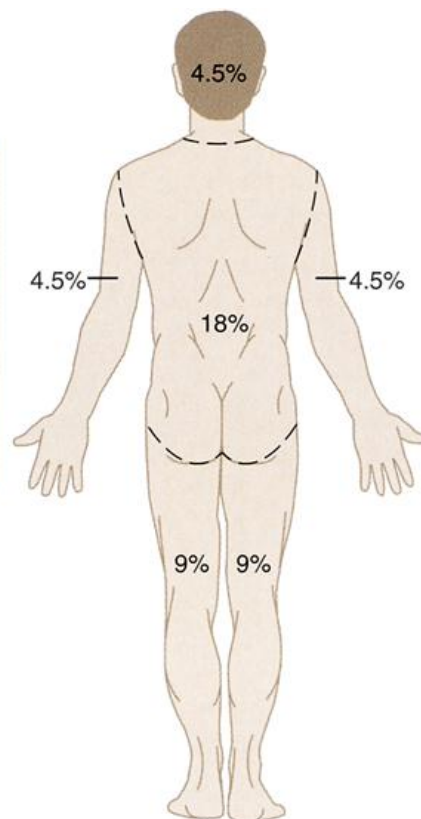
Percentages adapted for infants/children or individuals with large buttocks, thighs, or abdomen

CODING BURNS

Rule of 9's

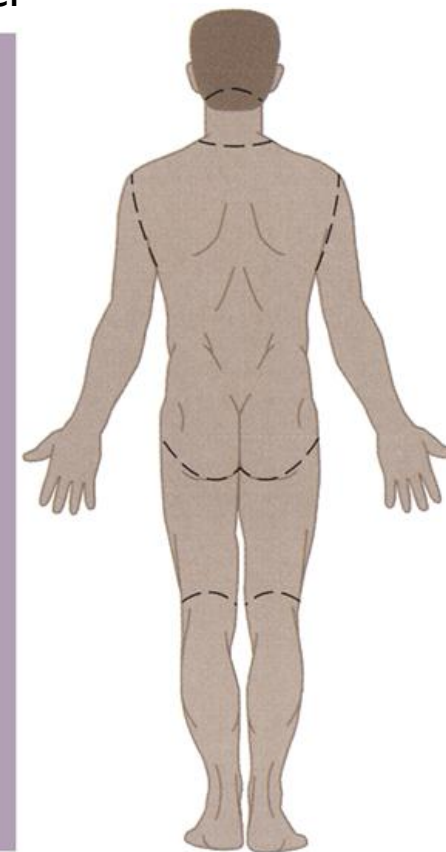


Head and neck	9
Whole arm	9
Whole arm	9
Posterior trunk	18
Anterior trunk	18
Whole leg	18
Whole leg	18
Perineum	1
	<hr/>
	100%



Lund & Browder

Head	7.0
Neck	2.0
Anterior trunk	13.0
Posterior trunk	13.0
Right buttock	2.5
Left buttock	2.5
Genitalia	1.0
Right upper arm	4.0
Left upper arm	4.0
Right lower arm	3.0
Left lower arm	3.0
Right hand	2.5
Left hand	2.5
Right thigh	9.5
Left thigh	9.5
Right leg	7.0
Left leg	7.0
Right foot	3.5
Left foot	3.5
	<hr/>
	100%





EXTERNAL CAUSE CODES

CODING EXTERNAL CAUSES

Official Coding Guidelines

Chapter-specific Guidelines

Chapter 20.a.2

Each encounter for treatment rendered for an injury or poisoning, should have an external cause code assigned with the appropriate 7th character representing the initial, subsequent, or sequela care.

CODING EXTERNAL CAUSES

Do not assign external cause codes as principal or first-listed diagnosis.

CODING EXTERNAL CAUSES

Provide trauma data on:

How (cause)

Intent (accidental or unintentional; or intentional [suicide or assault])

Place (where)

Person's status (civilian, military, etc.)

CODING EXTERNAL CAUSES

Can be used with any code due to an external cause*

Use external cause codes throughout the length of treatment

Use all external cause codes and as many as necessary for an encounter

CODING EXTERNAL CAUSES

Place of Occurrence Code (Y92)

Identify location of patient when injury occurred

Assigned only on initial encounter

Do not assign Y92.9 if the place of occurrence is not documented or not applicable

CODING EXTERNAL CAUSES

Activity Code (Y93)

Identify activity of patient when injury occurred

Assigned only on initial encounter

Do not assign Y93.9 if the place of occurrence is not provided

Are not applicable to poisonings, adverse effects, misadventures or sequela

CODING EXTERNAL CAUSES

Hierarchy of Multiple External Cause Code Sequencing

Child or adult abuse

Terrorism

Cataclysmic events

Transport accidents

Activity and status codes assigned after all causal external cause codes

First-listed external cause code should relate to the most serious diagnosis according to the hierarchy

CODING EXTERNAL CAUSES

Child and adult abuse, neglect, and maltreatment = assault

Use assault codes for the external cause of injury in confirmed abuse cases

When abuse is confirmed, if known, code the perpetrator (Y07)

CODING EXTERNAL CAUSES

Unknown or Undetermined Intent

When intent of the injury cause is unknown or unspecified, code as accidental

All transport accident categories assume accidental intent

Only use undetermined intent when the record documentation specifies the intent cannot be determined

CODING EXTERNAL CAUSES

Sequelae (Late Effect) of External Causes

Use 7th character of S for reporting sequela external cause codes

Do not use the sequela external cause codes with a related current nature of injury code

Use late effect external cause codes for subsequent visits when a late effect of an initial injury is treated.

Do not use late effect external cause codes when it is a follow-up to an injury and no late effect has been noted

CODING EXTERNAL CAUSES

Federal Government (FBI) determines cause of injury to be terrorism

First-listed external cause code is terrorism (Y38)

Definition of terrorism precedes Y38

Assign place of occurrence code

May assign more than one Y38 code if there were multiple mechanisms of terrorism

CODING EXTERNAL CAUSES

Suspected terrorism is classified as assault.

Do not use a code from Y38 for suspected terrorism.

Conditions that develop subsequent to the terrorist event are coded to Y38.9 for terrorism, secondary effects.

CODING EXTERNAL CAUSES

External Cause Status Codes

External Cause Status Codes (Y99) indicate the work status of person at the time of the injury (military, volunteer, student, etc.)

Assign when applicable with other external cause codes

These status codes do not apply to poisonings, adverse effects, misadventures, or late effects

Code only at the initial encounter

Do not assign if no other external cause codes are applicable or if the status is not stated

THE KLUTZ FAMILY

A word cloud featuring various terms related to accidents and mishaps. The most prominent words are 'external cause', 'burns', 'ICD-10-CM', 'mishaps', and 'injury'. Other visible words include 'pitfalls', 'hazards', 'catastrophes', 'calamities', 'flops', 'sniffles', 'tribulations', 'woes', 'miser', 'perils', 'ouches', 'adversities', 'problems', 'predicaments', 'fiascos', 'bungles', 'trials', and 'hazards'.

fiascos
bungles
pitfalls
trials
hazards
external cause
problems
predicaments
burns
catastrophes
calamities
flops
adversities
ouches
ICD-10-CM
perils
miser
mishaps
sniffles
tribulations
woes
injury

QUESTION FOR YOU

- Is it an acceptable practice to use a previous encounter as a tool to determine encounter status (initial, subsequent) and selection of the appropriate 7th character?
- No, the current episode of care documentation should be specific and clearly reflect the injury and type of care administered.

JEREMY RENNER'S ACCIDENT



Source: <https://www.theguardian.com/film/2025/jul/12/jeremy-renner-snowplough-avengers-hawkeye>

JEREMY RENNER'S ACCIDENT

<https://www.youtube.com/shorts/ZA8BmrjHc0A>

JEREMY RENNER'S ACCIDENT



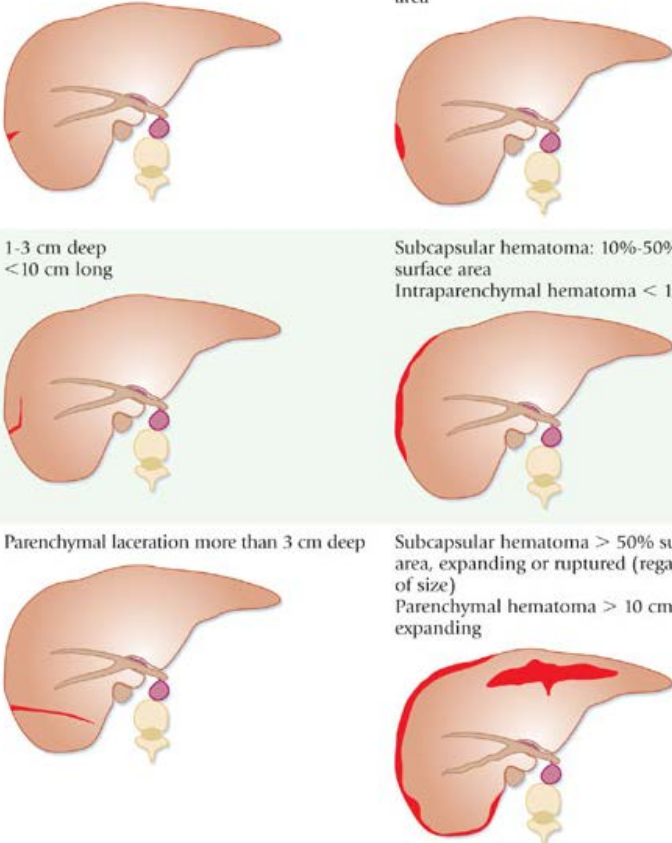
Source: <https://people.com/jeremy-renner-shares-photo-snowplow-nearly-killed-him-third-anniversary-accident-11878404>

JEREMY RENNER'S ACCIDENT

Laceration of liver

S36.113A

Grade	Laceration	Hematoma	Vascular
I	Capsular tear < 1 cm deep	Subcapsular hematoma < 10% surface area	None
II	1-3 cm deep < 10 cm long	Subcapsular hematoma: 10%-50% surface area Intraparenchymal hematoma < 10 cm	None
III	Parenchymal laceration more than 3 cm deep	Subcapsular hematoma > 50% surface area, expanding or ruptured (regardless of size) Parenchymal hematoma > 10 cm or expanding	None

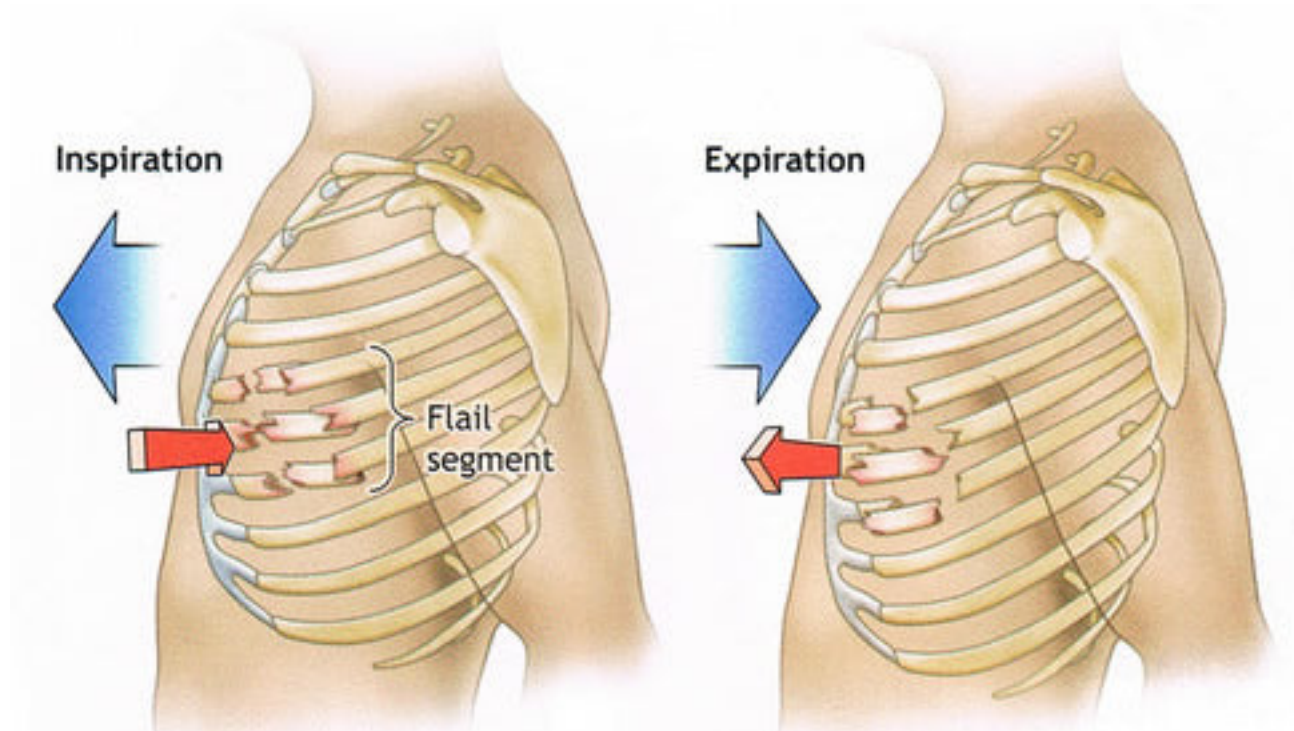


The table includes diagrams of the liver for each grade. Grade I shows a shallow capsular tear and a small subcapsular hematoma. Grade II shows a deeper laceration and larger subcapsular or intraparenchymal hematomas. Grade III shows a deep parenchymal laceration and large, expanding hematomas.

JEREMY RENNER'S ACCIDENT

Flail chest

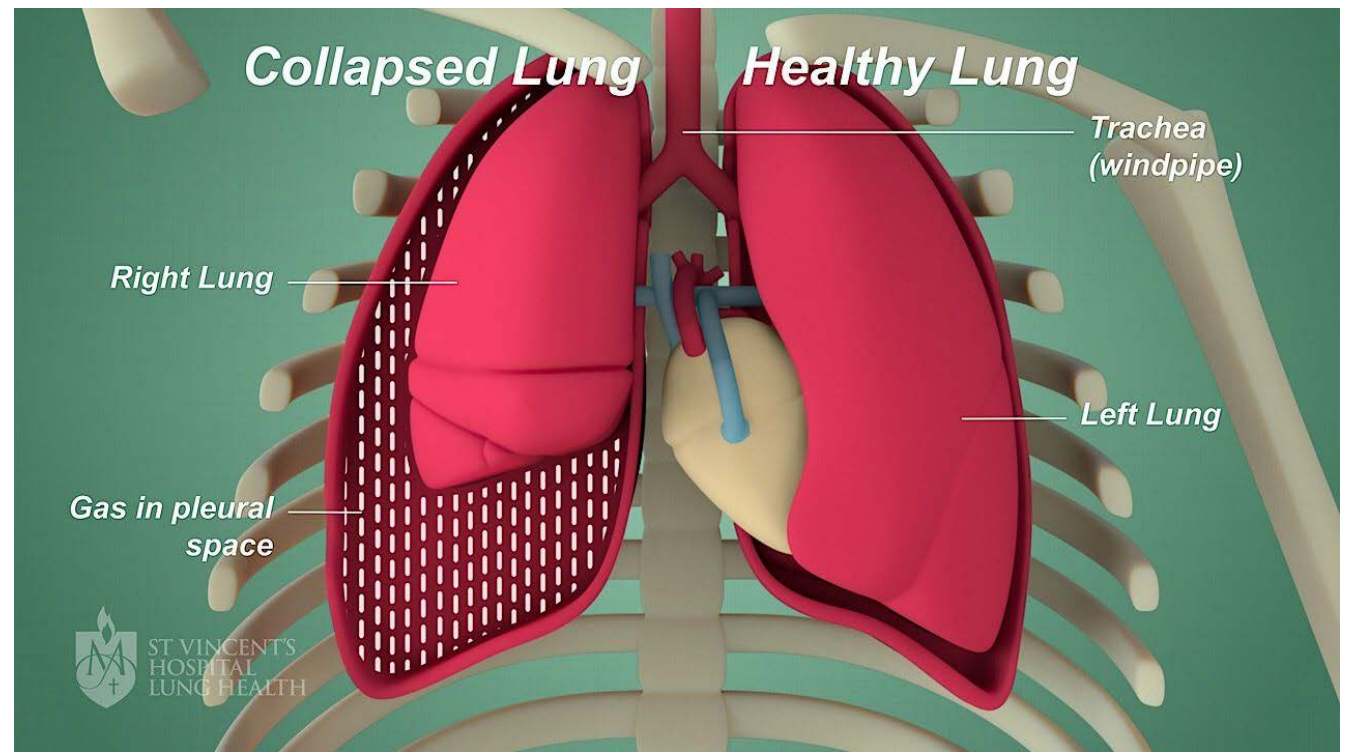
S22.5XXA



JEREMY RENNER'S ACCIDENT

Collapsed lung

J98.19 (CC)



Source: <https://www.svhlunghealth.com.au/conditions/pneumothorax>

JEREMY RENNER'S ACCIDENT

Fracture clavicle	S42.009A
Fracture scapula	S42.109A
Fracture mandible	S02.609A
Fracture of orbit	S02.85XA
Fracture tibia	S82.202A
Fracture knee	S82.001A
Fracture ankles	S82.892A
	S82.891A
Laceration scalp	S01.01XA
Avulsion eye	S05.72XA

Thank You!

Questions?

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RESOURCES

- *Coding Clinic*
 - 1st and 3rd Qtr. 2015, 1st, 2nd, and 3rd Qtr. 2016
- ICD-10-CM 2026 Official Coding Guidelines
 - General Coding Guidelines
 - Section I.B.10
 - Chapter-Specific Guidelines
 - Section I.C.19.a, I.C.19.c.1, I.C.19.d.
- ICD-10-CM 2026 Code Book
 - Chapter 19
 - Notes prior to code listing

CONTACT INFORMATION

Questions regarding this presentation may be directed to:

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