ARTHRITIS

Physician Documentation

Etiology of arthritis is a critical element to physician documentation. The default for arthritis not further specified is unspecified osteoarthritis, unspecified site.

Documentation Tips

- **Do not skimp on details in documentation.** Laterality and joint(s) affected by arthritis must be documented with etiology. Crucial elements for documentation of etiology are catalogued here:

Type of Arthritis	Code Category(ies)
Pyogenic: identify infective agent and whether a direct or indirect infection, and whether post-infective or reactive	**M00-M02**
Rheumatoid arthritis: note any rheumatoid factor, juvenile type, Felty's syndrome, specific organ or system involvement, bursitis, nodules, myopathy	**M05-M06, M08**
Gout: note etiology (renal, drug, lead, idiopathic, other secondary), chronic or acute, with or without tophus	**M1A, M10**
Other crystal arthropathies: specify type as hydroxyapatite deposition disease, familial chondrocalcinosis, or other	**M11**
Other: post-rheumatic and chronic, Kaschin-Beck, villonodular synovitis, palindromic rheumatism, intermittent hydrarthrosis, traumatic arthropathy, transient, allergic, monoarthritis NOS [not otherwise specified]	**M12, M13**
Arthritis in disease classified elsewhere: specify underlying disease	**M14**
Osteoarthritis: multiple sites, bilateral of single joint, primary, secondary, post-traumatic (also identify the type of trauma that led to the late effect arthritis)	**M15-M19**

- **Document the results of rheumatoid factor tests in the record.** A coder cannot infer positive or negative rheumatoid arthritis with rheumatoid factor from a test value.
- **For a patient requiring joint replacement,** documentation must include:
  - History of pain (onset, duration, character, aggravating and relieving factors)
  - Specific limitations in activities of daily living and safety issues (eg, falls)
  - Contraindications to nonsurgical solutions
  - List of failed nonsurgical treatments (ie, weight loss, medication, braces, injections, physical therapy [PT])
  - Physical exam identifying deformity, range of motion (ROM), gait, effusion, crepitus, etc
  - Results of diagnostic tests and specific type of arthritis
  - Comorbidities affecting mobility and care
- **Document any history of joint replacement.**
- **Do not rely on the medication list** to capture long-term (current) use of medications. Document current use of aspirin, NSAIDs, opioids, steroids, or immunosuppressive drugs.
- **If a patient has joint pain, stiffness, or effusion,** document the specific joint and laterality.

ARTHRITIS

Coder Abstraction

"Arthritis" defaults in ICD-10-CM to unspecified osteoarthritis of an unspecified site. Read all **Includes** and **Excludes** notes carefully to capture codes correctly and use additional codes to fully report the etiology of conditions.

Coding Tips

- **Osteoarthritis of the spine** is reported with a code from category M47, *Spondylosis,* rather than a code from category M15-M19. Spondylosis is a general term for arthritis or spinal degeneration affecting the spine and sacroiliac joints. Degenerative joint disease (DJD) is a common term describing osteoarthritis of a joint or the spine.
- **Start with the Alphabetic Index.** Although most types of arthritis are reported with codes from the ICD-10-CM musculoskeletal chapter, some forms of arthritis are reported with codes from other chapters.

Multiple Sites vs Bilateral Sites

In ICD-10-CM, polyosteoarthrtis (M15.-) is reported when multiple sites are affected by osteoarthritis, excluding the spine. Most definitions use a threshold requiring five or more sites, although ICD-10-CM does not define the term. Osteoarthritis (M16-M19) is reported when one site is arthritic, or when one bilateral site is arthritic, up to four sites for osteoarthritis.

- **Juvenile idiopathic arthritis (JIA) describes** a form of rheumatoid arthritis with onset in childhood. If RA is documented in a patient under 18 years of age, query the physician about the patient's rheumatoid arthritis type. A patient diagnosed with JIA in childhood may continue to have JIA in adulthood.

Positive and Negative Rheumatoid Factor

The Alphabetic Index to ICD-10-CM classifies rheumatoid arthritis as juvenile, seronegative, or seropositive, or with organ involvement. The lack of documentation of rheumatoid factor does not constitute "seronegative" rheumatoid arthritis.

- **Charcot's arthropathy in diabetes** is reported with code E--.610, *Diabetes with diabetic neuropathic arthropathy,* rather than a code from category M14.6-, *Charcot's joint*.
- **Gout always requires a 7th character** to report with or without tophus. All forms of secondary gout require more than one code to completely describe the condition (ie, toxic effects, renal condition, etc).

Symptom Codes or Code Categories	
M25.4--	Effusion of joint (fluid in joint)
M25.5--	Pain in joint (arthralgia)
M25.6--	Stiffness in joint
R26.2	Difficulty in walking, NOS
R29.890	Loss of height