



Fractures- What's the difference?

An avulsion, comminuted, segmental fracture.... "Wait! What?!? Where the heck is **that** in this book?!?" Fractures are as unique as the individual broken bone itself & with a little understanding of what to look for when selecting a fracture repair code will be all the easier.

First, look for which bone was fractured, then keep an eye out for anatomical location words like **distal, proximal, or shaft**. These words will be used in diagnosis & procedure code selection. Next, documentation should support words listed in **List 1 and List 2** in order to support the diagnosis selection. List 2 provides a set of verbiage that assists in the diagnosis code selection & gives a heads up for potential procedure code selection. Lastly, the documentation needs to support the type of repair (see **List 3** below), if applicable, for the note in review. When all of these elements are confirmed, the diagnosis and/or procedure code can be coded easy as pie. ¹

List 1:

Avulsion	Where a portion of the fractured bone pulls away and is still attached to a ligament or tendon.
Comminuted	Fracture with 2 or more fragment pieces (think of a broken coffee cup on floor- all the pieces are there, but some are too small to fix OR are just a bunch of pieces).
Compound	The fractured bone is exposed through the skin. This is automatically considered a type of open fracture for diagnosis coding.
Compression	A collapsed bone; used to describe spinal vertebral fracture(s).
Greenstick	Where a bone bends but doesn't break completely through-and-through; typically seen in children due to soft bones.
Oblique	A break along the length of the bone; split long-ways.
Pathological	This type of fracture is caused by a disease process (ex: cancer, osteoporosis) that has weakened the bone structure.
Segmental	Bone breaks into at least 2 different fracture lines; fracture pieces are generally are not the smaller pieces seen in a comminuted fracture.
Simple	A loose term used to describe a closed fracture- further provider query may be necessary.
Spiral	A type of fracture caused by a twisting type injury. Radiology confirms a fracture line that spirals down the entire bone (picture a spiral staircase).
Stress	This is a fracture created from repetitive use. This is not the same as a pathological fracture & provider must document.
Transverse	Break across the bone; typically, from one side to the other, generally in a straight-across pattern.

List 2:

Displaced	Fracture has moved from an acceptable position.
Non-displaced	Fracture has NOT moved from an acceptable position.
Open	Refer to <i>Reference</i> : ¹
Closed	There is not an open wound created by fractured bone

Fractures- What's the difference? (continued)

List 3: Fracture Repair Verbiage

Manipulated	Pressure placed to move fracture into a more acceptable alignment position.
Non-Manipulated	Fracture is in an acceptable alignment position & left to heal.
Open	Surgical procedure performed where provider may: 1) Extend an open fracture site or create a surgical opening to access the fracture for repair. Hardware placement may be placed via open incision. The fracture ends must be visually confirmed. OR 2) IM rod is placed via a separate incision from the fracture site. The IM rod is inserted across the fracture site. Radiology may be used to confirm hardware placement in both scenarios.
Percutaneous	Surgical procedure where a screw/pin is placed via a small incision & provider uses Fluro/Xray to confirm screw/pin placement. A small incision is sometimes referred to as a "stab incision".
Arthroscopic approach	Usage of a scope to assist in the surgical correction of a fracture

*Reference:*¹ Diagnosis coding: Documentation needs to support verbiage to support if a fracture is: closed, non-union, malunion, delayed healing, routing healing, open fractures: Type I, Type II, Type IIIA, Type IIIB, Type IIIC, or Sequela (aka Late Effect).