

# CTN Registry Subcommittee Spring/Summer 2021 Quiz Review

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Thank you!

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Kiva – for allowing us to share this presentation after her Trauma Registry webinar!

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Nancy Bartkowiak & the CTN Education Committee - for thinking of us and coordinating this opportunity for us to share!

# CTN Registry Subcommittee: Who are We?



Group of registrars and registry-minded individuals from across the state of CO who meet roughly every quarter



Discuss current challenges and coding questions



Write & share a semi-annual registry related quiz to address hot coding topics



Work on coordinating Trauma Registry-specific educational opportunities with the CTN to foster professional development & encourage continuing education (hoping to offer scholarships or discounts through various CO organizations)



What we are not: a reference for State & NTDB rules or AIS specific coding rules/questions -Please direct these to appropriate entity.

# Speaking of Registry Education Opportunities...

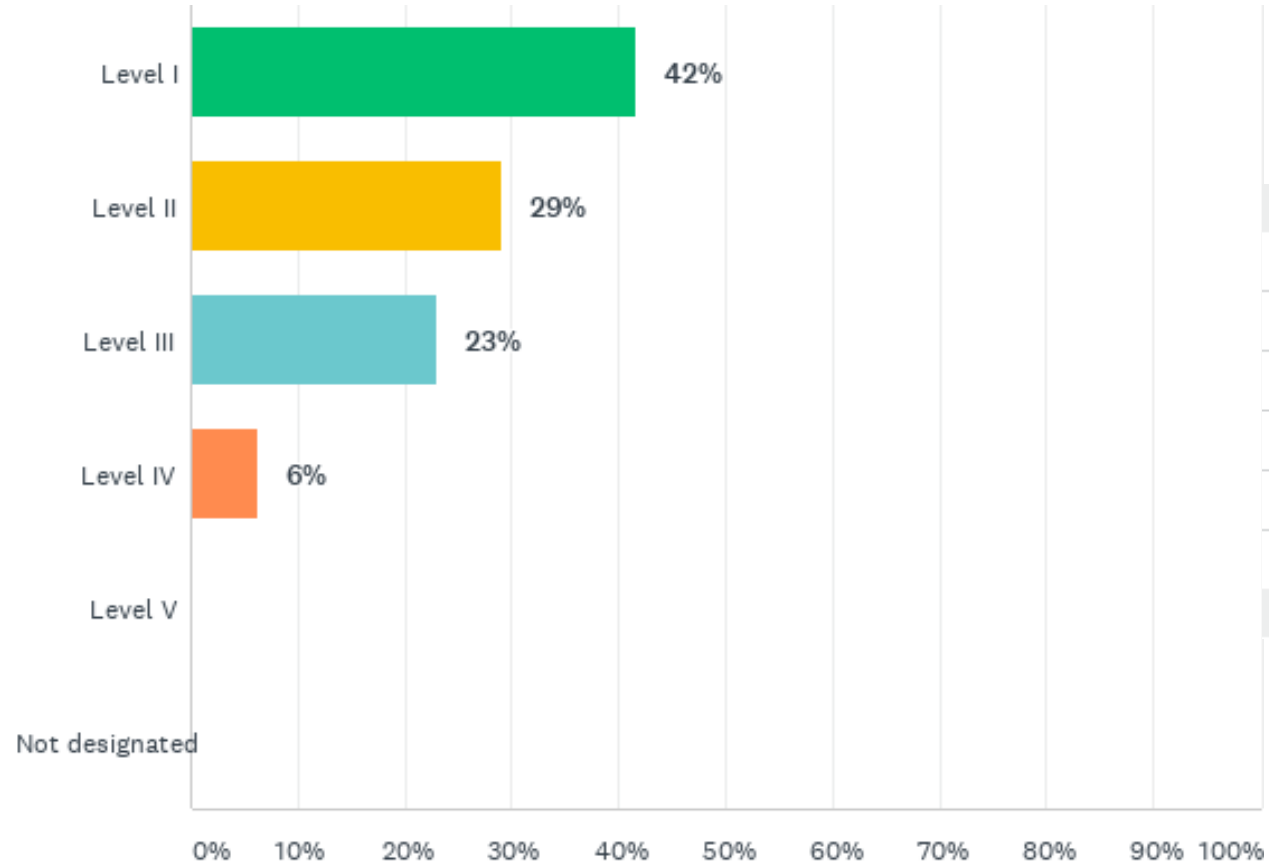
<b>Comparison Points</b>	<b>Advanced ICD-10 Trauma Injury Coding</b>	<b>Introduction to ICD-10 Trauma Injury Coding</b>
Host	KJ Consulting	American Trauma Society
Date Offered	12/14/2021 – 12/15/2021	4/14/2022 – 4/15/2022
Length of class - day	2	2
Length of class - hours per day	8:30am – 11:30am EST (4hrs/day)	8:00am – 5:30pm MST (9.5hrs/day)
Cost per person	\$275	\$540 (ATS member), \$600 (non-ATS member)
Discounts	No	<b>Yes!</b> If we get 20 people to register from CO, all will receive member pricing (\$540), no matter individual's member status
Extras offered by Hosts	Yes - free webinars by KJ Consulting	Yes - access to class roster for support & conversation via Trauma Analytics, 1yr free subscription to AHIMA Vlab & 3M Encoder (online resource)
<b>CTN SCHOLARSHIPS!!!!</b>	<b>\$150/person (max 2 per facility)</b>	<b>\$150/person (max 2 per facility)</b>

# Demographics of Quiz Participants



# Q1: What is the State-Designation Level for your Trauma Center?

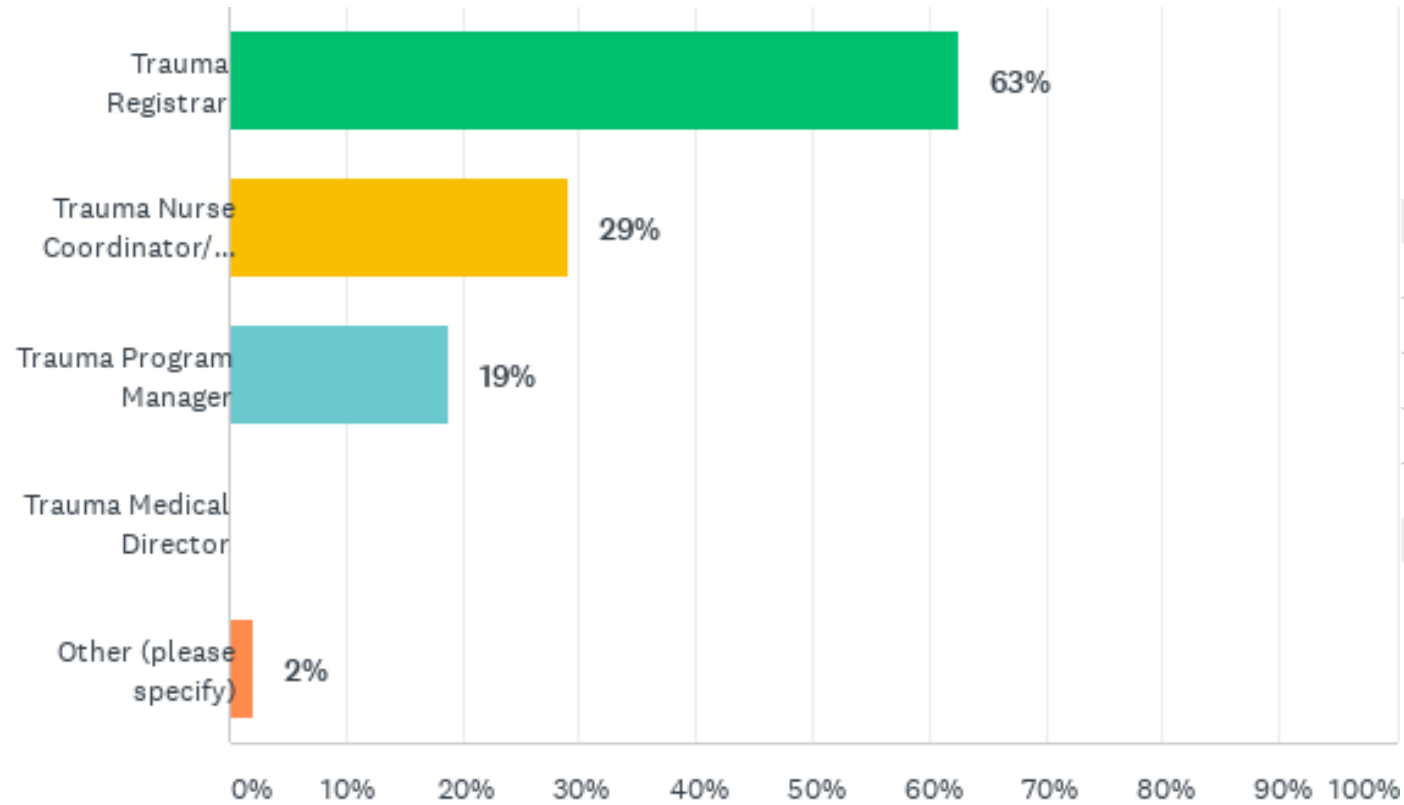
Answered: 48 Skipped: 0



ANSWER CHOICES	RESPONSES	
Level I	42%	20
Level II	29%	14
Level III	23%	11
Level IV	6%	3
Level V	0%	0
Not designated	0%	0
<b>TOTAL</b>		<b>48</b>

## Q2: What is your role in your facility's trauma program? Select all that apply.

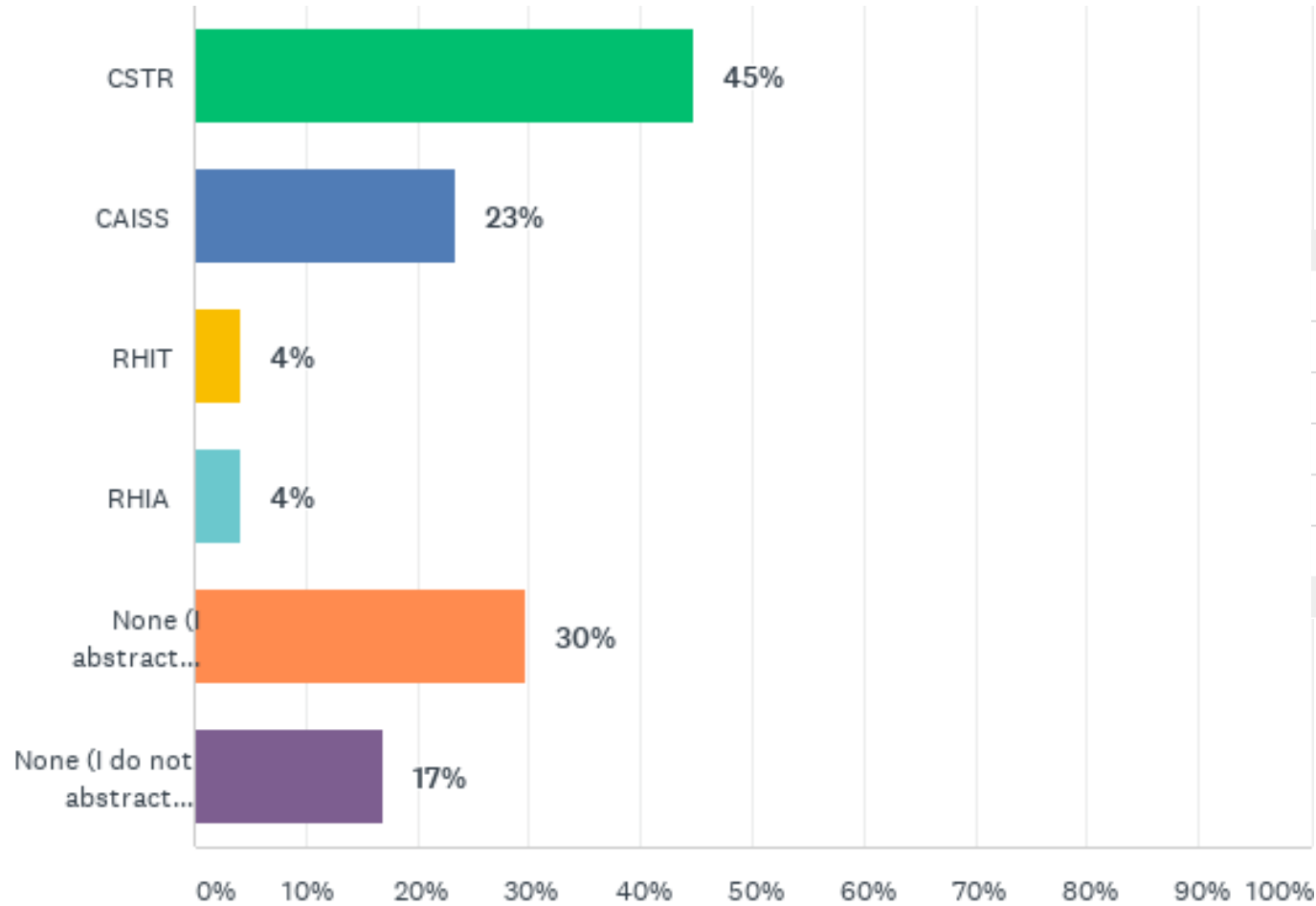
Answered: 48 Skipped: 0



ANSWER CHOICES	RESPONSES	
Trauma Registrar	63%	30
Trauma Nurse Coordinator/Quality Specialist/PI Coordinator	29%	14
Trauma Program Manager	19%	9
Trauma Medical Director	0%	0
Other (please specify)	2%	1
Total Respondents: 48		

# Q3: If you have registry certifications, what do you have? Select all that apply.

Answered: 47 Skipped: 1



ANSWER CHOICES	PERCENTAGE	RESPONSES
CSTR	45%	21
CAISS	23%	11
RHIT	4%	2
RHIA	4%	2
None (I abstract registry data)	30%	14
None (I do not abstract registry data)	17%	8
Total Respondents: 47		



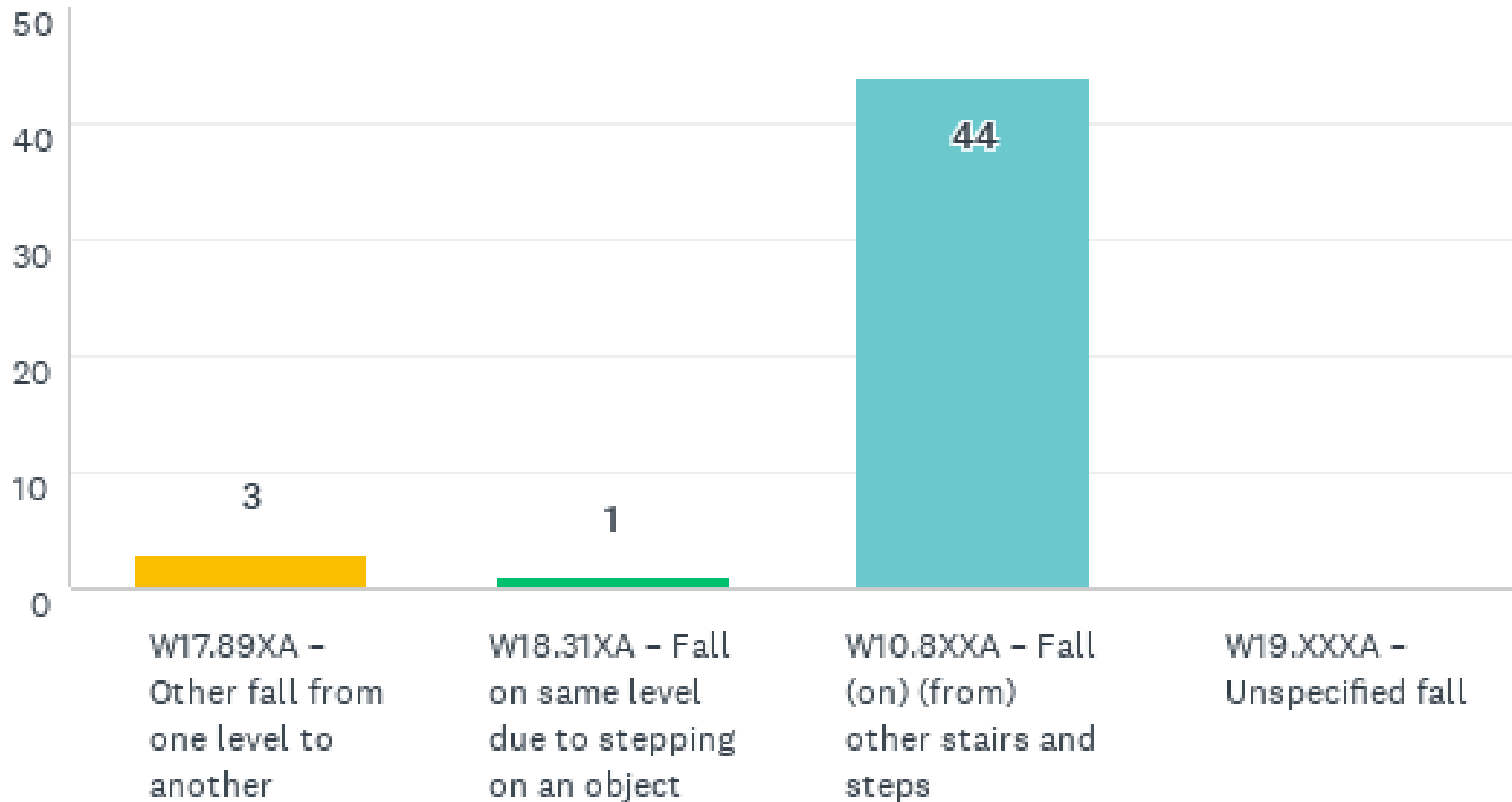
# Q4: External Cause Code Question

A 45-year-old father steps on a Lego barefoot at the top of the stairs. Cursing, he falls 12 stairs to the landing below. Which of the following external cause ICD-10 codes is the best choice?

- A. W17.89XA – Other fall from one level to another
- B. W18.31XA – Fall on same level due to stepping on an object
- C. W10.8XXA – Fall (on) (from) other stairs and steps
- D. W19.XXXA – Unspecified fall

# Q4: External Cause Code Question

Answered: 48 Skipped: 0



# Q4: External Cause Code Answer/Rationale

**Correct Answer: C. W10.8XXA – Fall (on) (from) other stairs and steps**

## **Rationale:**

- A.** Falling down the stairs does not equate fall from one level to another.
- B.** The patient's injury was from falling down the stairs, not falling on the same level, even though he did step on an object.
- D.** The scenario includes a specific description of the fall.

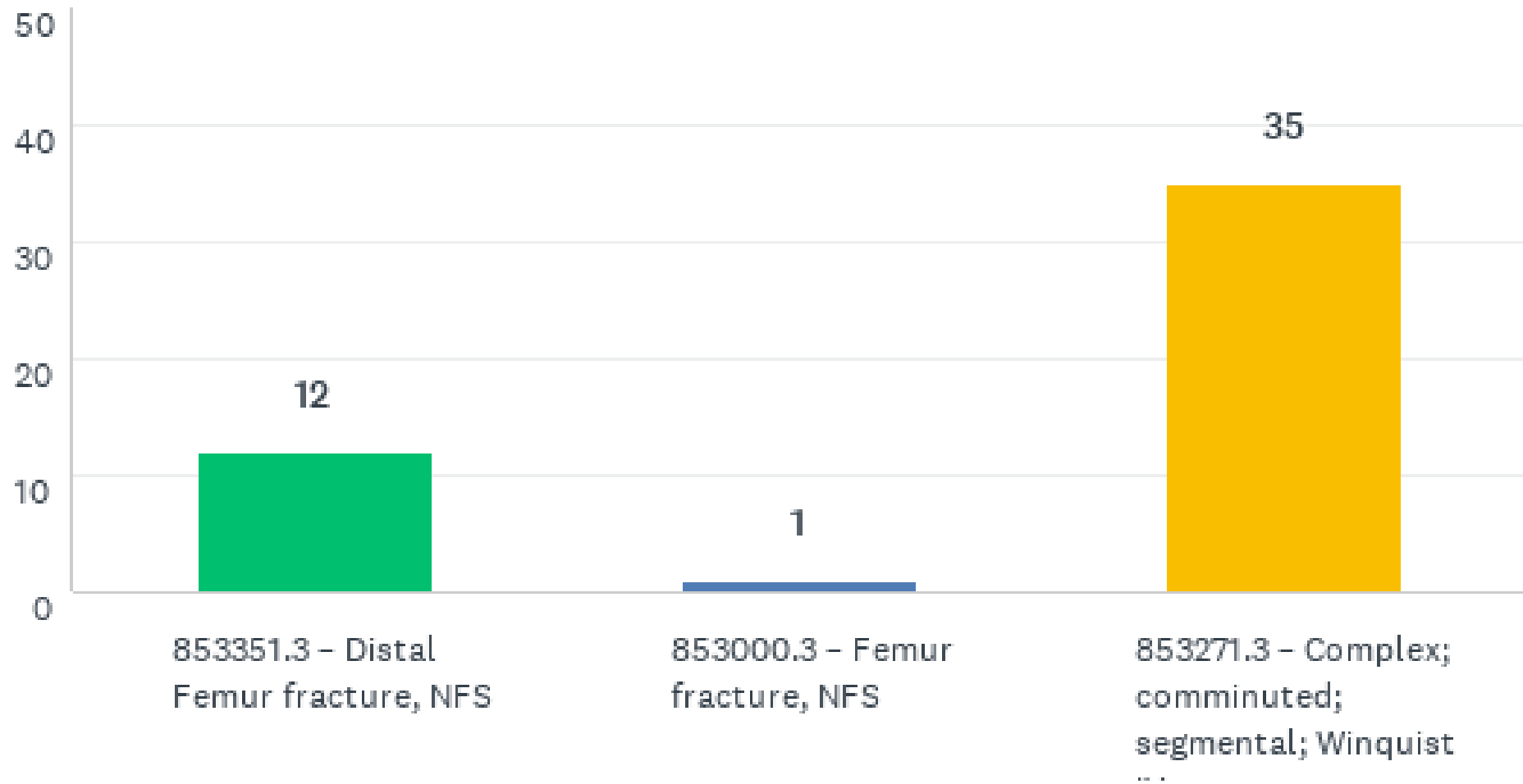
# Q5: AIS Lower Extremity Question

A 32-year-old female mountain biker is bombing down Trestle Mountain Bike Park's Green World Zips with her daughter when she gets thrown in a rock garden feature, landing hard into a tree with her right femur. Imaging reveals a distal third femur comminuted fracture. What is the best AIS code?

- A. 853351.3 – Distal Femur fracture, NFS
- B. 853000.3 – Femur fracture, NFS
- C. 853271.3 – Complex; comminuted; segmental; Winquist IV

# Q5: AIS Lower Extremity Question

Answered: 48 Skipped: 0



# Q5: AIS Lower Extremity Answer/Rationale

**Correct Answer = C. 853271.3 – Complex; comminuted; segmental; Winquist IV**

**Rationale:** Source is AIS 15 Course Manual, page 119 (AIS 05/08 Course Manual, page 90). A fracture of the “proximal third” or distal third” should be assigned to shaft, not the proximal or distal portions of the bone.

Thus, since the imaging report state "a distal third femur comminuted fracture", the correct answer would be C, coding to the femur shaft.

**Correction:** Choice “A” has an error in it – the AIS Code to correctly match the description should have been 853331.3 instead of 853351.3 (Extra-articular; Supracondylar Distal Femur Fx) - however, both codes and descriptions are incorrect answers

# Q6: Pediatric Question

A 5YO M fell off the monkey bars while playing on a playground, landing on his L elbow. The boy complained of immediate pain isolated to the L elbow. His mom took him into the local ED for evaluation. Physical assessment of the L arm shows no abrasions or broken skin. Xray imaging of the L elbow revealed a type III supracondylar humerus fracture. The radiology report is as follows:

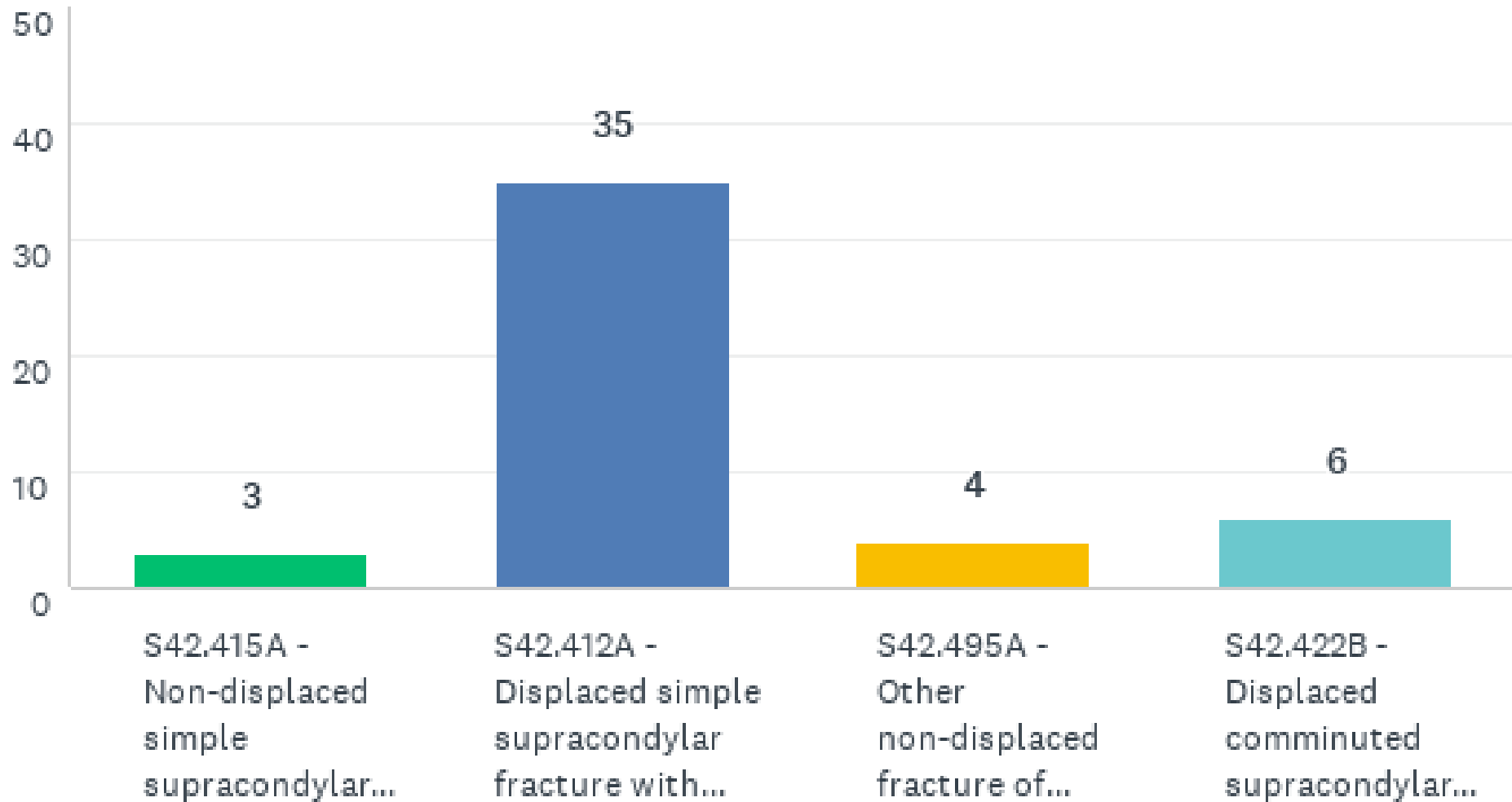
“Findings: Supracondylar fracture of the distal humerus present with significant posterior translation as well as radial head translation. There is a moderate elbow joint effusion.”

What ICD-10 CM code would you use to describe the above injury?

- A. S42.415A Non-displaced simple supracondylar fracture without intercondylar fracture of the left humerus, closed
- B. S42.412A Displaced simple supracondylar fracture without intercondylar fracture of the left humerus, closed
- C. S42.495A Other non-displaced fracture of lower end of left humerus, closed
- D. S42.422B Displaced comminuted supracondylar fracture without intercondylar fracture of the left humerus, open

# Q6: Pediatric Question

Answered: 48 Skipped: 0





# Q6: Pediatric Question Answer/Rationale

**Correct answer = B. S42.412A Displaced simple supracondylar fracture without intercondylar fracture of the left humerus, closed**

**Rationale:** In ICD-10 coding, physicians are not required to document in ICD-10 language. The registrar must interpret the language to determine the best code. In this example, answer **B** would be the most appropriate, based on the information provided.

**A.** In this case, the language “posterior translation” would be consistent with coding this fracture to “displaced”.

**C.** If an appropriate fracture description is not found within the ICD-10 choices, the options of “other” and “unspecified” codes exist. A code of “other specified fracture” applies to fractures with a specific description that does not meet the definition of other codes available in ICD-10. A code of “unspecified fracture” would apply to fractures that do not have sufficient descriptors in the documentation.

**D.** Language is lacking to support “comminution” or an open fracture. Examples of language to support “comminution” includes “comminuted” or “multiple fragments”. Examples of language to support open fractures may include “compound” or “open”. Radiology reports may mention signs of “subcutaneous gas or air”, however an open fracture must also be confirmed by the provider’s documentation.

# Q7: Diagnosis Question

**To Code or Not to Code? Read the report and Final Diagnoses listed below. Based on the information provided, would you assign an AIS code to the small paraduodenal retroperitoneal hematoma?**

## **Final Report**

**Reason for Exam: MVA, 90mL Iso 370  
CT Chest/Abd/Pelvis W/Contrast**

**Bowel:** The bowel appears normal.

**Mesentary/Omentum/Peritoneum:** The mesentary, omentum, and peritoneum all appear normal. No free fluid. However, in the retroperitoneum, there is a small amount of fluid adjacent to the IVC and aorta at the level of the third portion of the duodenum and anterior perirenal fascia. No hematoma. No contrast extravasation to suggest active bleeding.

**Lymph nodes:** Lymph nodes appear normal. No adenopathy.

**Vessels:** Vessels appear normal.

**Abdominal Wall:** The abdominal wall appears normal.

**PELVIS:** The visualized bladder and pelvic organs are unremarkable.

**BONES:** Vertebral body heights and alignment are normal. No rib fractures are identified. No fractures are seen elsewhere.

## **IMPRESSION:**

1. Small amount of retroperitoneal fluid adjacent to the upper IVC and aorta extending along the anterior perirenal fascia likely representing hemorrhage given the trauma history. However, there is no defined hematoma and no contrast extravasation to suggest active bleeding.
2. No findings of solid organ or bowel injury. No findings of acute traumatic injury in the chest.
3. Hepatic steatosis.

## **Final Diagnoses: (listed in Provider documentation)**

SAH

Cerebral edema

Concussion – brief LOC

Right frontal scalp laceration

Complex right eyelid laceration

Right periorbital hematoma

C3 inferior endplate fracture

Right internal carotid artery injury – resolved

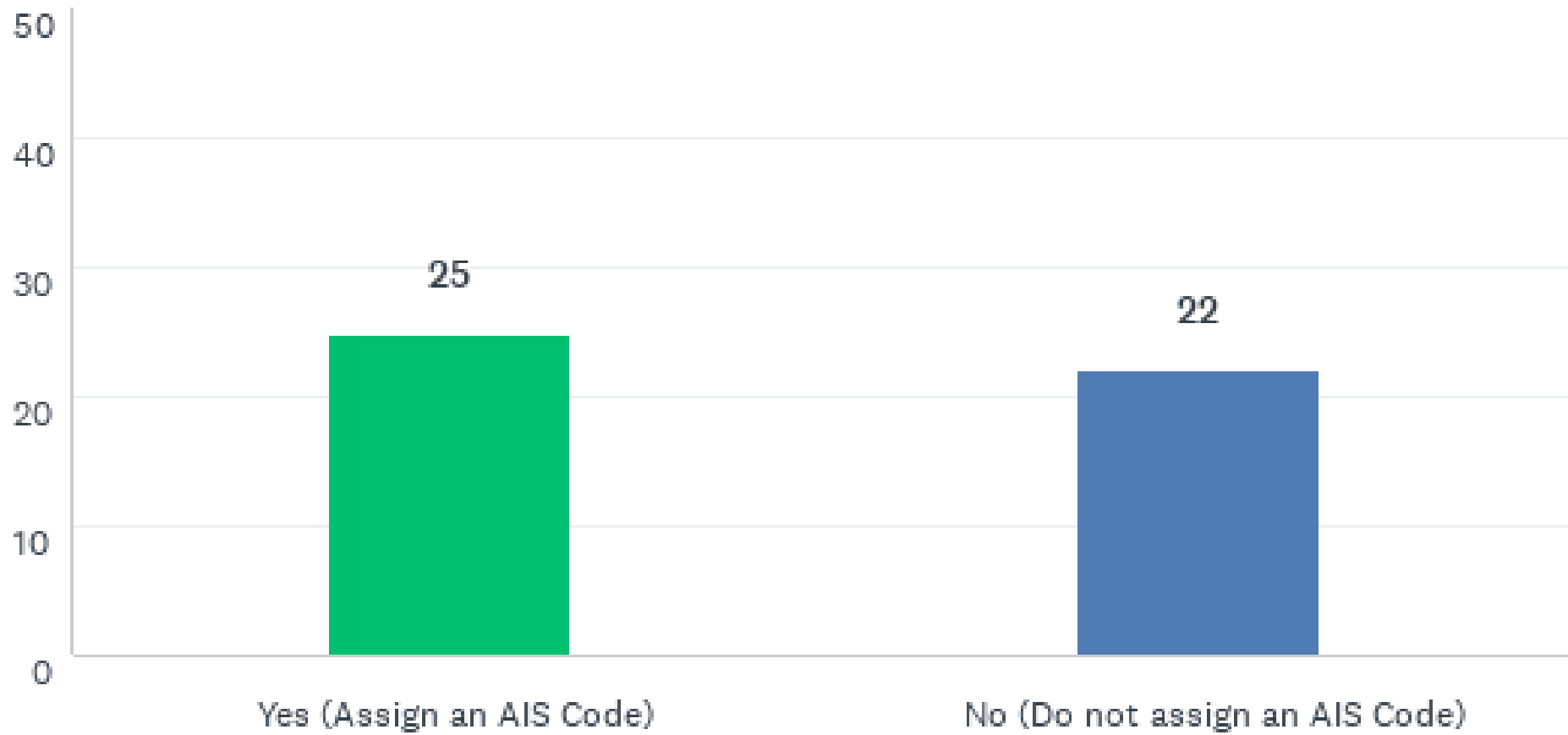
Small paraduodenal retroperitoneal hematoma

**A. Code**

**B. Not to code**

# Q7: Diagnosis Question

Answered: 47 Skipped: 1



# Q7: Diagnosis Question Answer/Rationale

**Correct Answer = A. Yes (Assign an AIS Code)**

**Rationale: Always read the boxes in AIS.** These boxes provide the direction needed to determine the best choice. In this example, the CT report states "Small amount of retroperitoneal fluid... likely representing hemorrhage given the trauma history. However, there is no defined hematoma and no contrast extravasation to suggest active bleeding. 2. No findings of solid organ or bowel injury."

In this example, the AIS code would be assigned, and the retroperitoneal hemorrhage would be included as a separate injury as there is no evidence of other organ or structure that could account for the retroperitoneal hemorrhage

- AIS 2005/2008 Dictionary: page 96
- AIS 2015 Dictionary: page 69

AIS 2005	Injury Description	
543800.2	Retroperitoneum hemorrhage or hematoma	54
<p>Code retroperitoneum hemorrhage or hematoma separate from and in addition to anatomically-described injuries unless an associated injury accounts for the blood loss into the retroperitoneal space. The following organs or structures, when injured, may cause retroperitoneal hemorrhage: pancreas, duodenum, kidney, aorta, vena cava, mesenteric vessel, pelvic or vertebral fractures.</p>		

# Q8: Discharge Order Date/Time Question

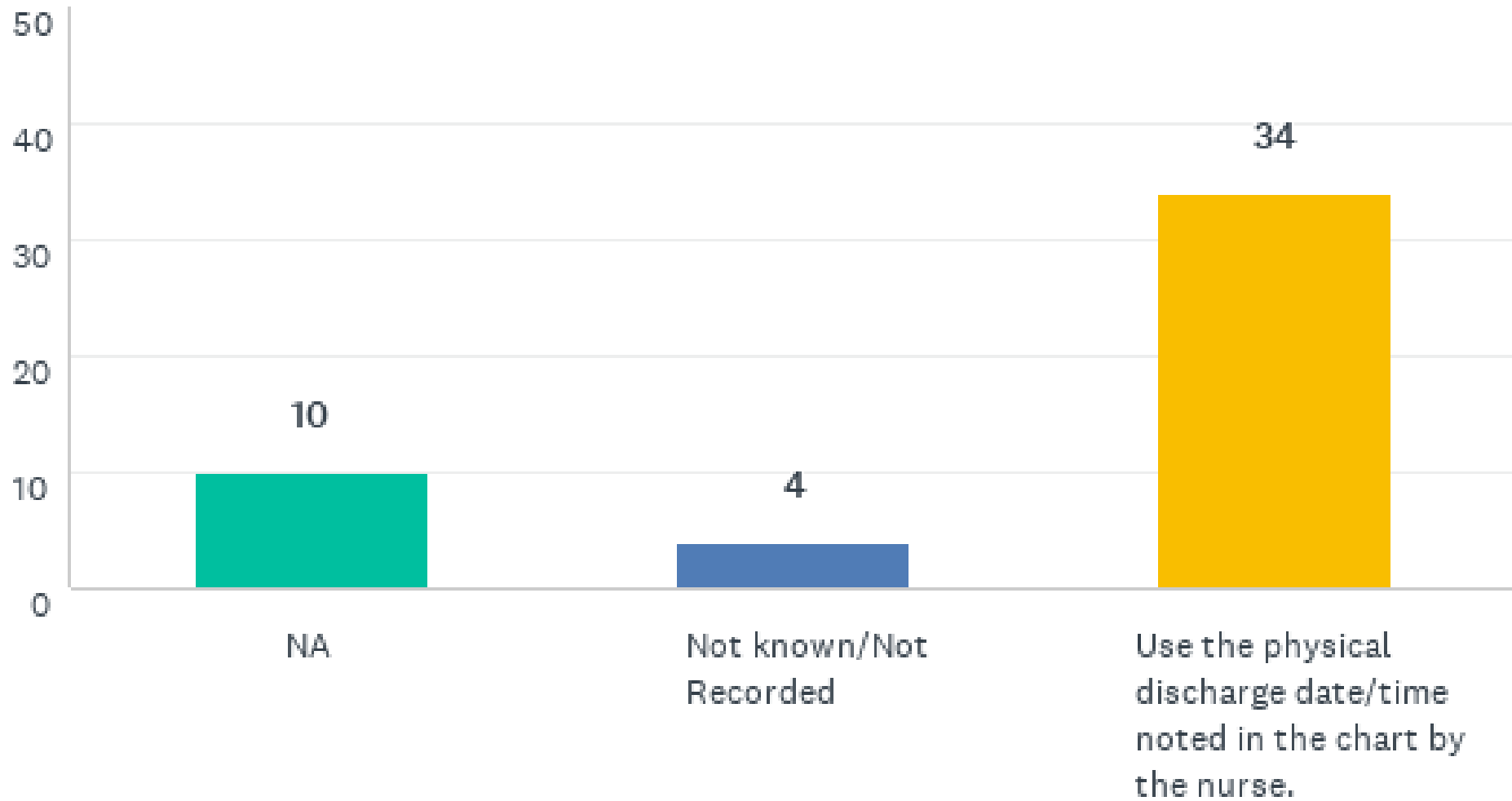
A 38 yo F comes to your ED 03/25/21 @ 0900 after being bitten by a neighbor's dog on her arm. Her bites require her to go to the OR for inspection, repair, and closure. After going to the OR for repair of her transected triceps muscle and fractured radial head, she goes to the unit for admission. After 3 hours on the floor, she is agitated and yelling at the nurse that she wants to leave. The patient refuses to sign the AMA form and walks off the unit. The nurse notes the time as 03/25/21 @ 1927 when the patient left.

What do you enter for the Hospital Discharge order date and time?

- A. NA
- B. Not known/Not Recorded
- C. Use the physical discharge date/time noted on the chart by the nurse.

# Q8: Discharge Order Date/Time Question

Answered: 48 Skipped: 0



# Q8: Discharge Order Date/Time Answer/Rationale

**Correct Answer = C. Use the physical discharge date/time noted on the chart by the nurse.**

**Rationale:** If the patient left AMA, then the date and time they signed an AMA form should be reported for the ED/Hospital Discharge Order Date and ED/Hospital Discharge Order Time data elements.

If the patient did not sign an AMA form, report the date and time it was documented that the patient left AMA

This documentation may be found in nursing notes or provider notes.

<https://www.facs.org/quality-programs/trauma/tqp/center-programs/ntdb/ntds/faq/2021#disdate>

## **ED Discharge Date; ED Discharge Time (pgs. 60 & 61)**

- What do I report for the date and time when the patient has multiple ED discharge orders? The first ED discharge order or the final ED discharge order?
- What date and time do I report if the patient leaves the ED against medical advice (AMA)?

If a patient left the ED AMA, report the date and time the patient signed the AMA form. If the patient refused to sign or did not sign the AMA form, report the date and time it was noted in the medical record that the patient left AMA, which could be documented in the nursing notes.

# Thank you! Questions? Please reach out!

All slides will be uploaded to the CTN website for future reference.

<https://cotrauma.org/trauma-registry/>

Any suggestions or ideas for future trauma registry education topics? Please email us and share!

CTN Registry Subcommittee – New members are always welcome!

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# Resources

- CTN: <https://cotrauma.org/>
- NTDB: <https://www.facs.org/quality-programs/trauma/tqp/center-programs/ntdb>
- ACS: <https://www.facs.org/quality-programs/trauma>
- American Trauma Society (ATS): <https://www.amtrauma.org/default.aspx>
- ICD-10: [www.cms.gov/ICD10](http://www.cms.gov/ICD10)
- AAAM & AIS: <https://www.aaam.org/abbreviated-injury-scale-ais/>
- CDPHE: <https://cdphe.colorado.gov/emergency-care/trauma>
- SEMTAC: <https://cdphe.colorado.gov/emergency-care/engage-with-us/councils-boards-and-task-forces/state-emergency-medical-and-trauma>