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

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

1. Is the tear due to injury (traumatic)?
   - NO: Assign M-category code (non-traumatic/degenerative tear)
   - YES: Is the tear involving ligament OR muscle/tendon?
     - YES: Ligament tear/rupture → Codes to sprain
     - NO: Muscle/tendon tear/rupture → Codes to strain
Algorithm for Traumatic vs. Non-traumatic – Rotator Cuff

Rotator cuff tear/rupture

Is the rotator cuff tear due to injury (traumatic)?

YES

Is the rotator cuff tear involving ligament OR muscle/tendon?

Ligament tear/rupture

Rotator cuff ligament tear—S43.421A (right) or S43.422A (left)

Muscle/tendon tear/rupture

Rotator cuff muscle/tendon tear (infraspinatus, supraspinatus, subscapularis, and minor tears) – S46.011A (right) or S46.012A (left)

NO

Assign M75.1 category code (non-traumatic/degenerative tear)

Complete tear – M75.121 (right) or M75.112 (left)

Incomplete tear – M75.111 (right) or M75.112 (left)

Unspecified tear – M75.101 (right) or M75.102 (left)
## Code Mapping: Sprain/Strain/Tear/Rupture

<table>
<thead>
<tr>
<th>Injury description</th>
<th>ICD-10 code</th>
<th>CMS ICD code description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rotator cuff <strong>sprain</strong></td>
<td>S43.421A (right shoulder)</td>
<td>Sprain of right (left) rotator cuff capsule</td>
</tr>
<tr>
<td></td>
<td>S43.422A (left shoulder)</td>
<td></td>
</tr>
<tr>
<td>Rotator cuff capsule (ligament) <strong>tear</strong></td>
<td>S43.421A (right shoulder)</td>
<td>Sprain of right (left) rotator cuff capsule</td>
</tr>
<tr>
<td></td>
<td>S43.422A (left shoulder)</td>
<td></td>
</tr>
<tr>
<td>Rotator cuff <strong>strain</strong></td>
<td>S46.011A (right shoulder)</td>
<td>Strain of muscle(s) and tendon(s) of the rotator cuff of right (left) shoulder</td>
</tr>
<tr>
<td></td>
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<td></td>
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<td>S46.012A (left shoulder)</td>
<td></td>
</tr>
</tbody>
</table>
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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