

Protocols for Coding Tear and Rupture Injuries in BWC's System

Feb. 20, 2020

Objectives

- To clarify BWC's process for claim allowance determination based on injury description
- To clarify allowance differences when the injury is traumatic or non-traumatic
- To identify when BWC may modify the ICD code description

Objectives Cont.

- To provide tools for coding tear and rupture injuries
- To review examples for tear and rupture injuries, such as rotator cuff

Provider Challenges with Allowance

- When code assignment is the same “sprain” or “strain”, or “tear” or “rupture”
 - When should a provider request an additional allowance for injuries mapping to the same ICD code
 - How MCOs review requests for medical treatment

BWC Basics for Claims Determination

- Claims determination based on injury description, not ICD code

BWC Basics for Claims Determination

- Claims determination based on injury description, not ICD code

“The injured worker twisted his right shoulder while moving boxes. He presented in ER with shoulder pain and was diagnosed with shoulder strain.”

BWC Basics for Claims Determination

- The mechanism of the injury
 - Strain
- The location of the injury
 - Right
- The site of the injury
 - Shoulder

BWC Basics for Claims Determination

- Claims determination based on injury description, not ICD code

“The injured worker twisted his right shoulder while moving boxes. He presented in ER with shoulder pain and was diagnosed with shoulder strain.”

BWC Basics for Claims Determination

- Complete and concise documentation allows for accurate coding and reimbursement
 - Causal relationship must be established
 - Clinical exam and diagnostic test findings
 - Treatment plan
 - ICD code with location (right, left, bilateral), site (body part) and level (for spinal injuries)
 - A causality statement

BWC Basics for Claims Determination

The IW has a history of the right shoulder strain. The IW has a history of degenerative arthritis, asymptomatic prior the injury. The IW followed up with the provider due to continued pain of the shoulder. An MRI report was ordered and IW was diagnosed with the exacerbation of the pre-existing degenerative arthritis.”

BWC Basics for Claims Determination

- Acuity and severity of the injury necessary for accurate claim allowance
 - Traumatic – Fell at work and strained shoulder
 - Aggravation of pre-existing (non-traumatic) – Fell at work and exacerbated degenerative, pre-existing rotator cuff tear

Traumatic vs. Non-traumatic

- Traumatic – Requires immediate medical attention
- Non-traumatic – Pre-existing, degenerative, chronic

Traumatic vs. Non-traumatic

- ICD-10 codes from Chapter 19 (Injury and poisoning) with the first character “S” or “T” assigned for a traumatic condition
- ICD-10 codes from Chapter 13 (Diseases of the musculoskeletal system) with the first character “M” assigned for non-traumatic condition

Traumatic vs. Non-traumatic Code Selection

ICD-10-CM 2020	Teeth	Teeth
<p>T</p> <p>psychogenic F54</p> <p>ventricular I47.2</p> <p>sinus I49.3</p> <p>sinusauricular NOS R00.0</p> <p>paroxysmal I47.1</p> <p>sinus (sinusal) NOS R00.0</p> <p>paroxysmal I47.1</p> <p>supraventricular I47.1</p> <p>ventricular (paroxysmal) (sustained) I47.2</p> <p>psychogenic F54</p> <p>newborn (idiopathic) (transitory) P22.1</p> <p>psychogenic F45.8</p> <p>transitory, of newborn P22.1</p> <p>TACO (transfusion associated circulatory overload) E87.71</p> <p>Taenia (infection) (infestation) B68.9</p> <p>diminuta B71.0</p> <p>echinococcal infestation B67.90</p> <p>mediocanellata B68.1</p>	<p>Taenia — continued</p> <p>Tear, torn — continued</p> <p>rotator cuff (nontraumatic) M75.10- <input checked="" type="checkbox"/></p> <p>complete M75.12- <input checked="" type="checkbox"/></p> <p>incomplete M75.11- <input checked="" type="checkbox"/></p> <p>traumatic S46.01- <input checked="" type="checkbox"/></p> <p>capsule S43.42- <input checked="" type="checkbox"/></p> <p>complicating delivery</p> <p>with third degree perineal laceration — see also Delivery, complicated, by, laceration, perineum, third degree O70.20</p> <p>with mucosa O70.3</p> <p>without third degree perineal laceration O70.4</p> <p>nontraumatic (healed) (old) K62.81</p> <p>articular cartilage, old — see Derangement, joint, articular cartilage, by site</p>	<p>Tear, torn — continued</p> <p>nontraumatic) M75.10- <input checked="" type="checkbox"/></p> <p>M75.12- <input checked="" type="checkbox"/></p> <p>M75.11- <input checked="" type="checkbox"/></p> <p>S46.01- <input checked="" type="checkbox"/></p> <p>S43.42- <input checked="" type="checkbox"/></p> <p>artilage, knee — see Tear, meniscus</p> <p>is (complete) (incomplete) (nontraumatic)</p> <p>also Tear, rotator cuff M75.10- <input checked="" type="checkbox"/></p> <p>te Strain</p> <p>birth P10.4</p> <p>id</p> <p>ling delivery O69.89 <input checked="" type="checkbox"/></p> <p>pic or molar pregnancy O08.6</p> <p>removing ectopic or molar pregnancy O08.6</p> <p>obstetrical trauma O71.5</p> <p>uterus — see Injury, uterus</p> <p>vagina — see Laceration, vagina</p> <p>vessel, from catheter — see Puncture, accidental</p> <p>complicating surgery</p> <p>complicating delivery O70.0</p> <p>Tear-stone — see Dacryolith</p> <p>Teeth — see also condition</p>
<p>Subterms under main terms may continue to next column or page</p>	<p><input checked="" type="checkbox"/> Additional Character Required — Refer to the Tabular List for Character Selection</p>	<p>307</p>

Tear

Traumatic

Non-traumatic

Tabacism, tabacosis, tabagism — Teeth

Tear, rotator cuff (**non-traumatic** partial and complete) **M75.1-** category codes.

Tear, rotator cuff **traumatic** (muscles/tendons including infraspinatus, supraspinatus, subscapularis, and minor teres) **S46.01-** and rotator cuff capsule **S43.42-** category codes.

Code Mapping Basics: Process

- Medical documentation
- Identify injury description (site, laterality, type of injury, traumatic/non-traumatic)
- Assign ICD code using description
- Modify description if needed to match the legal allowance

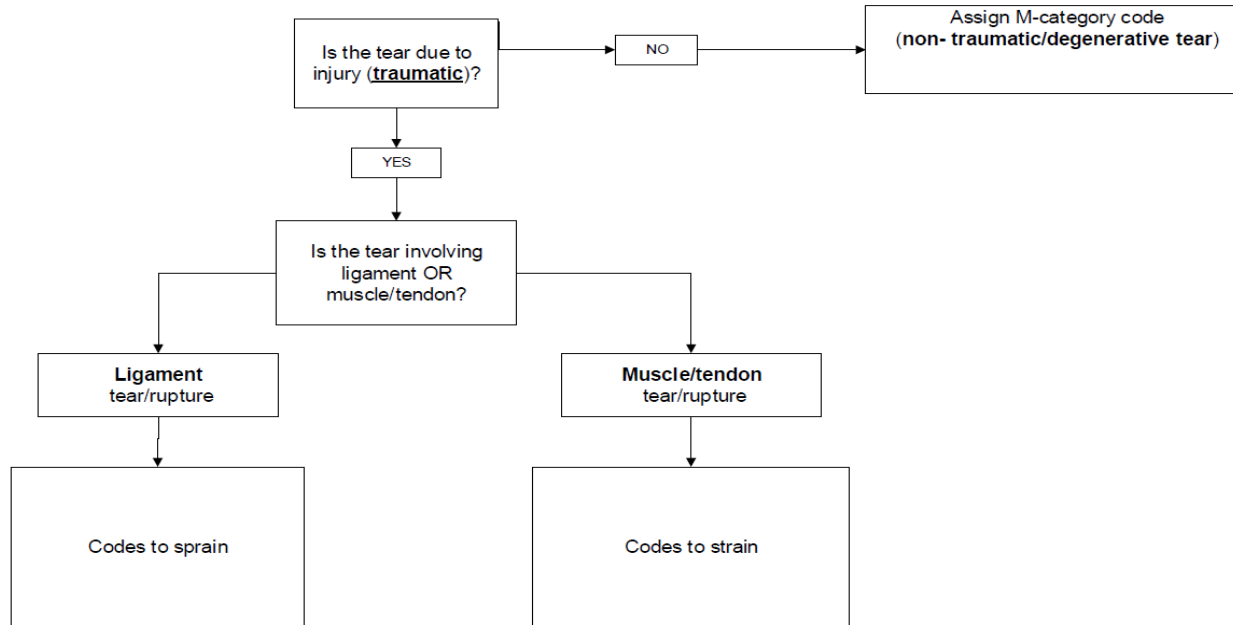
Code Mapping: Sprain/Strain/Tear/Rupture

- Sprain – Injury of capsule, ligament
- Strain – Injury of muscles and tendons
- Tear/Rupture of ligament/capsule codes to sprain
- Tear/Rupture of muscles/tendons (infraspinatus, supraspinatus, subscapularis, and minor teres of the rotator cuff) codes to strain

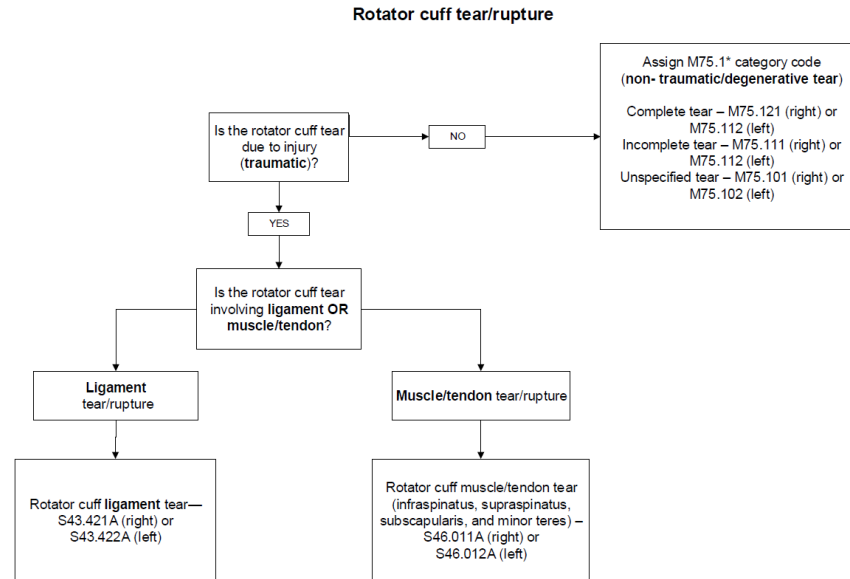
Code Mapping: Sprain/Strain/Tear/Rupture

- Sprain and tear/rupture of ligament/capsule
= **Sprain**
- Strain and tear/rupture of muscles/tendons
= **Strain**

Algorithm for Ligament, Muscle, and Tendon Tear



Algorithm for Traumatic vs. Non-traumatic – Rotator Cuff



Code Mapping: Sprain/Strain/Tear/Rupture

Injury description	ICD-10 code	CMS ICD code description
Rotator cuff sprain	S43.421A (right shoulder) S43.422A (left shoulder)	Sprain of right (left) rotator cuff capsule
Rotator cuff capsule (ligament) tear	S43.421A (right shoulder) S43.422A (left shoulder)	Sprain of right (left) rotator cuff capsule
Rotator cuff strain	S46.011A (right shoulder) S46.012A (left shoulder)	Strain of muscle(s) and tendon(s) of the rotator cuff of right (left) shoulder
Rotator cuff muscles/tendons tear	S46.011A (right shoulder) S46.012A (left shoulder)	Strain of muscle(s) and tendon(s) of the rotator cuff of right (left) shoulder

Duplicate Allowance?

- S46.011A: Strain of muscles and tendons of the rotator cuff of the right shoulder
 - Initial allowance:
 - Right rotator cuff **strain** = S46.011A
 - Subsequent request for additional allowance:
 - Right rotator cuff **tear** = S46.011A
- Code listed twice
- Description of injury reflects two different injuries

Duplicate Allowance Request

- Providers should submit additional allowance request if:
 - Sprain or strain allowed.
 - Tear is newly diagnosed.
 - Is related to the initial injury.

Duplicate Allowance Request

- BWC will review and make determination.
- If allowance for tear is granted, BWC assigns same code and modifies description.
 - *Right shoulder rotator cuff strain*
 - *Right shoulder rotator cuff tear*

Requesting Treatment for Tear

- Treatment cannot be authorized without appropriate claim allowance.
- Managed care organizations (MCOs) help to facilitate the allowance request with the provider and BWC.

Summary

- Medical documentation
- Identify injury description (site, laterality, type of injury, traumatic/non-traumatic)
- Assign ICD code using description
- Modify description if needed to match the legal allowance

Questions?

Contact the [BWC Provider Contact Center](#)

or call 1-800-644-6292

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