

## PRQ Review Washout Update December 2018

Following the conversation at the December AOTR meeting regarding washouts:

### The question in the PRQ is:

- IX. Orthopaedic Surgery (section) 16. Average time to wash out of open tibial fractures secondary to blunt mechanism; report as average and range

According to the ACS TQIP Best Practice in the Management of Orthopedic Trauma (page 7) – “...open fractures should be taken to the **operating room** for irrigation and debridement within 24 hours of initial presentation whenever possible. ....gross wound contamination should be brought to the operating room....as soon as clinically feasible, based on the patient’s condition and resources available. ...The recommendations ....are for **open** fractures occurring as a result of **blunt** force injury. When a patient with an open fracture presents to the emergency department, a sterile dressing should be placed over the wound to minimize ongoing wound contamination.”

The education provided at the meeting is correct. “Wash out” is a term that is used to describe an irrigation and debridement (excisional) procedure for open fractures. Although there is no ICD10 procedure code for a “wash out”, there are specific codes for the irrigation and debridement (I&D) procedures.

An I&D (wash out) should be done under **sterile** conditions (i.e. OR setting). As noted below from the Trauma Verification Q&A Web Conference VRC (Dec 12, 2018 webinar), any I&D (nonexcisional) done in the ED would not be included in your count for average/range to answer the above questions:

### *PRQ: Washouts*

“Does an I&D in the OR for open fxs count as a wash out as referred to in the PRQ for ‘Average time to wash out’?”  
(Level 2)

*An I&D in the Operating Room will count toward the “average time to washout” question in the PRQ:*

*16. Average time to wash out of open tibial fractures secondary to a blunt mechanism; report as average and range.*

*An I&D in the Emergency Department will not count.*

## Irrigation & Debridement ICD10 Procedure Codes

Per ICD-10-CM/PCS Coding Clinic, Fourth Quarter ICD-10 2014 coding guidelines, an “irrigation and debridement (I&D) that is done to clean the wound as part of the open reduction internal fixation (ORIF) would not be separately coded.”

**Open reduction internal fixation of fracture with debridement**  
 ICD-10-CM/PCS Coding Clinic, Fourth Quarter ICD-10 2014 Pages: 32-33 Effective with discharges: December 31, 2014

**Question:**

A patient diagnosed with open forearm fracture of both bones and closed distal radioulnar joint dislocation underwent open reduction with internal fixation (ORIF) of the forearm bones, and manipulation of the dislocation. The provider documented that the wounds over the ulnar shaft were irrigated and debrided down to the bone. The ORIF and dislocation manipulation were then completed. Would it be appropriate to assign a code for the debridement in addition to the code for the ORIF and the manipulation?

**Answer:**

Query the physician as to the specific location and reason for the debridement (whether a separate excisional debridement versus cleaning of the open wound was done). If irrigation and debridement were done to clean the wound as part of the open reduction internal fixation (ORIF), it would not be separately coded. For the ORIF of the fractures and manipulation of the dislocation, assign the following ICD-10-PCS codes:

**0PSJ04Z**    Reposition left radius with internal fixation device, open approach

**0PSL04Z**    Reposition left ulna with internal fixation device, open approach

**0RSPXZZ**    Reposition left wrist joint, external approach

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If an I&D is done as a separate procedure and the ONLY procedure (no fracture reduction/fixation), then the I&D would be coded. Per coding guidelines “query the physician as to the specific location and reason” of the debridement if in doubt.

The two highlighted I&D codes shown below are in the TQIP Fall 2018 TQIP Reporting Code Sets, however, these two codes are for an excision/debridement (cutting out or off) of a portion of the tibia bone itself, which is not a part of a “normal” I&D washout of an open tibia fracture. Normally, a non-ORIF excision/debridement of the subcutaneous tissue and fascia layers of the right lower leg would result in code 0JBN0ZZ and code 0JBPOZZ for the left lower leg. If the non-ORIF excision/debridement goes down to the muscle layer, then codes 0KBS0ZZ (Right lower leg) and 0KBT0ZZ (Left lower leg) would be appropriate.

| Code    | Description                            | Code_Type | Version | Code_Class | Category                   |
|---------|--|-----------|---------|------------|----------------------------|
| 0QBG0ZZ | Excision of Right Tibia, Open Approach | ICD10     | CM      | Procedure  | Irrigation and Debridement |
| 0QBH0ZZ | Excision of Left Tibia, Open Approach  | ICD10     | CM      | Procedure  | Irrigation and Debridement |

Joyce Hudak shared the following code that her facility uses to track “wash outs” (**3E10X8Z** – Irrigation of skin and mucous membranes using irrigating substance) in her facility. Because all facilities are different, do what is

recommended by **your TMD and TPM** in regards to whether you choose to use these codes, one particular code, or use a non-ICD10 procedure code method in tracking these procedures in your registry. Do what works for your registry and what makes obtaining this data easy for your review.

TQIP indicated in a 1-4-19 email response:

“We are in the process of reviewing this metric (I&D/washouts) to determine if there are modifications we can make to better reflect the coding used by our participants, or instead if we are simply unable to capture this information in a reliable fashion and this metric needs to be retired. **We are not suggesting that you should change any coding practices dictated by ICD-10 coding rules and I apologize for any confusion.** We’ll be sure to note any changes in the release notes of subsequent reports if we modify how this metric is reported.”

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