

## ACATS Orthopedic build-a-code system

In April of 2021, working with the orthopedic surgeon zone leadership from all 5 zones, the build-a-code system was reviewed and updated significantly. There are two major changes to be aware of.

The first big change was separating out arthroplasty patients from the orthopedic build-a-code. This was driven by a need for better waitlist reporting within arthroplasty and orthopedics. The orthopedic build-a-code system now contains 3 parts:

- 1) Orthopedic
- 2) Joint Arthroplasty (expanded beyond hip and knee, now includes all joints)
- 3) Musculoskeletal Tumours (MSK)

The second big change was the standardization of the functional limitations to the ACATS priority description matrix (see below), with the risk to musculoskeletal integrity being very important for orthopedics and joint arthroplasty. The 4-week option was eliminated and there were description updates for each of the remaining suggested wait times. The functional limitation descriptions are the same for orthopedics and joint arthroplasty.

### Coding patients to the correct functional limitation

**This is important.** Do not code patients based on the expected wait to get in for surgery nor at a benchmark (26 weeks for hip and knee arthroplasty). ACATS suggested wait times (functional limitations) are about the condition of the patient at time of assessment when the decision is made to proceed to surgery. Patients should be coded at the best-fit functional limitation.

### Who can you call?

The ACATS team is here to support you with any coding and reporting needs. Please reach out to your ACATS Lead whenever you need to. If you need to know who your ACATS Lead is, please contact the provincial lead at [ACATS@ahs.ca](mailto:ACATS@ahs.ca).

### ACATS Priority Description Matrix

	2 weeks	4 weeks	6 weeks	12 weeks	26 weeks	52 weeks
Risk to Life	Moderate	Low	N/A	N/A	N/A	Quality of life surgery or annually scheduled procedures
Risk of compromised organ function	Moderate	Low	Low	N/A	N/A	
Risk of infection progression	Moderate	Low	Low	N/A	N/A	
Risk of cancer progression	Cancer Class A	Cancer Class B1	Cancer Class B2 (8 weeks)	Cancer Class C	Cancer Class D	
Risk to musculoskeletal integrity	Severe	N/A	High	High	Moderate	
Risk of symptom/disease progression: pain, impact on essential activities of daily living, independent living	N/A	N/A	High	Moderate	Low	No risk

**A  
C  
A  
T  
S**

Excludes joint arthroplasty, spine and tumour (MSK)

REGION	Shoulder	Elbow	Upper Limb	Wrist	Hand	Pelvis	Hip	Knee	Lower Limb	Ankle	Foot	Trunk
CODE	SH	EL	UL	WR	HA	PE	HI	KN	LL	AN	FO	TR

UL includes upper and lower arm (not joints)

LL includes upper and lower leg (not joints)

Diagnosis Description	CODE
Arthritis/ Joint degeneration	A
Osteonecrosis	C
Congenital disorder	D
Infection	E
Fracture - acute	F
Fracture - non-union/ malalignment	G
Ligament dysfunction/ injury	I
Joint internal derangement including cartilage disorders	J
Dislocation - acute	K
Dislocation - recurrent/ chronic	L
Joint stiffness	M
Joint impingement	N
Neurological condition/ injury	O
Tendon dysfunction/ injury	P
Heterotopic ossification	Q
Retained implants	R
Soft tissue/ wound defect	T
Other diagnosis	U
Pain of unknown origin	W

Region Code	Diagnosis Description	Functional Limitation

M			
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M	SH	L	S12
E.g. 'Build a Code' for recurrent dislocation of shoulder with moderate impairment = MSHLS12			

Pain Scale	
Extreme	10
Severe	7-9
Moderate	4-6
Mild	1-3
No pain	0

CODE	Functional Limitations	Wait Time
S2	<b>Difficulty managing symptoms, high risk to progressively get worse</b> Severe risk to the structural integrity of bone or joint Moderate risk of infection progression Inability to perform ADL Imminent loss of independence or function Extreme pain reported by patient	Within 2 Weeks
S6	<b>Able to manage symptoms, high risk to progressively get worse</b> High risk to the structural integrity of bone or joint Low risk of infection progression High impact in ability to perform ADL High risk of loss of independence or function Severe pain reported by patient	Within 6 Weeks
S12	<b>Able to manage symptoms, moderate risk to progressively get worse</b> High risk to the structural integrity of bone or joint No risk of infection progression Moderate impact in ability to perform ADL Moderate risk of loss of independence or function Moderate to severe pain reported by patient	Within 12 Weeks
S26	<b>Able to manage symptoms</b> Moderate risk to structural integrity of bone or joint No risk of infection progression Low impact in ability to perform ADL Low risk of loss of independence or function Mild to moderate pain reported by patient	Within 26 Weeks

NOTE: Orthopedic Surgery is captured in three different build a code pages:

- 1) Orthopedic Surgery
- 2) Joint Arthroplasty Surgery (procedure grouping, required for reporting)
- 3) Musculoskeletal Tumours (MSK Oncology)

Please contact your ACATS Lead with any code change requests.

Type of Procedure	CODE
Primary Arthroplasty	P
Revision Arthroplasty	R

Region of Body	CODE
Hip	HI
Knee	KN
Shoulder	SH
Elbow	EL
Hand (including wrist)	HA
Ankle	AN
Foot	FO
Other body region	OT

Diagnosis Description	CODE
Arthritis/ Joint degeneration	A
Prosthetic Complication * <sup>4</sup>	B
Osteonecrosis	C
Congenital Disorder	D
Infection * <sup>1</sup>	E
Fracture acute	F
Fracture non union/ malalignment	G
Other diagnosis * <sup>2</sup>	U
Metastatic cancer * <sup>3</sup>	Y

Type of Procedure	Region of Body	Diagnosis Description	Functional Limitation

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E.g. Primary knee arthroplasty due to arthritis, moderate to high pain and moderate risk to functional impairment

P	KN	A	S12
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E.g. Hip revision for failed prosthetic joint with mild to moderate pain and some risk of structural integrity or impairment, but managing symptoms

R	HI	B	S26
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CODE	Functional Limitations	Wait Time
S2	<b>Difficulty managing symptoms, high risk to progressively get worse</b> Severe risk to the structural integrity of bone or joint Moderate risk of infection progression Inability to perform ADL Imminent loss of independence or function Extreme pain reported by patient	Within 2 Weeks
S6	<b>Able to manage symptoms, high risk to progressively get worse</b> High risk to the structural integrity of bone or joint Low risk of infection progression High impact in ability to perform ADL High risk of loss of independence or function Severe pain reported by patient	Within 6 Weeks
S12	<b>Able to manage symptoms, moderate risk to progressively get worse</b> High risk to the structural integrity of bone or joint No risk of infection progression Moderate impact in ability to perform ADL Moderate risk of loss of independence or function Moderate to severe pain reported by patient	Within 12 Weeks
S26	<b>Able to manage symptoms</b> Moderate risk to the structural integrity of bone or joint No risk of infection progression Low impact in ability to perform ADL Low risk of loss of independence or function Mild to moderate pain reported by patient	Within 26 Weeks

Pain Scale	
10	Extreme
7-9	Severe
4-6	Moderate
1-3	Mild
0	No Pain

\*<sup>1</sup> Infection - S2 (moderate risk), S6 (low risk)

\*<sup>2</sup> Other diagnosis: If you use 'other diagnosis' (Code U), please contact your ACATS Lead to discuss the need for modifications to this arthroplasty build a code.

\*<sup>3</sup> Metastatic cancer:  
Only use this code for a joint arthroplasty (primary or revision). Otherwise, use the MSK Oncology section.

\*<sup>4</sup> Prosthetic complication (Code B) includes (from CIHI):  
 - Aseptic loosening  
 - Implant dislocation or fracture  
 - Instability  
 - Peri-prosthetic fracture of femur or acetabulum

**Primary Arthroplasty (P):**

Any surgery on joints using new prosthetic replacement parts. This includes total, hemi and bilateral scheduled arthroplasty.

**Revision Arthroplasty (R):**

Any joint surgery where current parts are replaced, or additional parts are added.

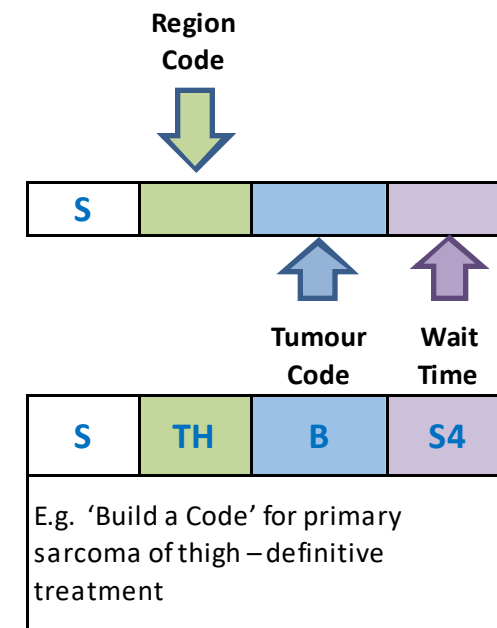
Please contact your ACATS Lead with any code change requests.

**Joint Arthroplasty**

REGION	Head & Neck	Shoulder	Axillary	Upper Arm	Elbow	Forearm	Wrist	Hand	Buttocks
CODE	HN	SH	AX	UA	EL	FA	WR	HA	BU

REGION	Pelvis	Hip	Thigh	Knee	Lower Leg	Ankle	Foot	Trunk
CODE	PE	HI	TH	KN	LL	AN	FO	TR

Diagnosis Description	Subcategory	Tumour Code	Suggested Wait Time
Suspected malignancy – soft tissue or bone – for biopsy	<b>Cancer Suspected</b>	<b>A</b>	Within 2 weeks ( <b>S2</b> )
Primary sarcoma – soft tissue or bone – definitive treatment	<b>Cancer</b>	<b>B</b>	Within 4 weeks ( <b>S4</b> )
Secondary (metastatic) tumour of bone – incipient fracture	<b>Cancer</b>	<b>C</b>	Within 2 weeks ( <b>S2</b> )
Recurrent musculoskeletal sarcoma	<b>Cancer</b>	<b>D</b>	Within 4 weeks ( <b>S4</b> )
Benign aggressive lesion – soft tissue or bone – definitive treatment	None or Benign	<b>F</b>	Within 4 weeks ( <b>S4</b> )
Benign lesion – soft tissue or bone – definitive treatment	None or Benign	<b>G</b>	Within 12 weeks ( <b>S12</b> )
Post-surgical wound or implant care	None or Benign	<b>H</b>	Within 4 weeks ( <b>S4</b> )



**NOTE: Orthopedic Surgery is captured in three different build a code pages:**

- 1) Orthopedic Surgery
- 2) Joint Arthroplasty Surgery (procedure grouping, required for reporting)
  - Metastatic cancer for joint arthroplasty captured in this section, not MSK Oncology
- 3) Musculoskeletal Tumours (MSK Oncology)

Please contact your ACATS Lead with any code change requests.