

Session 7

Working with IGCs 08.-, 14.- & 11.-

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IGC/Etiologic Match – Orthopedic Disorders

IGC – “the primary reason for admission to the rehabilitation program”

Etiologic – “The etiologic problem that led to the impairment for which the patient is receiving rehabilitation” CMS

- 08.11 Unilateral Hip Fracture
- 08.12 Bilateral Hip Fracture
- 08.2 Femur (Shaft) Fracture
- 08.3 Pelvic Fracture
- 08.4 Major Multiple Fracture
- 08.51 Unilateral Hip Replacement
- 08.52 Bilateral Hip Replacement
- 08.61 Unilateral Knee Replacement
- 08.62 Bilateral Knee Replacement
- 08.71 Hip & Knee Replacement (Same Side)
- 08.72 Hip & Knee Replacement (Different Side)
- 08.9 Other Orthopedic

• Hip –

- *If fracture and replacement use 08.11/08.12;*
- *Replacement without fracture use 08.51/52*
- **Multiple fractures with no other system injuries**
 - *With weight bearing bones consider 8.4;*
 - *Without weight bearing bone – focus of treatment = 8.9; location (i.e. 8.2) or other*

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IGCs By the Letter –Ortho– Injuries and Medical (Mostly M, S and T)

- **Mostly M – Musculoskeletal (not Injuries)**
- **Fractures Osteoporotic Fractures (M) 7th-**
 - *A Closed, Initial Encounter*
 - *B Open, Initial Encounter*
 - *D Subsequent Encounter*
 - *G Fracture with delayed healing*
 - *K Fracture with non-union*
 - *P – Osteoporotic Fx – malunion*
 - *S Sequela*
- **Periprosthetic Fractures (M) 7th A, D, S**

Words Matter, It's a Clue –

Etiologic Diagnoses for Orthopedic Cases

- **S72.021A Displaced Fracture of epiphysis of right femur, initial encounter for closed fracture**
- **S79.091A Other physal fracture of upper end of right femur, initial encounter for closed fracture**
- **S72.361A Segmental fracture of shaft of right femur, initial encounter for closed fracture**
- **S72.431A Displaced Fracture of medial condyle of right femur, initial encounter for closed fracture**
- **M05.361 Rheumatoid heart disease with rheumatoid arthritis of right knee**

Principal Diagnoses for Orthopedic Cases

- **S72.021D** Displaced fracture of epiphysis of right femur, initial encounter for closed fracture
- **S79.091D** Other physeal fracture of upper end of right femur, initial encounter for closed fracture
- **S72.361D** Displaced segmental fracture of shaft of right femur, initial encounter for closed fracture
- **S72.431D** Displaced fracture of medial condyle of right femur, initial encounter for closed fracture
- **Z47.x** Encounter for orthopedic aftercare following scoliosis surgery; joint replacement; explanation of joint prosthesis; other

60 % IGCs for Orthopedic

- **08.11 Unilateral Hip Fracture (Restrictions)**
- **08.12 Bilateral Hip Fracture (Restrictions)**
- **08.2 Femur (Shaft) Fracture (Not compliant)**
- **08.3 Pelvic Fracture (Not compliant)**
- **08.4 Major Multiple Fractures (Not compliant)**
- **08.51 Unilateral Hip Replacement (BMI / AGE Restriction 85+)**
- **08.52 Bilateral Hip Replacement (Compliant)**
- **08.61 Unilateral Knee Replacement (BMI/AGE Restriction 85+)**
- **08.62 Bilateral Knee Replacement (Compliant)**
- **08.71 Hip & Knee Replacement (same side) (BMI/AGE Restriction AGE 85+)**
- **08.72 Hip & Knee Replacement (different sides) (Compliant)**
- **08.9 Other Orthopedic (Restrictions)**

Qualifying Orthopedic Disorders

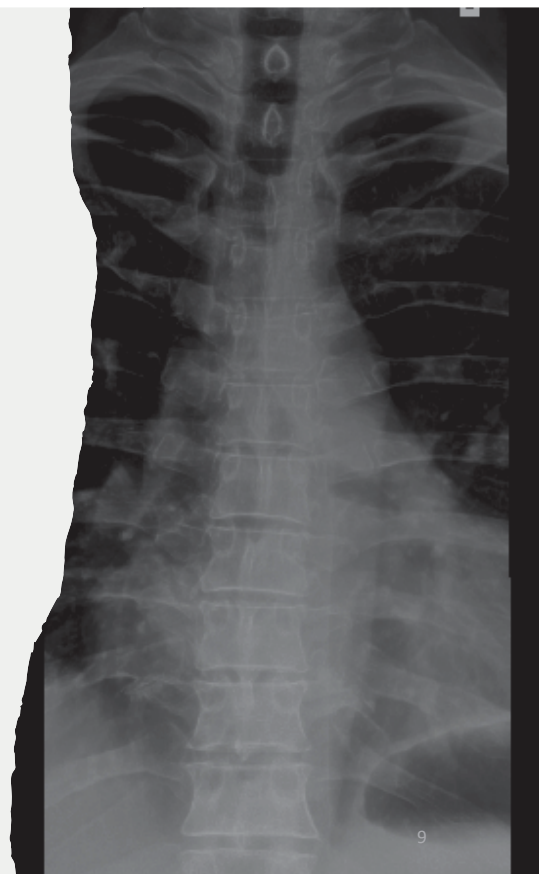


Traumatic Fractures - Location Required

- **LOCATION, LOCATION, LOCATION**
 - **Spine** - Cervical, Thoracic, Thoracolumbar, Lumbar, Anterior, Posterior
 - i.e. **posterior** type II dens displaced C2
 - Type I Non-Displaced **Zone II** Sacrum

Spine Conditions

- **Conditions could include (incomplete list):**
 - Spondylosis with Myelopathy M47.1-
 - Cervical Disk Disorder with Myelopathy M50.0-
 - Acute Transverse Myelitis of Central Nervous System G37.3
 - Intraspinal Abscess and Granuloma G06.1
 - Vertebral Artery Compression Syndrome M47.02-
 - Traumatic event report primary injury (S)
 - Implant Complication/Infection following implant (T)
 - **Non-Injury = Aftercare for rehabilitation following surgery Z47.-, Z48.- or Z51.-**

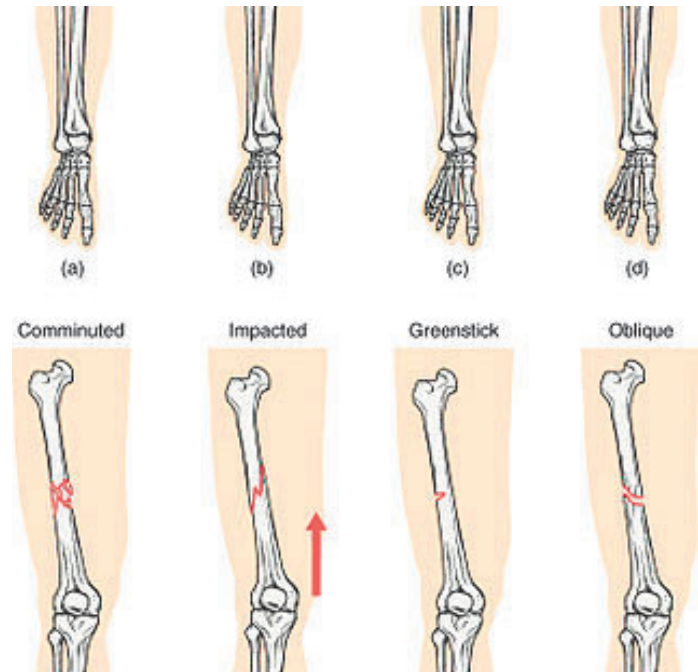


Traumatic Fractures - Location Required

- **Other Bones – Laterality Matters & Use Your Adjectives:**
 - **Left** Proximal Tibia and Fibula Shaft
 - **Posterior** Displaced **Sternal End** Left Clavicle
 - 2,3 or 4 part displaced fracture of **Surgical Neck of Right Humerus**
 - Femur Location Ex. - apophyseal, greater, intertrochanteric, lesser, cervicotrochanteric, epiphysis, subtrochanteric, head, midcervical/transcervical, neck, base cervical, condyle (lateral/medial), physeal (Salter-Harris Type I,II,III,IV), supracondylar, neck (incomplete list)

Coding Injuries in ICD-10

- Greater Specificity for Fracture Codes
 - Fracture Type (Open/Closed)
 - Anatomical site
 - Whether the fracture is Displaced/Non-Displaced
 - Laterality
 - Routine versus delayed healing
 - Residuals
- ❖ The aftercare Z codes should not be used for injury aftercare
- Principal vs Etio?



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Documenting Episode of Care for Injuries (including Fractures)/Complications

- Most common listed (Exception Fractures – more options):
 - A - Initial Encounter = “Active Treatment”
 - D - Subsequent Encounter (Never 60%)
 - S – Sequela (Sometimes 60%)

“While a patient may be seen by a new or different provider over the course of treatment for an injury, assignment of the 7th character is based on whether the patient is undergoing active treatment and not whether the provider is seeing the patient for the first time.”

ICD-10 Guidelines

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Guidelines (Key) Traumatic Fractures

- A - initial encounter for closed fracture
- B - initial encounter for open fracture type I or II or open fracture NOS
- C - initial encounter for open fracture type IIIA, IIIB, or IIIC
- D - subsequent encounter for closed fracture with routine healing
- E - subsequent encounter for open fracture type I or II with routine healing
- F - subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
- G - subsequent encounter for closed fracture with delayed healing
- H - subsequent encounter for open fracture type I or II with delayed healing
- J - subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
- K - subsequent encounter for closed fracture with nonunion
- M - subsequent encounter for open fracture type I or II with nonunion
- N - subsequent encounter for open fracture type IIIA, IIIB, or IIIC with nonunion
- P - subsequent encounter for closed fracture with malunion
- Q - subsequent encounter for open fracture type I or II with malunion
- R - subsequent encounter for open fracture type IIIA, IIIB, or IIIC with malunion
- S - identifies injury w/ sequelae, 2nd code needed for sequelae itself. Sequelae listed 1st.

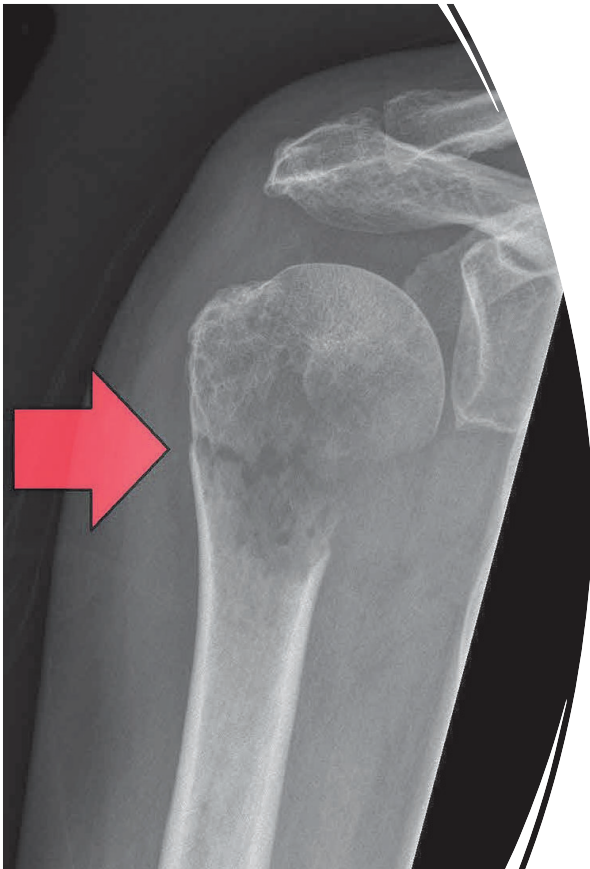
“Z” Aftercare not needed when 7th character describes.

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Pathological Fractures

- M80- Osteoporosis with pathological fracture
- M84.4- Pathological fracture NEC
- M84.5-Pathological fracture in neoplastic disease
- M84.6-Pathological fracture in Diseases Classified Elsewhere

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Pathological or Stress Fracture 7th Characters – Not as Many Options

A	• Initial encounter
D	• Subsequent – routine healing
G	• Subsequent – delayed healing
K	• Subsequent – nonunion
P	• Subsequent – malunion
S	• Sequela

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Pathologic Fractures Osteoporosis (I.C.13.c & d)

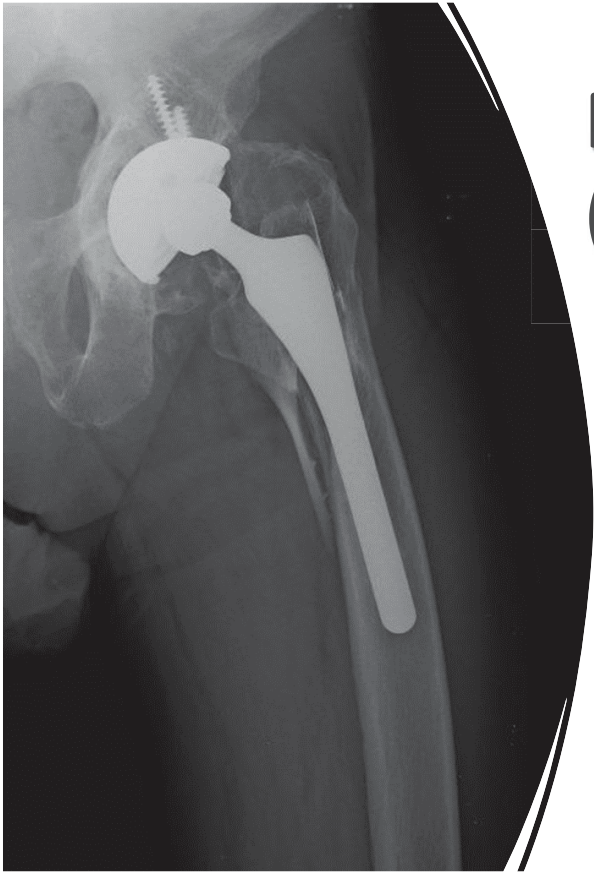
- **W/OUT current Pathologic Fracture (M81-)**
- **W/ current Pathologic Fracture (M80-)**
 - All current fractures presumed associated if traumatic event (i.e. fall) preceding would have not normally resulted in fracture of normal healthy bone. – **Physician association required**
- **History of healed fracture Z87.310**

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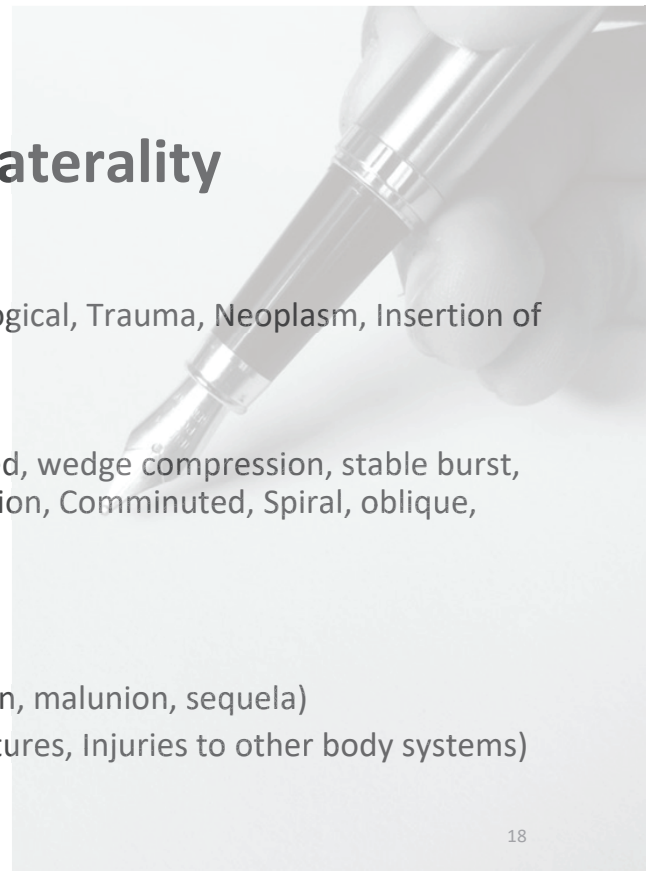


Periprosthetic Fractures (M97)

- **Requires 2 Codes**
 - Code for the underlying conditions (traumatic or pathologic fracture)
 - Code for periprosthetic fracture (M97-)
- **Codes Specified by:**
 - Location
 - Laterality
 - Encounter Type

Fractures – Cause/Location/Laterality

- **Cause**
 - Collapse Vertebra, Osteoporosis, Stress, Pathological, Trauma, Neoplasm, Insertion of Implant
- **Type – Again-Use your Adjectives!**
 - Open; Closed; Vertebra (displaced, non-displaced, wedge compression, stable burst, unstable burst); Greenstick, Incarcerated/Avulsion, Comminuted, Spiral, oblique, segmental, transverse
- **Other Info**
 - Episode of Care (Initial, Subsequent)
 - Healing Process (i.e. Routine, delayed, non-union, malunion, sequela)
 - Associated Injuries (i.e. Spinal Cord, Other Fractures, Injuries to other body systems)



UB: Coding Orthopedic, Arthritis & Amputations

Does it still exist or was it repaired with surgery?

- **Exists?** – i.e. Osteo or Rheumatoid Arthritis
- **Resolved with Surgery** – Report Surgical Aftercare
- **Current Injury** – Report 7th character D
- **Old Injury Residual** – Report 7th character S or other 7th character with appropriate Injury code

Putting it All Together #1

64 y/o male with Left sub-capital hip fracture **S72.012A/D** and subsequent surgical repair, fell entering his home on a three-step staircase, patient was found by a neighbor 2 days later, patient with acute renal failure **N17.9** as a result, peritoneal dialysis **Z99.2** required as a result, patient is continuing treatments for 6 more weeks, severely dehydrated **E86.0**, found with stage 1 pressure ulcer to right hip **L89.211**, Diastolic CHF **I50.30**, HTN **I11.0**, acute blood loss anemia post-op **D62**.

Motor Score: 32

What's Your Answer?

IRF-PAI
<ul style="list-style-type: none">• IGC:• Etiologic Diagnosis(es):• Tier:• Age:• Motor Score:• CMG:• 60%, WHY:

UB04
<ul style="list-style-type: none">• Principal:• CC/MCC:• DRG:

Putting it All Together #2

Patient is admitted with bilateral hip (**M16.0**) replacements for severe osteoarthritis. Comorbidities include pilonidal cyst abscess (**L05.01**), as well as UTI (**N39.0**) with pseudomonas(**B96.5**) documented in the discharge summary as treatment starting on day four of the fifteen-day encounter.

Motor Score: 54

What's Your Answer?

IRF-PAI
<ul style="list-style-type: none">• IGC:• Etiologic Diagnosis(es):• Tier:• Age:• Motor Score:• CMG:• 60%, WHY:

UB04
<ul style="list-style-type: none">• Principal:• CC/MCC:• DRG:

Putting it All Together #3

- Julia is an 89-year-old female with senile osteoporosis (M80.08XA/D). She complains of severe back pain with no history of trauma. X-rays revealed pathological compression fractures of several lumbar vertebrae. Comorbidities include Hypertension I10, Hypothyroid E03.9, Diabetes E11.9. Not a surgical candidate. Patient admitted to rehab for strengthening, bracing, functional improvement.
- Motor Score 45

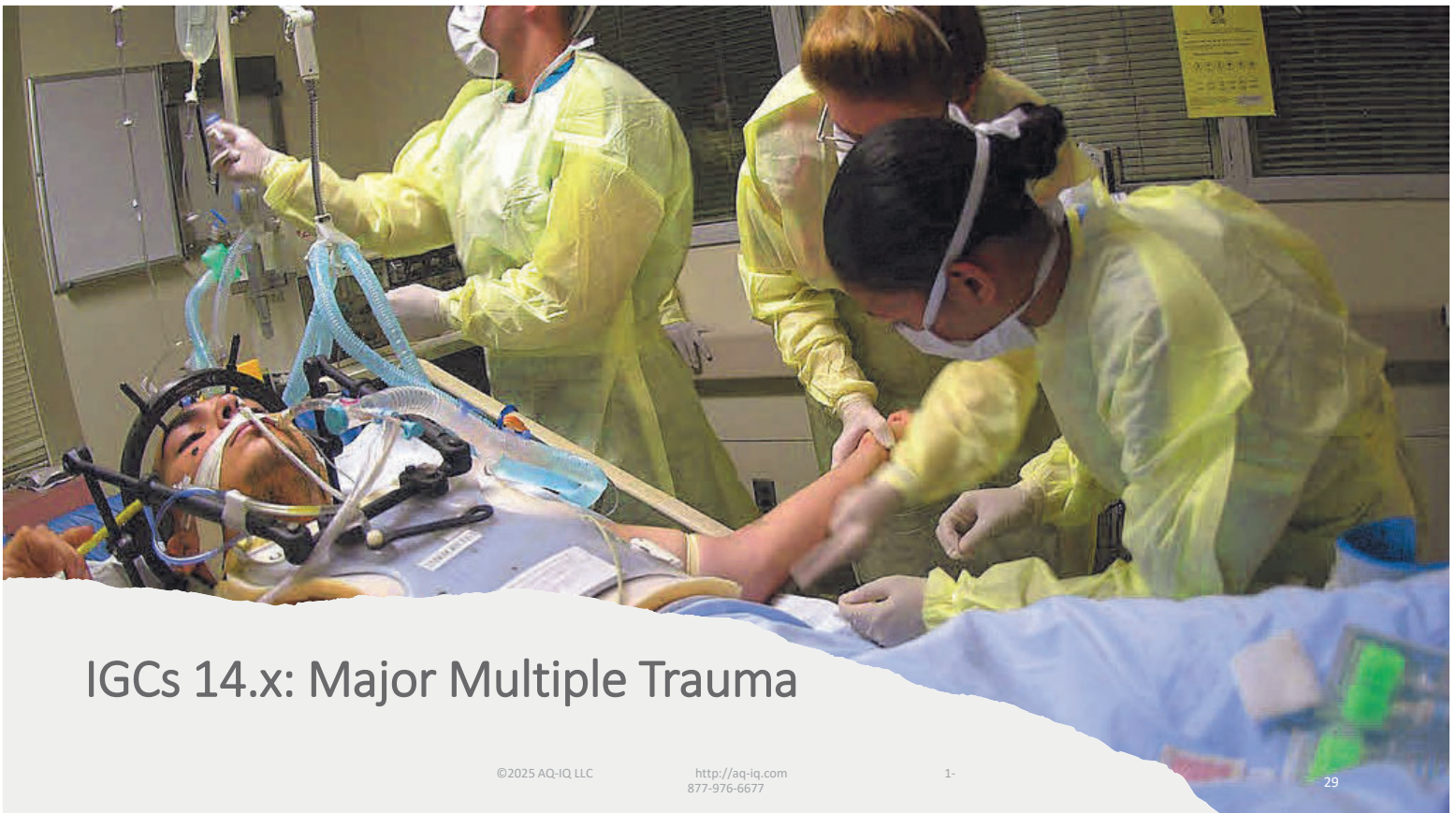
What's Your Answer?

IRF-PAI

- IGC:
- Etiologic Diagnosis(es):
- Tier:
- Age:
- Motor Score:
- CMG:
- 60%, WHY:

UB04

- Principal:
- CC/MCC:
- DRG:



IGCs 14.x: Major Multiple Trauma

IGC/Etiologic Match – Multi-Trauma

IGC – “the primary reason for admission to the rehabilitation program”

Etiologic – “The etiologic problem that led to the impairment for which the patient is receiving rehabilitation” CMS

- **14.1 Brain +Spinal Cord Injury**
- **14.2 Brain + Multiple Fractures/Amputation**
- **14.3 Spinal Cord + Multiple Fractures/Amputation**
- **Other Multiple Trauma**

Multiple Injuries from multiple systems (fractures only consider 8.4)

Multiple Trauma Etiologic/PDx Diagnoses

IRF-PAI

- **Combinations of injuries of Brain; Cord; and, amputations/fractures as well as other injuries.**
- **Multiple body systems involved.**
- **7th Character typically A, B, C**
- **PDx 7th Character typically A**

UB-04

- **Most severe injury = principal (PDx)**
- **7th character D**
- **All other injuries listed as comorbidities with 7th character D**

Qualifying Multi-Trauma



Putting it All Together #4

36-year-old patient was flying on a personal craft when a house fell on her, except for her legs below the knee, all that showed for rescuers were her ruby red slippers. Rescuers were able to pull her out to find a partial amputation of bilateral lower extremities below knees

S88.121A/S88.122A which was surgically completed at the hospital. Patient had a traumatic brain injury with greater than 24 hour's loss of consciousness **S06.9X5A** with return to her former cognitive level but expressing delusions with outburst of anger and calling for monkeys documented as severe manic bipolar with psychotic features **F31.2**. Patient is admitted to rehab for intense training for ambulating, psychological care, cognition and ADLs.

Motor Score: 34

What's Your Answer?

IRF-PAI	UB04
<ul style="list-style-type: none">• IGC:• Etiologic Diagnosis(es):• Tier:• Age:• Motor Score:• CMG:• 60%, WHY:	<ul style="list-style-type: none">• Principal:• CC/MCC:• DRG:

Putting it All Together #5

52-year-old male was working on power lines and fell. Was found approximately 35 minutes later coworkers estimate. Patient had suffered a skull fracture **S02.91XA** with sub-dural hemorrhage **S06.5X0A** and a traumatic spinal cord injury with C-6 to T1 crush fractures **S14.106A**. Patient underwent spinal surgery S/P fall but remains a complete quadriplegic. Patient has a history of smoking for 20 years and is also newly diagnosed with Emphysema **J43.9**, and mouth cancer **C06.9**. Also continuing treatment for influenza A with pneumonia **J09.X1**

Motor Score: 28

What's Your Answer?

IRF-PAI
<ul style="list-style-type: none">• IGC:• Etiologic Diagnosis(es):• Tier:• Age:• Motor Score:• CMG:• 60%, WHY:

UB04
<ul style="list-style-type: none">• Principal:• CC/MCC:• DRG:

Case Study 6 – Breakout

IRF-PAI
<ul style="list-style-type: none">• IGC:• Etiologic Diagnosis(es):• Tier:• Age:• Motor Score:• CMG:• 60%, WHY:

UB04
<ul style="list-style-type: none">• Principal:• CC/MCC:• DRG:

Case Study 7– Breakout

IRF-PAI

- IGC:
- Etiologic Diagnosis(es):
- Tier:
- Age:
- Motor Score:
- CMG:
- 60%, WHY:

UB04

- Principal:
- CC/MCC:
- DRG:

Case Study 8– Breakout

IRF-PAI

- IGC:
- Etiologic Diagnosis(es):
- Tier:
- Age:
- Motor Score:
- CMG:
- 60%, WHY:

UB04

- Principal:
- CC/MCC:
- DRG:

Session 7 Assignments

Connect with Kristine and take the quiz for CE Credit

Post in the group if you are having struggles in any area – Also post a response to someone else's struggle(s)