



TRAUMA REGISTRY CODING TIPS AND TRICKS

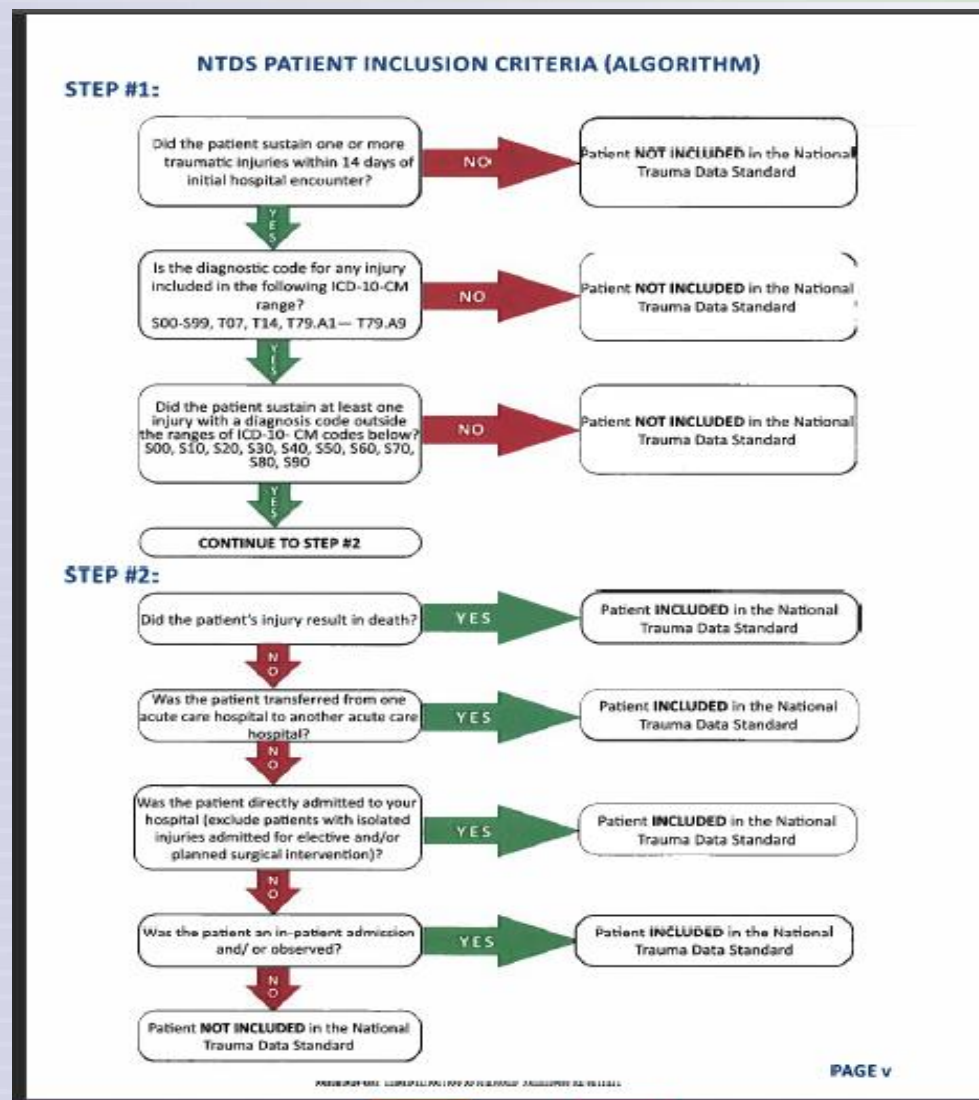
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March 21, 2021



One of the challenges of wearing so many hats, is that I love each and every one of them!

~ Andrea Davis Pinkney

2021 NTDS Inclusion Criteria



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NTDS Inclusion Criteria Recent Changes

- ❑ 2020 Changes to define injury time frame of within 14 days of hospital arrival and including patients transferred to and from your facility by private vehicle
- ❑ 2021 Changes to exclude isolated burn patients

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Who To Include

- ☐ At minimum, capture all patients that meet NTDS, State or quality program requirement.
- ☐ Other Patients to Consider
 - ☐ Peri-prosthetic fractures
 - ☐ ED Discharges and activations not meeting inclusion criteria
 - ☐ Treated by trauma, but do not have an includable injury
 - ☐ Hospital specific

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Inclusion Criteria Tip

- ☐ Include all required patients
- ☐ Weigh the benefit of collecting non-required additional patients and the cost of time and resources to collect additional patients
- ☐ Consider “shortened” abstracts on non-required patients



ICD10 Coding

Officially adopted and accepted for use in U.S. on October 1, 2015.





Types of ICD10 Codes

- ☐ Diagnosis
- ☐ External Cause Codes
- ☐ External Location Codes
- ☐ Activity Codes
- ☐ Procedure Codes

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Build Your Code

- ☐ Use documentation within your medical record or EMR to build your ICD10 codes based on documentation
- ☐ Tools of the Trade
 - ☐ ICD-10-CM Manual
 - ☐ ICD-10-PCS Manual
 - ☐ <https://www.cdc.gov/nchs/icd/icd10cm.htm>



ICD10 Coding Tricks

- ☐ Registry Software Coding
- ☐ Make a “cheat sheet” of commonly used codes
- ☐ Customize Registry
- ☐ Health Information Management Department
 - ☐ Coding done in EMR
 - ☐ Access to an encoder product



Abbreviated Injury Scale AIS Coding

“The AIS is an anatomically based, consensus-derived, global severity scoring system that classifies each injury by body region according to its relative importance on a 6-point ordinal scale.”



AIS Versions

- ❑ Nine versions, revisions and updates from 1971 through 2021
- ❑ Accounted for removing fatal codes, adding penetrating injury codes, adding age qualifiers, adding Organ Injury Scale (OIS) grades, adding laterality, revision of spine fractures, and adding combat-related injuries
- ❑ Changes have allowed for consistency and fostering inter-coder reliability



AIS Versions con't

- ❑ AIS 2005 Update 2008 is currently in use
- ❑ AIS 2015 is latest version, currently being taught by AAAM
- ❑ NTDB is accepting AIS 2015 codes

ABDOMEN

WHOLE AREA

Use one of the following two descriptors when such vague information is the only information available. While these descriptors identify the occurrence of an abdominal injury, they do not specify its severity.

500099.9	Injuries to the Abdomen NFS	9
500999.9	Died of abdominal injury without further substantiation of injuries or no autopsy confirmation of specific injuries	9

511000.6	Torso transection	1
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Crush injury must involve massive bilateral destruction of vascular, organ and tissue systems.

513000.6	Crush injury or massive destruction	1
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Avulsive injury must involve massive loss of abdominal wall and abdominal cavity contents.

205 513002.6	Avulsive injury	1
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Use the following four codes if penetrating injury does not involve internal structures. Assign to External body region for calculating an ISS. If underlying anatomical structures are involved do not use these generic descriptors.

516000.1	Penetrating injury NFS	5
516002.1	superficial; minor; "peppering"; into peritoneum but not involving underlying structures	5
516004.2	with tissue loss >100cm ²	5
516006.3	with blood loss >20% by volume	5

NEW LOOK!!!!!!

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AIS Tips and Tricks

- ☐ Use your Resources
 - ☐ Course Books
- ☐ Use your registry coding product
- ☐ Take the class more than once!
- ☐ Create a “cheat sheet”

AIS Tips and Tricks

- ☐ Have Conversations!
 - ☐ Use your Nurses, Advanced Practice Providers and Trauma Surgeons
- ☐ AAAM
 - ☐ Question of the Month
 - ☐ Clarification Document
 - ☐ <https://www.aaam.org/abbreviated-injury-scale-ais/faqs/>
- ☐ Phone Your Registry Friends
 - ☐ No coding question is off limits, we are a network for each other

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Ask the Question

- ☐ I had a patient that was a driver of a snowmobile 35-40 mph, hit a stump, flew off the snowmobile and the helmet cracked. The patient ended up having a headache with no external head injuries. Would anyone use the head injury nfs involving only headache code 110009.1?



Get the Answer

- ☐ I would code it to that if there is no other information & nothing else to code for the patient.
- ☐ The headache code is appropriate to use with documentation of a headache in the setting of trauma mechanism, with or without closed head injury documented.
- ☐ If someone documents closed head injury, then I would use that code (head injury with headache

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It Takes a Village

lower leg. Skin warm/dry. Color pink. Turgor instant recoil. No breaks in skin integrity noted to rso, upper extremities, (b) lower leg. External fixation device intact to (b) lower leg, pins present R ankle and R upper tibia. Sites 2 & 3 drainage, no ring of erythema around each site. R foot sensory intact cap refill 1 sec. No clonus at present in R leg. resp. reg/unlabored. Symmetrical expansion lungs, accessory muscles utilized. Lung fields auscultated bilat. 2 & 3 adventitious sounds noted. Heart regular 2 & 3 murmurs noted. Radial pulses 2+ bilat dorsalis pedis, p. tibial 2+ bilat. Abdomen soft, rounded 2 & 3 AEs x 4. Denies tenderness. IV x LR @ 75cc/hr to (b) hand, site 2 & 3 edema, tenderness erythema. Partial bed bath given, pt. assisted upper body. Oval care per pt. Pericare per pt. linens changed, aggravate restlessness to bed. R uses Hoyer bar to assist 2 & 3 linen change. Note 10° 2 & 3 bed in low position, side rails R Call light

DOCUMENTATION

- ☐ If it is not documented.....
- ☐ It did not happen
- ☐ It does not exist
- ☐ There is no proof
- ☐ REGISTRAR CANNOT CODE





Becoming the Educator

- ❑ Registrars speak a unique coding language and there is a gap between us and those we rely on to document
- ❑ Bridge the gap between registrars and nursing staff, APP staff, and physician groups



Becoming the Educator

- ☐ Clinical staff are the eyes and ears of what we depend on to code, let us give them the tools they need to be successful
- ☐ Educate on what we are looking for
 - ☐ OIS
 - ☐ Extra vs Partial vs Complete Articular
 - ☐ Size
 - ☐ Decisiveness
 - ☐ Descriptiveness



Additional Resources

☐ TCAA

<https://www.traumacenters.org/>

☐ Trauma System News

<https://www.trauma-news.com/>

☐ Trauma Coding Systems

<http://www.traumacoder.com/>

☐ American Trauma Society

<https://www.amtrauma.org/>

☐ AHIMA <https://www.ahima.org/>

THANK YOU

