
Documentation Dissection

PREOPERATIVE DIAGNOSIS: Impaled foreign body in left thigh.

POSTOPERATIVE DIAGNOSIS: Impaled foreign body in left thigh ^[1].

OPERATION PERFORMED: Exploration of wound, extraction of foreign body, and irrigation ^[2].

ANESTHESIA: General endotracheal anesthetic.

BRIEF CLINICAL HISTORY: The patient is a 25-year-old man who shot himself in the left thigh with a finishing nail gun approximately 4 o'clock this afternoon ^[3]. He was seen at the hospital and referred here for follow-up care. On examination, he has a discolored puncture wound in his left medial thigh, but the nail is not palpable in the subcutaneous tissues ^[4]. On X-ray, a finishing nail approximately 2.5 cm in length can be seen overlying the anteromedial left thigh. He presents at this time for removal.

PROCEDURE: The patient was brought into the operating room and placed on the table supine. He was given an appropriate general endotracheal anesthetic, and his left thigh was prepped and draped in the usual sterile manner. We used the fluoroscopy machine to localize the nail in two dimensions within his thigh.

We made a longitudinal incision approximately 2 inches in length over the puncture wound and carried this down through the subcutaneous tissues ^[5] using electrocautery. By means of gentle palpation, we were able to feel the head of the nail, and this was carefully grasped and drawn up through the wound ^[6]. The wound was then irrigated with warm saline ^[7]. The wound was closed using interrupted stitches of 3-0 Vicryl to close the deep tissues and a running subcuticular 4-0 Monocryl for the skin ^[8]. The wound was dressed, and the patient was awakened and returned to the Recovery Room in satisfactory condition. He will be admitted overnight for observation. He has no evidence of hematoma formation in his thigh, and his distal pulses and neurologic exam are intact.

^[1] The postoperative diagnosis is used for the final diagnosis. The location and laterality are important for ICD-10-CM code selection.

^[2] Exploration of wound with extraction of foreign body is the procedure performed.

^[3] The injury is documented as today making it an initial encounter. This is important for ICD-10-CM code selection.

^[4] Describes a puncture wound.

^[5] Enlargement of the wound is a part of wound exploration.

^[6] Removal of foreign body.

^[7] The wound was irrigated with warm saline.

^[8] The wound was closed with no indication of repair to major structures.

What are the CPT® and ICD-10-CM codes reported?

CPT® Code: 20103-LT

ICD-10-CM Codes: S71.142A, W29.4XXA

Rationales:

CPT®: The documentation supports coding for a penetrating wound of the thigh with enlargement of the wound and foreign body removal. In the CPT® Index look for Wound/Exploration/Penetrating/Extremity referring you to 20103. The description of 20103 describes the exploration of a penetrating wound of an extremity. Modifier LT is appended to denote the left side.

ICD-10-CM: In the ICD-10-CM Alphabetic Index locate Puncture/thigh/left/with foreign body referring you to S71.142-. The Tabular List verifies S71.142 is used for Puncture wound with foreign body of left thigh. A 7th character is required to indicate the encounter. Seventh-character A is used for Initial Encounter. S71.142A is the correct code.

The cause of injury is also reported. In ICD-10-CM External Cause of Injuries Index look for Contact/with/nail/gun referring you to W29.4-. The Tabular List verifies W29.4 is used for contact with a nail gun. This code requires a 7th character to indicate the encounter. The 7th character must always be the 7th character in the data field. If a code that requires a 7th character is not 6 characters, a placeholder X must be used to fill in the empty characters. Code W29.4XXA is the correct code. The place of occurrence isn't documented.

Only the external cause code is reported for the life of the injury, not the activity, place of occurrence, or activity status code as they are only reported once. Because the patient was seen in the hospital previously for this injury, the hospital reports these codes. The codes are not reported for this visit.
