Session 3

Selection Etiologic and Identifying Comorbidities

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Where do diagnoses come from?

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Cooperating Parties

- **AHA** – American Hospital Association
- **AHIMA** – American Health Information Management Association
- **NCHS** – National Center for Health Statistics
- **CMS** – Centers for Medicare and Medicaid Services
- **Copyrighted by WHO (World Health Organization)**

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AQ-IQ IRF PRO LAB 7 Session Three October 1, 2025

Coding and Clinical Criteria

- *"The assignment of a diagnosis code is based on the* ***provider's diagnostic statement*** *that the condition exists. The* ***provider's statement*** *that the patient has a particular condition* ***is sufficient****.* ***Code assignment is not based on clinical criteria used by the provider to establish the diagnosis.***
- ***If there is conflicting medical record documentation, query the provider."***

ICD-10-CM Guidelines I. A. 19 (Physician or other QHP)

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Other Clinical (non-physician) Staff Documentation

Allowed for:

- **BMI***
- **Depth of non-pressure chronic and pressure ulcer stage**
- **Coma Scale***
- **NIH Stroke Scale***
- **Social Determinates of Health (patient with clinician signature ok)***
- **Laterality**
- **Blood Alcohol Level***
- **Underimmunization status***

***THESE ARE NEVER REPORTED AS PRINCIPAL OR FIRST LISTED**

Associated Diagnosis MUST be made by provider (Physician/NPP) **(“*QHP legally accountable for establishing the patient’s diagnosis*”).**

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ICD-10-CM Guidelines

- Section I – General Guidelines and Conventions
- Section II – Selection of Principal Diagnosis non-outpatient setting – CLAIM FORM NOT IRF-PAI
- Section III – Reporting additional diagnoses in non-outpatient setting
- Section IV – Outpatient coding
- Appendix

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ICD-10-CM What's in the Book

- Guidelines
- Alphabetic/Tabular Indexes
- Alphabetic Index includes
  - Index of Diseases and Injury
  - Index of External Causes of Injury
  - Table of Neoplasms
  - Table of Drugs and Chemicals
- Alphabetic leads to Tabular

NEVER CODE DIRECTLY FROM ALPHABETIC INDEX

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ICD-10 Chapters/Blocks Eff. 10/1/2025

1 Certain infectious and parasitic diseases (A00-B99)
2 Neoplasms (C00-D49)
3 Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)
4 Endocrine, nutritional and metabolic diseases (E00-E89)
5 Mental, Behavioral and Neurodevelopmental disorders (F01-F99)
6 Diseases of the nervous system (G00-G99)
7 Diseases of the eye and adnexa (H00-H59)
8 Diseases of the ear and mastoid process (H60-H95)
9 Diseases of the circulatory system (I00-I99)
10 Diseases of the respiratory system (J00-J99)
11 Diseases of the digestive system (K00-K95)
12 Diseases of the skin and subcutaneous tissue (L00-L99)
13 Diseases of the musculoskeletal system and connective tissue (M00-M99)
14 Diseases of the genitourinary system (N00-N99)
~~15 Pregnancy, childbirth and the puerperium (O00-O9A)~~
~~16 Certain conditions originating in the perinatal period (P00-P96)~~
17 Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)
18 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99)
19 Injury, poisoning and certain other consequences of external causes (S00-T88)
20 External causes of morbidity (V00-Y99)
21 Factors influencing health status and contact with health services (Z00-Z99)
22 Codes for special purposes (U00-U85)

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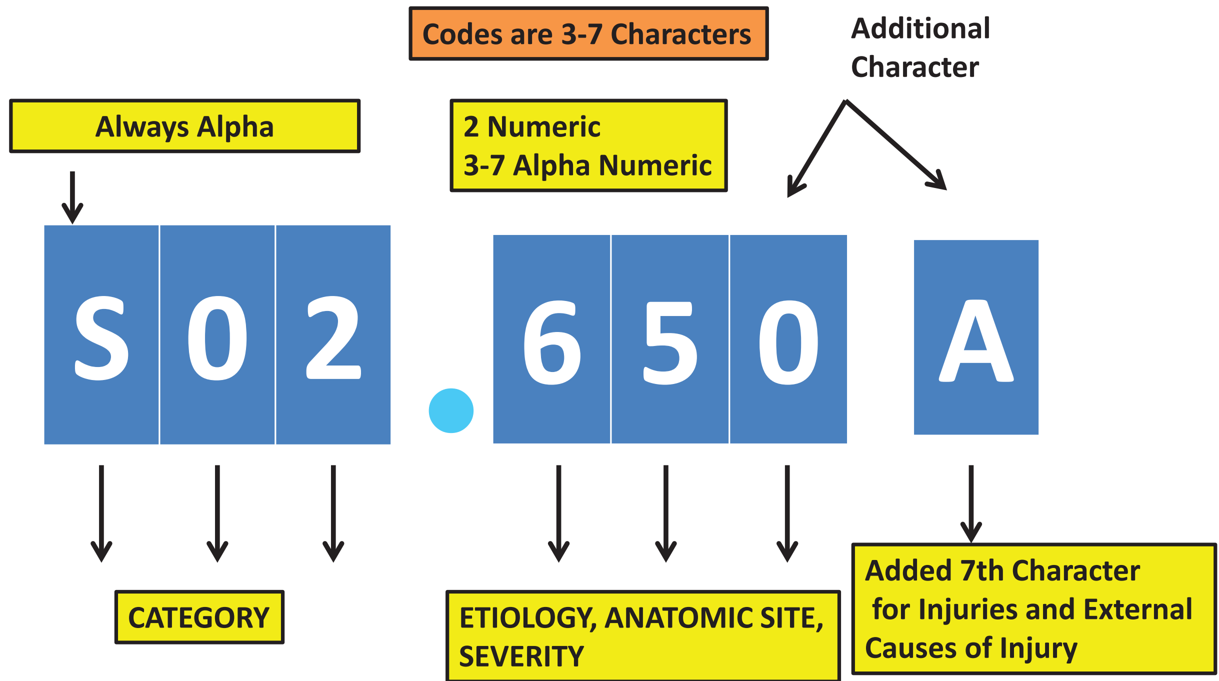
ICD-10-CM Codes EXAMPLE



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How to Use the ICD-10-CM Manual

THIS IS NOT a request BUT REQUIREMENT – FOLLOW THESE STEPS!

1. Review Alpha Index.
2. Follow the Directions to Tabular Index.

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Activity

- Fracture of the angle of the mandible due to fall from bicycle. Code only diagnosis not external cause.

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ICD-10-CM ALPHABETICAL INDEX

Fracture, traumatic (abduction) (adduction) (separation) (*see also* Fracture, pathological) T14.8
- acetabulum S32.40-
- - column
- - - anterior (displaced) (iliopubic) S32.43-
- - - - nondisplaced S32.436
- - - posterior (displaced) (ilioischial) S32.443
- - - - nondisplaced S32.44-
- - dome (displaced) S32.48-
- - - nondisplaced S32.48
- - specified NEC S32.49-
- - transverse (displaced) S32.45-
- - - with associated posterior wall fracture (displaced) S32.46-
- - - - nondisplaced S32.46-

Several Pages Later

- lumbosacral spine S32.9
- Maisonneuve's (displaced) S82.86-
- - nondisplaced S82.86-
- malar bone (*see also* Fracture, maxilla) S02.400
- malleolus —*see* Fracture, ankle
- malunion —*see* Fracture, by site
- mandible (lower jaw (bone)) S02.609
- - alveolus S02.67
- - angle (of jaw) S02.65
- - body, unspecified S02.600
- - condylar process S02.61
- - coronoid process S02.63
- - ramus, unspecified S02.64
- - specified site NEC S02.69
- - subcondylar process S02.62
- - symphysis S02.66
- manubrium (sterni) S22.21

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ICD-10-CM Tabular Example

Injury, poisoning and certain other consequences of external causes (S00-T88)
- S00-S09 Injuries to the head (S00-S09)
  - S02 Fracture of skull and facial bones (7th characters listed for the category)
    - S02.6 Fracture of mandible
      - S02.65 Fracture of angle of mandible
        - S02.650A Fracture of angle of mandible, unspecified, initial encounter for closed fracture
        - S02.650B Fracture of angle of mandible, initial encounter for open fracture
        - S02.650D Fracture of angle of mandible, subsequent encounter for fracture with routine healing
        - S02.650G Fracture of angle of mandible, subsequent encounter for fracture with delayed healing
        - S02.650K Fracture of angle of mandible, subsequent encounter for fracture with nonunion
        - S02.650S Fracture of angle of mandible, sequela

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Guidelines (Key) Traumatic Fractures

- A - initial encounter for closed fracture
- B - initial encounter for open fracture type I or II or open fracture NOS
- C - initial encounter for open fracture type IIIA, IIIB, or IIIC
- D - subsequent encounter for closed fracture with routine healing
- E - subsequent encounter for open fracture type I or II with routine healing
- F - subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
- G - subsequent encounter for closed fracture with delayed healing
- H - subsequent encounter for open fracture type I or II with delayed healing
- J - subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
- K - subsequent encounter for closed fracture with nonunion
- M - subsequent encounter for open fracture type I or II with nonunion
- N - subsequent encounter for open fracture type IIIA, IIIB, or IIIC with nonunion
- P - subsequent encounter for closed fracture with malunion
- Q - subsequent encounter for open fracture type I or II with malunion
- R - subsequent encounter for open fracture type IIIA, IIIB, or IIIC with malunion
- S - identifies injury w/ sequelae, 2nd code needed for sequelae itself. Sequelae listed 1st.

"Z" Aftercare not needed when 7th character describes.

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Activity

- Myocardial Infarction
- COPD
- CIM
- CVA

Sometimes Multiple Required & Sequence Matters (Etiologic)

Example: Infected Spinal Cord Lead resulting in SIRS with acute kidney failure

- **T85.733A** Infected Spinal Cord Lead (Underlying Condition)
- **R65.11** SIRS w/acute organ dysfunction
- **N17.0** Acute Kidney failure w/tubular necrosis (resulting acute organ dysfunction)

Sometimes Multiple Required & Sequence Matters (Etiologic)

Example: Septic Shock (Sepsis with associated organ dysfunction) due to MRSA

- Rules Say (Conditions MUST be inter-related in documentation):
  - ✓ **Report 1st Underlying Infection**
    - i.e. Infection following a procedure: "T" code; Sepsis, not otherwise specified: "A" code; Organism (unspecified = A41.9)
  - ✓ **Report Severe Sepsis with Shock** 2nd "R" (R65.21) (vs Severe Sepsis w/o shock R65.20)
  - ✓ **Report additional code for specific acute organ dysfunction**
    - i.e. Kidney "N"; Respiratory "J"; CIM and CIPN "G"; Encephalopathy (metabolic; septic) "G"; hepatic "K"

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Some Diagnoses Require 2-3+ Codes

- **Dysphagia due to an Old CVA** – Not a New One! I69.- and R13.1-
- **Diabetes with Certain Manifestations i.e.:**
  - CKD - most often E11.22 + Stage N18.-; may also code for insulin use "Z"
  - Ophthalmic complications – E11.39 + specific manifestation - DM glaucoma H40.-H42.
  - Diabetic Foot Ulcer – E11.621 + site of ulcer "L"
- **Gangrene and Cause- IRF-PAI ONLY RULE** (I96 + DM, PVD etc)
- **Toxic Encephalopathy (G92.-)** and Code 1st toxic agent (T36.- to T65.-)
- **Osteomyelitis** (M86.-) if known - (infectious agent i.e. streptococcus Group A (B96.-); and, osseous defect i.e. bone hypertrophy (M89.-) reported

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2014 CMS IRF Final Rule

- *"Therefore, whenever possible, we believe that the **most specific code** that describes a medical disease, condition, or injury should be used to document diagnoses on the IRF–PAI. **Generally, ''unspecified'' codes are used when there is a lack of information about location or severity of medical conditions in the medical record**."*
- *"We believe that **specific diagnosis codes that narrowly identify anatomical sites where disease, injury, or condition exist should be used** when coding patients' conditions on the IRF– PAI whenever such codes are available. Furthermore, on the same note, we believe that one should also include on the IRF–PAI the more descriptive code that indicates the degree of injury in instances of burns."*

Can You Just Tell Me What to Say?

Coders rules:

- **No clinical decisions;**
- **No leading to an answer;**
- **No guessing conditions based on symptoms or treatment/medications;**
- **Must use only PHYSICIAN documentation and physician validated diagnoses.**
  - Labs, x-rays, therapy, nursing not utilized.

We Are Detail Junkies!

Queries may be required!

2014 CMS IRF Final Rule

Starts with Intake…

- *"**If the IRF does not have enough information about the patient's condition** to code the more specific codes on the IRF–PAI, we would expect the IRF to **seek out additional information** from the patient's acute care hospital medical record to determine the appropriate, more specific code to use."*
- ***Coding Rules Dictate - Must Be Stated in Current Record!***

Queries Allowed

IRF-PAI Etiologic Diagnosis

Underlying Cause of Impairment

- Typically, medical diagnosis
- Different from what some call the "rehab diagnosis"

Can be resolved

Can have up to 3

- ICD-10 Sequencing rules prevail
- ICD-10 transition resulted in a need for more fields
- Multiple Injuries (that don't fit) should be listed as comorbidities

Basic Coding Nuances – IRF-PAI

- **Etiologic: Underlying Reason for Impairment**
  - NOT the Impairment if something more definitive!
  - NOT a Surgery!
    - NOT CABG but CAD;
    - NOT Lumbar Laminectomy but Lumbar Spondylosis.
  - Can Be Resolved
  - May be Multiple Codes
  - ICD-10 Sequencing Guidelines

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CHAT- You Select the Etiologic #1

Glioblastoma excised in previous acute hospital admission.

A- Weakness (R53.1)

B- Glioblastoma (C71.9)

C-Aftercare following surgery on nervous system (Z48.811)

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POLL - You Select the Etiologic #2

Debility due to sepsis with acute renal failure and acute respiratory as a complication following bariatric surgery due to morbid obesity. Patient remains on IV antibiotics and continuing treatment for acute renal failure. Acute respiratory failure resolved.

A-Sepsis A41.9, Severe Sepsis R65.20, Acute Respiratory Failure J96.00

B-Debility R53.81

C-T81.40xA Infection following a procedure, unspecified; T81.44xA Sepsis due to a procedure, A41.9 Sepsis, R65.20 Severe Sepsis reported as comorbidity

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POLL - You Select the Etiologic #3

Patient with lumbar laminectomy and due to spinal stenosis. Residuals include back pain and left foot drop.

A-Aftercare following orthopedic surgery (Z47.89)

B-Lumbar stenosis without neurogenic claudication(M48.061)

C-Aftercare following surgery on the nervous system (Z48.811)

D-Radiculopathy, lumbar M54.16

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POLL - You Select the Etiologic #4

Metabolic Encephalopathy due to lung cancer that metastasized to brain with multiple lesions.

A - Metabolic encephalopathy (G93.41), Secondary Brain Cancer (C79.31)

B - Metabolic Encephalopathy (G43.91)

C - Metabolic Encephalopathy (G43.91) Brain Cancer, Primary (C71.9), Lung Cancer, unspec (C34.90)

D - Secondary Brain Cancer (C79.31)

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POLL - You Select the Etiologic #5

Left MCA CVA with right hemiplegia.

A-Hemiplegia following CVA (I69.351 right dominant side)

B-Cerebral Infarction, Unspecified (I63.9)

C-Cerebral Infarction due to unspecified occlusion/stenosis of left middle cerebral artery (I63.512)

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POLL - You Select the Etiologic #6

Right Intertrochanteric Hip Fracture with gait dysfunction, CHF exacerbation during prior acute stay now resolved, monitoring.

A-Pathologic fracture hip (M84.459)

B-Displaced right intertrochanteric fracture of femur (S72.141A)

C-Non-displaced intertrochanteric fracture right femur (S72.144A)

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POLL - You Select the Etiologic #7

Toxic Metabolic Encephalopathy due to UTI and COPD exacerbation on high dose steroids and pain medication for chronic back pain.

A-Toxic encephalopathy (other – G92.8)

B-COPD exacerbation (J44.1)

C-Back Pain (M54.9) Chronic Pain (G89.29)

D-Query, not enough information.

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POLL - You Select the Etiologic #8

Patient re-admitted to IRF following acute admission for acute respiratory failure. Physician documents continuation of therapy for knee replacement which was not previously completed. Patient now with increased debilitation.

A-Acute Respiratory Failure (J96.00)

B-Osteoarthritis knee, unspecified (M17.10)

C-Not enough information, query

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POLL - You Select the Etiologic #9

Debilitated due to Critical Illness Myopathy due to COVID pneumonia.

A-COVID (U07.1), COVID Pneumonia (J12.82)

B-Debility (R53.81)

C-Critical Illness Myopathy (G72.81)

D-COVID (U07.1)

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Tying the Etiologic to the IGC (Appendix A)

CMS IRF-PAI Manual — Appendix A

STROKE (01)

The STROKE Impairment Group includes cases with the diagnosis of cerebral ischemia due to vascular thrombosis, embolism, or hemorrhage.

NOTE: Do NOT use for cases with brain dysfunction secondary to non-vascular causes such as trauma, inflammation, tumor, or degenerative changes. These should be coded under BRAIN DYSFUNCTION (02) instead.

01.1 Left Body (Right Brain)
01.2 Right Body (Left Brain)
01.3 Bilateral
01.4 No Paresis
01.9 Other Stroke

UDSMR℠ Impairment Group	UDSMR℠ Impairment Group Code (Item 21)	RIC	ICD-10-CM Code (Item 22)	Etiologic Diagnosis
STROKE	01.1 – 01.9	Stroke (01)	I60.00–I60.9	Nontraumatic subarachnoid hemorrhage, including ruptured cerebral aneurysm
			I61.0–I61.9	Nontraumatic intracerebral hemorrhage
			I62.00-I62.9	Other and unspecified Nontraumatic intracranial hemorrhage
			I63.00, I63.011-I63.019, I63.02, I63.031-I63.039, I63.09-I63.10, I63.111-I63.119, I63.12, I63.131-I63.139, I63.19-I63.20, I63.211-I63.219, I63.22, I63.231-I63.239, I63.29	Occlusion and stenosis of precerebral arteries, with cerebral infarction
			I63.30, I63.311-I63.349, I63.39, I63.40, I63.411-I63.449, I63.49-I63.50, I63.511-I63.549, I63.59, I63.6, I63.8-I63.9	Occlusion and stenosis of cerebral arteries, with cerebral infarction
			I67.89	Other cerebrovascular disease

IRF-PAI Version 4.2, Effective October 1, 2024 — Page A-6

IGC/RIC Instructions

IGC Options

Crosswalk Table

https://www.cms.gov/medicare/quality/inpatient-rehabilitation-facility/irf-pai-and-irf-qrp-manual - DOWNLOADS

IRF-PAI Items 21 and 22

Admission IGC Determines CMG

Identification Information

1. Facility Information
   A. Facility Name
   B. Facility Medicare Provider Number ______
2. Patient Medicare Number ______
3. Patient Medicaid Number ______
4. Patient First Name ______
5A. Patient Last Name ______

Medical Information

21. Impairment Group* ______ Admission ______ Discharge

Condition requiring admission to rehabilitation; code according to Appendix A.

22. Etiologic Diagnosis
(*Use ICD codes to indicate the etiologic problem that led to the condition for which the patient is receiving rehabilitation*)
A. ______
B. ______
C. ______

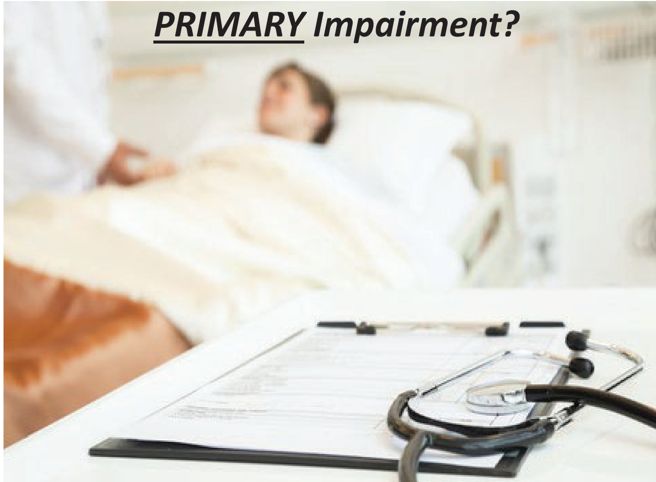
23. Date of Onset of Impairment ___ / ___ / ______ MM / DD / YYYY

24. Comorbid Conditions
Use ICD codes to enter comorbid medical conditions
A. ______ J. ______ S. ______
B. ______ K. ______ T. ______

ETIOLOGIC(S) SUPPORT(S) IMPAIRMENT (IGC)

Remember, For Correct IGC - ASK!

What is/are the Underlying Diagnosis(es) that caused the PRIMARY Impairment?



What is the PRIMARY Focus of Treatment?

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Remember, the Leading Letter May be a Clue to your IGC

- **A, B – Infections (Organisms)**
- **C, D - Neoplasms**
- **E – Endocrine/Metabolic**
- **F- Mental, Behavioral, Neurodevelopmental Disorders**
- **G – Nervous System**
- **H – Eye/Ear**
- **I – Circulatory System (Cerebrovascular and Cardiovascular)**
- **J – Respiratory**
- **K - Digestive**
- **L – Skin /SubQ Tissues**
- **M – Musculoskeletal (Not Traumatic Injuries)**
- **N - Genitourinary**
- **O/P - Pregnancy/Newborns (Momma's and Babies)**
- **Q - Congenital**
- **R – Signs, Symptoms and Abnormal Clinical/Lab Findings**
- **S, T – Injuries (Including Burns and Complications) and Poisonings**
- **U- Codes For Special Circumstances**
- **V, Y – External Causes**
- **Z – Factors Influencing Health (Status Codes – Not typically used as etiologic)**

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IRF-PAI Coding – Searching for Comorbids

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES
OMB No. 0938-0842

INPATIENT REHABILITATION FACILITY - PATIENT ASSESSMENT INSTRUMENT

Identification Information

1. Facility Information
   A. Facility Name
   B. Facility Medicare Provider Number
2. Patient Medicare Number
3. Patient Medicaid Number
4. Patient First Name
5A. Patient Last Name
5B. Patient Identification Number
6. Birth Date MM / DD / YYYY
7. Social Security Number
8. Gender (1 - Male; 2 - Female)
10. Marital Status (1 - Never Married; 2 - Married; 3 - Widowed; 4 - Separated; 5 - Divorced)
11. Zip Code of Patient's Pre-Hospital Residence
12. Admission Date MM / DD / YYYY
13. Assessment Reference Date MM / DD / YYYY
14. Admission Class (1 - Initial Rehab; 3 - Readmission; 4 - Unplanned Discharge; 5 - Continuing Rehabilitation)
15A. Admit From
16A. Pre-hospital Living Setting (Use codes from 15A. Admit From)
17. Pre-hospital Living With

Medical Information

21. Impairment Group* Admission Discharge
Condition requiring admission to rehabilitation; code according to Appendix A.
22. Etiologic Diagnosis
23. Date of Onset of Impairment MM / DD / YYYY
24. Comorbid Conditions
Use ICD codes to enter comorbid medical conditions
24A. Are there any arthritis conditions recorded in items #21, #22, or #24 that meet all of the regulatory requirements for IRF classification (in 42 CFR 412.29(b)(2)(x), (xi), and (xii))? (0 - No; 1 - Yes)
Height and Weight
25A. Height on admission (in inches)
26A. Weight on admission (in pounds)

* The impairment codes incorporated or referenced herein are the property of U B Foundation Activities, Inc. ©1993, 2001 U B Foundation Activities, Inc

Discharge Information

40. Discharge Date
41. Patient discharged against medical advice? (0 - No; 1 - Yes)
42. Program Interruption(s) (0 - No; 1 - Yes)
43. Program Interruption Dates
44C. Was the patient discharged alive? (0 - No; 1 - Yes)
44D. Patient's discharge destination/living setting
45. Discharge to Living With
46. Diagnosis for Interruption or Death (Code using ICD code)
47. Complications during rehabilitation stay (Use ICD codes to specify up to six conditions that began with this rehabilitation stay)

Therapy Information

O0401. Week 1: Total Number of Minutes Provided
O0402. Week 2: Total Number of Minutes Provided

ADMISSION

Section GG Functional Abilities and Goals

GG0100. Prior Functioning: Everyday Activities.
GG0110. Prior Device Use.

IRF-PAI = 31 pages

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Comorbidities & Complications

- Could Impact Payment
  - Tier
  - 60%
- Should be consistent with GG and other IRF PAI quality scores when appropriate.

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Basic Coding Nuances - Comorbidities vs Complications

- **Comorbidities ("History of" doesn't mean CURRENT!)**
  - ➢Exist at time of admission
  - ➢Treated
  - ➢Impact treatment/length of stay
- **Complications**
  - ➢Occur or are identified during the admission

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IRF-PAI Basic Coding Nuances – Comorbidities and Complications

- **Diagnoses recognized on the last two days of the stay are not reported.**
- **Conditions that are Possible, Probable, or Suspected are not reported (SAME RULE ON CLAIM).**
- **Different rules for some diagnoses, ex:**
  - **Stroke**
  - **Gangrene**
  - **Fractures**

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Quality Measures vs Diagnoses

Section A **Transportation**	Section B **Hearing, Speech, and Vision** (includes Literacy)	Section C **Cognitive Patterns** (includes Signs/Symptoms Delirium)	Section D **Mood** (includes Social Isolation)
Section GG **Functional Abilities and Goals** (ADL's, Mobility)	Section H **Bladder and Bowel** (Continence)	Section I **Active Diagnoses** (PVD, DM)	Section J **Health Conditions** (Pain, Falls, Prior Surgery)
Section K **Swallowing/Nutritional Status**	Section M **Skin Conditions** (Ulcers, Stages)	Section N **Medications**	Section O **Special Treatments, Procedures, Programs** (Chemo, O2, Trach, Dialysis, Vent…)

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ICD-10-CM Guidelines Section III – Reporting Additional Dx

UHDDS Definition for ALL non-outpatient settings - *"all conditions that coexist at the time of admission, that develop subsequently, or that affect the treatment received and/or the length of stay. Diagnoses that relate to an earlier episode which have no bearing on the current hospital stay are to be excluded."*

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Section III – Reporting Additional Dx

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Guidelines when the ICD-10 Indexes do not provide direction.

A. Previous Conditions

"If the provider has included a diagnosis in the final diagnostic statement, such as the discharge summary or the face sheet, it should ordinarily be coded. Some providers include in the diagnostic statement resolved conditions or diagnoses and status-post procedures from previous admissions that have no bearing on the current stay. Such conditions are not to be reported and are coded only if required by hospital policy. However, history codes (categories Z80-Z87) may be used as secondary codes if the historical condition or family history has an impact on current care or influences treatment."

AQ-IQ IRF PRO LAB 7
Session Three
October 1, 2025

Section III – Reporting Additional Dx

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Guidelines when the ICD-10 Indexes do not provide direction.

B. Abnormal Findings

*"**Abnormal findings** (laboratory, x-ray, pathologic, and other diagnostic results) **are not coded and reported unless the provider indicates their clinical significance**. If the findings are outside the normal range and the attending provider has ordered other tests to evaluate the condition or prescribed treatment, it is appropriate to ask the provider whether the abnormal finding should be added. "*
Inpatient ONLY guideline

Poll - Comorbidity or Complication #1

Stage 3 pressure ulcer uncovered from DTI on day 4 of admission.

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Poll - Comorbidity or Complication #2

UTI found on day 4, patient presented with pain/burning with urination and frequent urination at admission.

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Poll - Comorbidity or Complication #3

Patient documented with history of pneumonia at admission on clarithromycin for 4 more days.

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Poll - Comorbidity or Complication #4

Patient with nausea and vomiting the day before discharge back to acute.

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Poll - Comorbidity or Complication #5

Patient documented with chronic CHF in the discharge summary only however, non-physician documentation indicates it was present on admission.

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Poll - Comorbidity or Complication #6

CKD stage II progressed to stage III during admission.

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Tier Opportunities

Code	Code Title	Tier	RIC Exclusion
J38.01	Paralysis of vocal cords and larynx, unilateral	1	15
J38.02	Paralysis of vocal cords and larynx, bilateral	1	15
J38.4	Edema of larynx	1	15
Z43.0	Encounter for attention to tracheostomy	1	--
Z93.0	Tracheostomy status	1	--
Z99.2	Dependence on renal dialysis	1	--
A04.71	Enterocolitis due to clostridium difficile, recurrent	2	--
A04.72	Enterocolitis due to clostridium difficile, not specified as recurrent	2	--
A04.8	Other specified bacterial intestinal infections	2	--
B96.5	Pseudomonas (aeruginosa) (mallei) (pseudomallei) as the cause of diseases classified elsewhere	2	--
I69.091	Dysphagia following nontraumatic subarachnoid hemorrhage	2	01
I69.191	Dysphagia following nontraumatic intracerebral hemorrhage	2	01
I69.291	Dysphagia following other nontraumatic intracranial hemorrhage	2	01
I69.391	Dysphagia following cerebral infarction	2	01
I69.891	Dysphagia following other cerebrovascular disease	2	01
I69.991	Dysphagia following unspecified cerebrovascular disease	2	01
K91.2	Postsurgical malabsorption, not elsewhere classified	2	--
R13.0	Aphagia	2	01
R13.10	Dysphagia, unspecified	2	01
R13.11	Dysphagia, oral phase	2	01
R13.12	Dysphagia, oropharyngeal phase	2	01
R13.13	Dysphagia, pharyngeal phase	2	01
R13.14	Dysphagia, pharyngoesophageal phase	2	01
R13.19	Other dysphagia	2	01

Common Tier 3 (Incomplete List)

- Pneumonia
- Sepsis
- Cellulitis specified location
- Abscess certain locations
- Diabetes with Manifestations
- Specified CHF (Systolic/Diastolic; Chronic/Acute)
- Encephalitis
- CAD of specified vessels w/ gangrene and/or ulceration
- Hemiplegia (in non-CVA patient)
- Certain Infections/Organisms
- Colostomy/Enterotomy malfunction, hemorrhage, infection, complication
- Post Op Infections

Appendix C – List of Comorbidities FY2022

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Tier Opportunities – Codes

- **B Tier:** Vocal Cord Paralysis, Unilateral or bilateral (Unspec = D)
- **C Tiers:**
  - Enterocolitis due to C-Diff, recurrent or unspecified (C) – A04.71-A04.72
  - Other Specified Bacterial Intestinal Infection (C) – A04.8
    - i.e. Specified Infection **BUT Not** e-coli; Shigellosis; Salmonella; Cholera or Typhoid
- **D Tiers:**
  - **Sepsis due to specified organisms**
    - Example: streptococcal; MRSA; MSSA; Staphylococcal; Hemophilus influenza; Enterococcus; Pseudomonas

When an infection is reported the organism is also reported if documented by the physician.

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Pseudomonas – Not All Equal!

- **B96.5 ..as the cause of diseases classified elsewhere = C Tier**
  - i.e. UTI; Bone/Joint Infections; Skin Infections; Heart Valve Infections; post operative infections/inflammatory reaction due to joint prosthesis
- **A41.52…Sepsis due to Pseudomonas = D Tier**
- **J15.1…Pneumonia due to Pseudomonas = D Tier**

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Peculiar Challenge

- **Trach vs Trach Infection**
- **Morbid Obesity vs Morbid Obesity with Hypoventilation Syndrome**
- **Others Exist**

CHAT - What's reported #1

Documented "History of Pneumonia" on antibiotics during IRF admission, no discussion in record for indication for use of antibiotics.

Do we have a tier?

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CHAT - What's reported #2

History of Breast Cancer on prophylactic Tamoxifen.

Do we have a tier?

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CHAT- What's reported #3

Debility due to Critical Illness Myopathy and patient with comorbidities of DMII, CKD, CHF.

Do we have a tier?

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CHAT - What's reported #4

Gait dysfunction due to hip fracture.

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CHAT- What's reported #5

Hypertension, Systolic Congestive Heart Failure, Chronic Kidney Disease Stage 3.

Do we have a tier?

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CHAT - What's reported #6

Morbid obesity, BMI 30

Do we have a tier?

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CHAT - What's reported #6

Diabetes, Cataracts, Polyneuropathy, documented glucose of 42

Do we have a tier?

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Breakout

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Supporting Comorbidities, Complications and Presumptive Compliance

- If it exist, is treated, extends the length of stay or utilizes a resource – **IT SHOULD BE DOCUMENTED!**
- **ALL** skin conditions and swallowing **function should be documented ON ADMISSION** or as soon as known.
- If a condition existed in acute that is still treated in rehab, **it should not be downgraded** if treatment is not completed.
- Clear **STATUS** of conditions as **current versus historical should be stated**.
- Treatment should be **associated** to **ALL stated** diagnoses.
- Provide **relevance of lab and other test** results as soon as known.
- Physicians may document timing/duration in discharge summary if forgotten but best practice = when recognized.

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Session 3 Assignments

Take the quiz for CE Credit

Comment in the group - your biggest challenge to capturing tiers. Provide a solution to someone else.

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