ICD-10 Physician Tips, Issue #4

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Osteoarthritis (Degenerative joint disease, degenerative arthritis)

General items critical for correct documentation and coding:

- Specify specific joint
- Laterality – Right v. Left
- Unilateral vs. bilateral
- Generalized
- Primary v. Secondary

Primary Osteoarthritis (M16-19) – Idiopathic with no known underlying or predisposing factor; considered “wear and tear” arthritis secondary to normal aging and occurring in older individuals, typically at 60-70 years of age

Secondary Osteoarthritis – Secondary to an underlying factor or predisposing conditions and typically occurring at a younger age (45-55 years)

- Post-traumatic (M16-19)
- Hip dysplasia (M16.2,3-)
- Neuropathic (Charcot’s joint) (M14.6-)
- Lyme disease (69.23)
- Arthropathy associated with specific diseases (code underlying disease first) (M14.8)
  - Hemachromatosis (E83.11-)
  - Wilson’s disease (E83.0-)
  - Amyloidosis (E86.-)
  - Marfan syndrome (Q87.43)
  - Ehlers-Danlos syndrome (Q79.6)
  - Rheumatoid arthritis (M5-)
- Arthropathy associated with deposition disease (code underlying disorder first)
  - Gout (M10-)
  - Chondrocalcinosis (M11-)
  - Calcium pyrophosphate deposition disease (PCCP) and other crystal deposition disease (11.8)
- Other secondary osteoarthritis (M16-19.-)
  - Old slipped femoral capital epiphysis
- Old Legg-Calve-Perthes disease and other osteochondropathies
- Osteonecrosis
- Lyme disease
- Sequela of joint infection
- Femoral acetabular impingement
- Obesity and diabetes (If a patient with obesity or diabetes presents with early onset arthritis (age 40-50), it would be reasonable to code this as a secondary osteoarthritis.)

**Erosive Osteoarthritis (15.4) /Primary generalized osteoarthritis** (M15.0) – A form of osteoarthritis involving the hands in middle aged females with a significant erosive/inflammatory component, **Heberden’s nodes** (M15.1) and **Bouchard’s nodes** (M15.2). Typically mimics inflammatory arthropathies with morning pain and stiffness; however, this disorder localizes primarily to the distal interphalangeal (DIP) joints, proximal interphalangeal (PIP) joints and first carpometacarpal joints. On x-ray you will see diffuse joint space narrowing, subchondral erosions and joint ankylosis

Differential diagnosis for inflammatory arthritis localizing to the hand include:

- Psoriatic arthritis (L40.51)
- Rheumatoid arthritis which involves the wrist, MCP and PIP joints predominately (M5-)
- Jaccoud arthropathy (post-rheumatic or with SLE) which involves the MCP joints (M12-)
- Hemachromatosis which involves the 2nd through 5th MCP joints (carpal and PIP joints) with radial-sided beak like osteophytes
- Calcium pyrophosphate disease (CPPD) which involves the radiocarpal and scapholunate joints with SLAC wrist in advanced cases