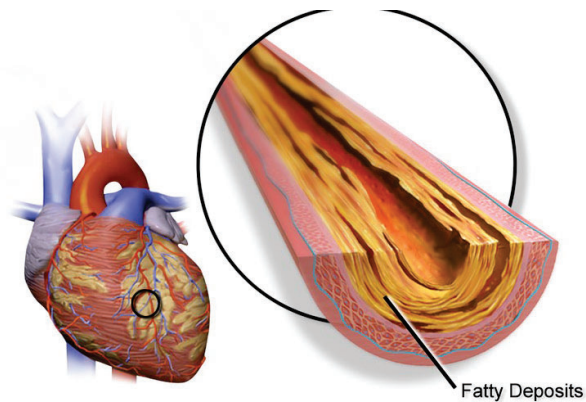


# Atherosclerotic/Arteriosclerotic Disease



Partially Blocked Coronary Artery

- Extremities (I70)
- Brain (I67)
- Heart (I25)

## Peripheral Artery Disease

### I70.0 - Aorta

### I70.1 - Renal artery

### (I70.2-) - Native arteries

- I70.201 - ...right Leg
- I70.211 - ...w/intermittent claudication
- I70.221 - ...w/rest pain
- I70.231 - ...w/ulceration, thigh
- I70.261 - ...w/gangrene

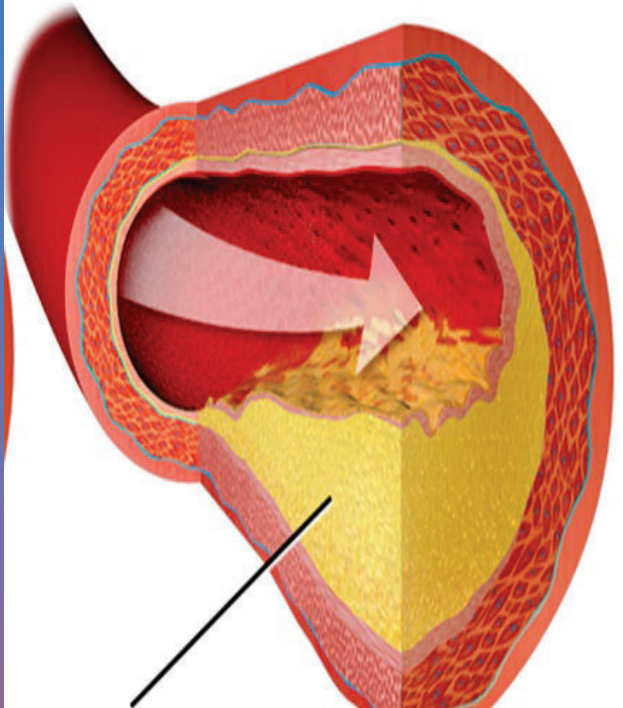
- (I70.3-) - Unspecified type of Graft
- (I70.4-) - Autologous vein graft
- (I70.5-) - Nonautologous biological bypass graft
- (I70.6-) - Nonbiological bypass graft
- (I70.7-) - Other type of bypass graft
- (I70.8) - Atherosclerosis of other arteries
- (I70.9-) - Other and unspecified atherosclerosis
  - Generalized/unspecified

# PAD Associated Conditions

- Intermittent Claudication
  - Intermittent Pain in extremities
- Rest Pain
  - Pain lasting longer no relief from medications or constant
- Ulceration(s)/Gangrene
  - Self explanatory
  - Report also ulcer severity L97.- or L98.-

## Atherosclerotic Heart Disease

- (I25.1-) - ...native coronary artery
  - (I25.75-) - ...transplanted heart
  - W or w/o unstable angina and severity of angina (unstable (0), with spasm (1), other (8) and unspecified(9))
- (I25.70-) - ...unspecified bypass graft(s)
  - (I25.76-) - ...transplanted Heart
  - W or w/o unstable angina and severity of angina (unstable (0), with spasm (1), other (8) and unspecified(9))
- (I25.81-) - ...other coronary vessels w/o angina
- I25.82 - Chronic total occlusion (CTO)
- I25.83 - CAD d/t lipid rich plaque
- I25.84 - CAD d/t calcified coronary lesion
- I25.89 - Other chronic ischemic heart disease
- I25.9 - Chronic ischemic heart disease, unspecified



# Reporting Angina Alone (I20.-)

- (0) - Unstable Angina
- (1) - ...without documented spasm
- (2) - refractory
- (8) - ...other (use addition codes for symptoms)
- (9) - unspecified



## IRF Considerations - Etiologic

Primarily Etiologic in

- Cardiac
- Amputation



# IRF Considerations – 60%

- No Diagnoses that cause 60%
- None cause to FAIL



## IRF Considerations – Tiers

### D Tier

- Atherosclerosis of native arteries of lower extremities with ulceration (RIC Exclusion: 10, 11)
- Atherosclerosis of native arteries of native arteries of lower extremities with gangrene (RIC Exclusion: 10, 11)
- Chronic Total Occlusion of extremities
- Dissection of Aorta
- Aortic Aneurysm
- Septic Arterial Embolism
- Gangrene, NOS

# Acute MIs

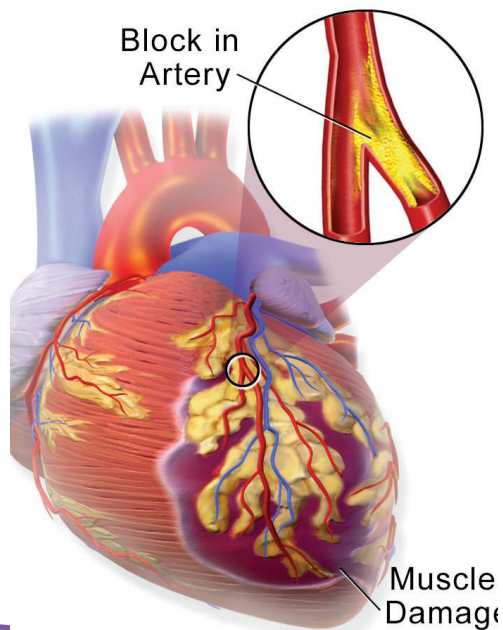
- **Two types**
  - STEMI (ST-segment Elevation Myocardial Infarction)
  - NSTEMI (Non-ST segment Elevation Myocardial Infarction)



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**Heart Attack**

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# Acute MIs

- Code Range - I21.01-I22.9
- Time frame for healed/old MI is 4 weeks
- Site and type of Infarction should be documented
- New AMI w/in 4 weeks of a previous AMI reported with:
  - I22.- & I21.-

# STEMI vs NSTEMI Coding

**I21.01** - STEMI left main coronary artery

**I21.02** - ...left anterior descending coronary artery

**I21.09** - ...other coronary artery of anterior wall

**I21.11** - ...right coronary artery

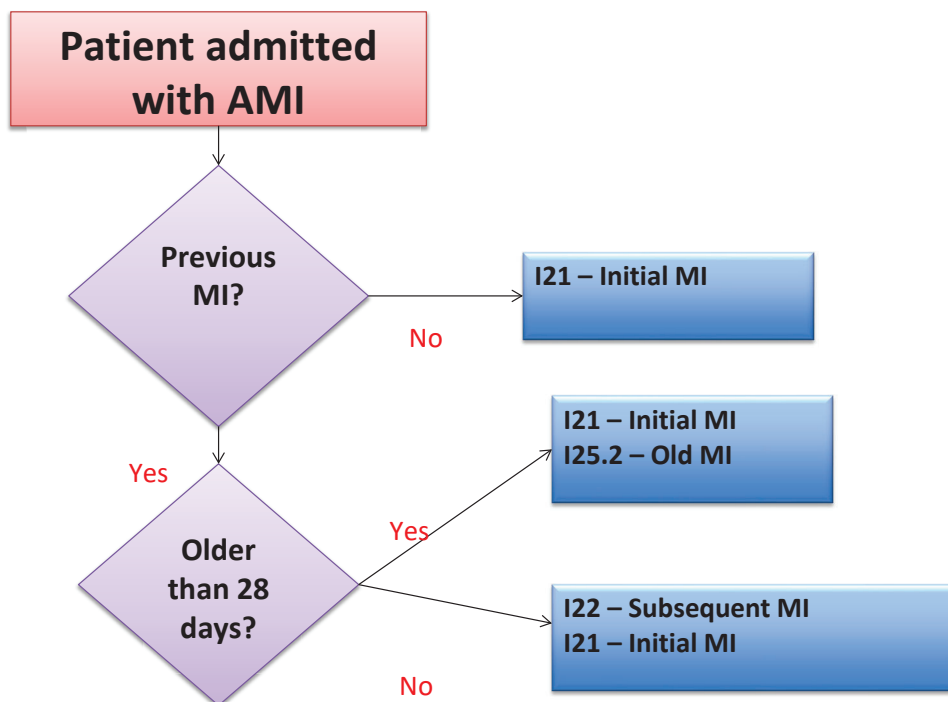
**I21.19** - ...other coronary artery of inferior wall

**I21.21** - ...left circumflex coronary artery

**I21.29** - ...other sites

**I21.3** - ...unspecified site

- Reported with code I21.4
  - Acute subendocardial myocardial infarction
  - Non-Q wave myocardial infarction NOS
  - Nontransmural myocardial infarction NOS
  - Type 1 non-ST elevation myocardial infarction



# Other Types of Myocardial Infarction

- I21.A1 – Myocardial infarction type 2
- I21.A9 - Other myocardial infarction type
  - AMI Associated With Revascularization Procedure
  - Type 3
  - Type 4a
  - Type 4b
  - Type 4c
  - Type 5
- I21.B - MI with coronary microvascular dysfunction
- Pay attention: “code also” and “code first”

## Subsequent MIs (I22.-)

- **Subsequent STEMI**
  - Specified As:
    - Anterior/Interior Wall
    - Other
    - Unspecified
- **Subsequent NSTEMI**



## Complications of MIs



### Complications of MIs reported with code I23.0-I23.8

- Used for complications within the first 28 days
- Specify type of complication



## Other AMI Options

- I25.2 - Healed/Old/Past
  - Diagnosed on EKG but without symptoms
- Intraoperative
  - I97.790 - Other intraoperative cardiac functional disturbances during cardiac surgery
  - I97.791 - Other intraoperative cardiac functional disturbances during other surgery
    - Use additional code, if applicable, to further specify disorder
- I24.1 - Post myocardial infarction syndrome

## Activity

A patient is seen for an acute subendocardial myocardial infarction

## Activity

A patient underwent a percutaneous coronary intervention and during the procedure the patient has a type 4A Myocardial Infarction

# Activity

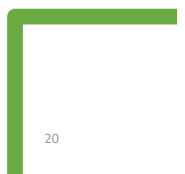
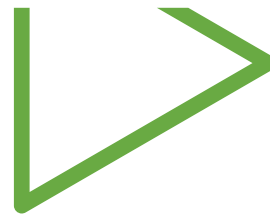
A patient is seen diagnosed with a STEMI of the inferior wall. This STEMI is subsequent to a previous STEMI suffered 15 days prior

## Coding vs. Documentation

### Things to know/look for in Documentation

- Type (includes any cause)
  - STEMI (I21.x)
  - NSTEMI (I21.4)
  - Unspecified (I21.9)
  - Other (I21.A)
- Occurrence
  - Acute (28 days or less)
  - Subsequent Attack (I22.x) - not subsequent visit!
- Site/Location: e.g., anterolateral, posterior wall

**Episode of Care – Not a factor!**





# IRF Considerations - Etiologic

## Primarily Etiologic in

- Cardiac

# IRF Considerations – 60%

- No Diagnoses that cause 60%
- None cause to FAIL

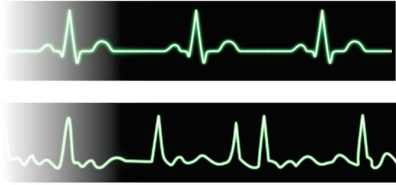
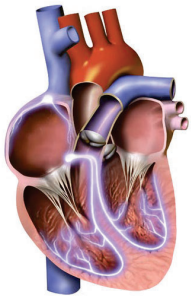
# IRF Considerations – Tiers

- AMI codes are A tiers (Not on Tiered Comorbidity List)

## Congestive Heart Failure

ICD-10	Description
I50.1	Left ventricular failure, unspecified
I50.20-I50.23	Systolic (congestive) heart failure
I50.30-I50.33	Diastolic (congestive) heart failure
I50.41-I50.43	Combined systolic (congestive) and diastolic (congestive) heart failure
I50.810-I50.84	Other specified types of heart failure
I50.89	Other heart failure
I50.9	Heart failure, unspecified

# AFIB and Flutter



**Atrial Fibrillation**

- I48.0 - Paroxysmal atrial fibrillation
- (I48.1-) - Persistent atrial fibrillation
  - *Specify as Longstanding vs Other*
- (I48.2-) - Chronic atrial fibrillation
  - *Specify Permanent vs Other Chronic*
- I48.3 - Typical atrial flutter
- I48.4 - Atypical atrial flutter
- I48.91 - Unspecified atrial fibrillation
- I48.92 - Unspecified atrial flutter

## IRF Considerations - Etiologic

### Primarily Etiologic in

- Cardiac
- Debility



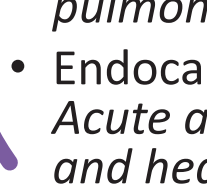
## IRF Considerations – 60%

- No Diagnoses that cause 60%
- None cause to FAIL



## IRF Considerations – Tiers

### D Tier

- 
- Myocarditis (*Rheumatic, Infective, Isolated, Acute, Other, etc.*)
  - Pulmonary Embolism (*Septic pulmonary embolism, Saddle embolus of pulmonary artery, Multiple subsegmental pulmonary emboli, etc.*)
  - Endocarditis (*Acute and subacute infective endocarditis, Acute and subacute endocarditis, unspecified; Endocarditis and heart valve disorders in diseases classified elsewhere*)

## IRF Considerations – Tiers

### D Tier

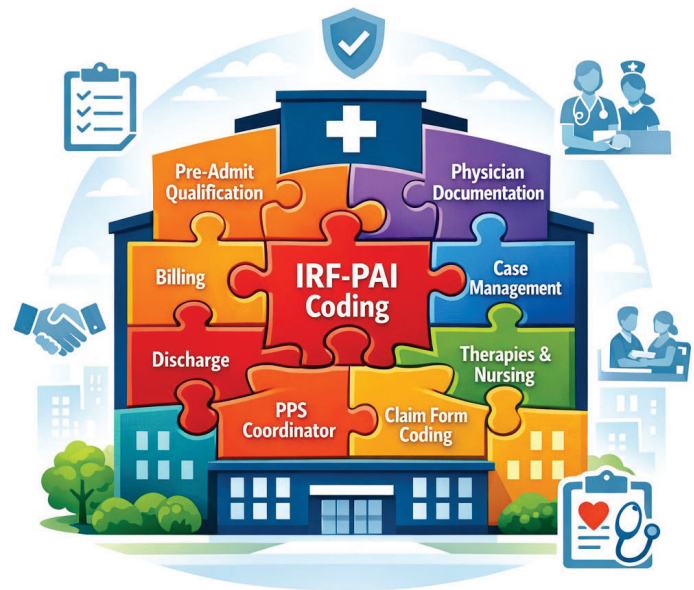
- Cardiac Arrest
- Ventricular fibrillation
- Left ventricular failure, unspecified
- Specified CHF (*Acute systolic, Chronic Diastolic, etc.*)

- Quiz
- Activities
- Revisit Recordings
- Community Check-In

*What has been the **most valuable thing** you've learned so far?*

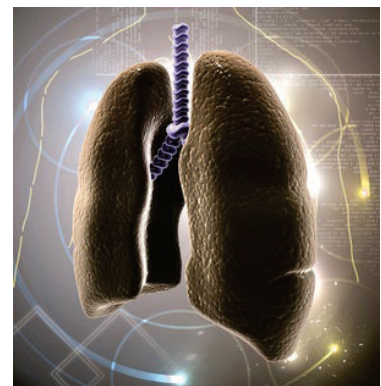


**Session 7 –  
Ch 10 Respiratory  
Ch 22 Special Purposes  
Ch 12 Skin and Subq  
Tissues  
Ch 13 Musculoskeletal**

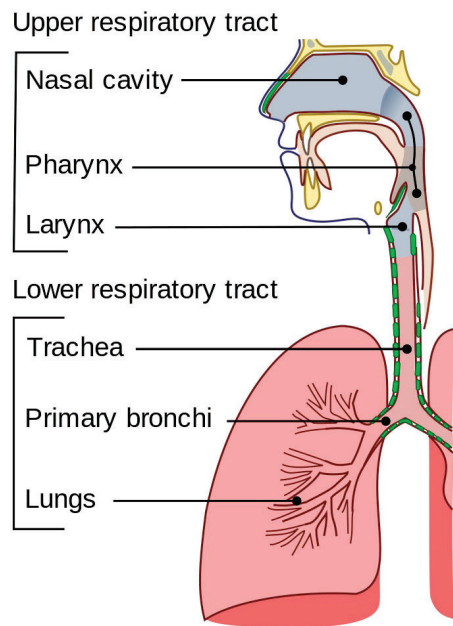


**This chapter contains the following blocks:**

- J00-J06 Acute upper respiratory infections
- J09-J18 Influenza and pneumonia
- J20-J22 Other acute lower respiratory infections
- J30-J39 Other diseases of upper respiratory tract
- J40-J4A Chronic lower respiratory diseases
- J60-J70 Lung diseases due to external agents
- J80-J84 Other respiratory diseases principally affecting the interstitium
- J85-J86 Suppurative and necrotic conditions of the lower respiratory tract
- J90-J94 Other diseases of the pleura
- J95-J95.89 Intraoperative and postprocedural complications and disorders of respiratory system, not elsewhere classified
- J96-J99 Other diseases of the respiratory system



**Chapter 10 - Diseases of the  
Respiratory System**



## Common Conditions

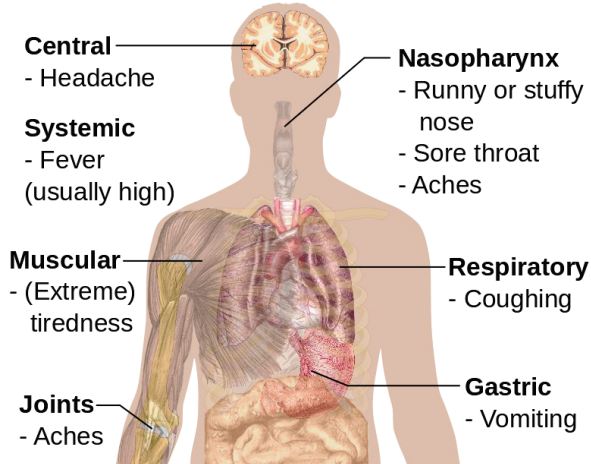
- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)
- Bronchitis
- Pneumonia/Infections
- Pulmonary Edema
- Pleural Effusions
- And Respiratory Failure

## Upper Respiratory Infections

- J00 - Acute nasopharyngitis
- J01 - Acute sinusitis
- J02 - Acute pharyngitis
- J03 - Acute tonsillitis
- J04 - Acute laryngitis and tracheitis
- J05 - Acute obstructive laryngitis and epiglottitis
- J06 - Acute upper respiratory infections of multiple and unspecified sites

# Influenza

## Symptoms of Influenza

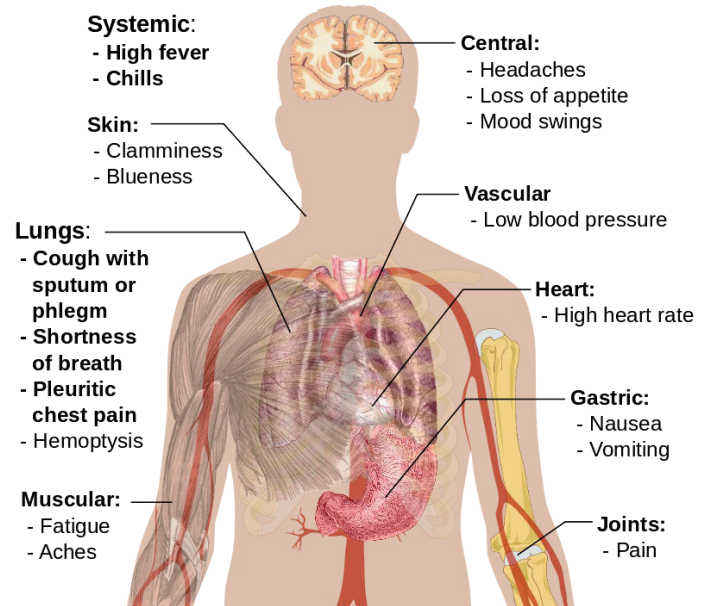


- Specify type
  - J09.X1-J09.X9 - Novel influenza A virus
  - J10.00-J10.89 - Other identified
  - J11.00-J11.89 - Unidentified
- Stated manifestations are important to code selection

# Pneumonia

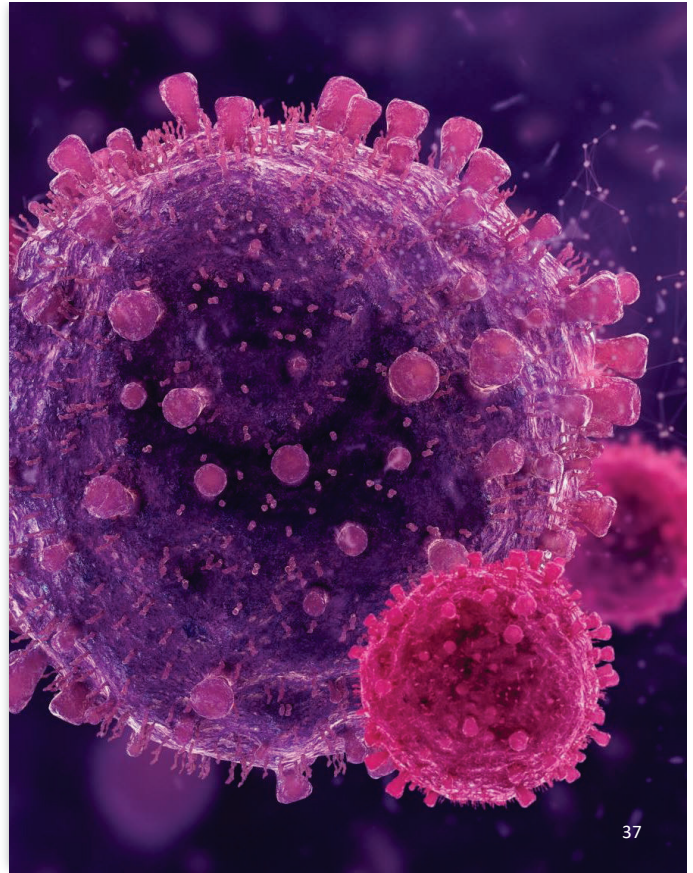
- Caused by a variety of organisms
- Classified according to the types of germs that cause it and where you got the infection.
  - *Community Acquired*
  - *Health Care-Acquired*
  - *Aspiration*

## Main Symptoms of Infectious Pneumonia



# Pneumonia

- J12 - Viral
  - *Specify Virus*
- J13 - ...due to *Streptococcus pneumoniae*
- J14 - ...due to *Hemophilus influenzae*
- J15 - Bacterial
  - *Specify Bacteria*
- J16 - ...due to other infectious organisms
- J17 - ...in diseases classified elsewhere
- J18 - ...unspecified organism
  - *Specify Type*
- J69 - Pneumonitis due to solids and liquids
  - *Specify Cause*



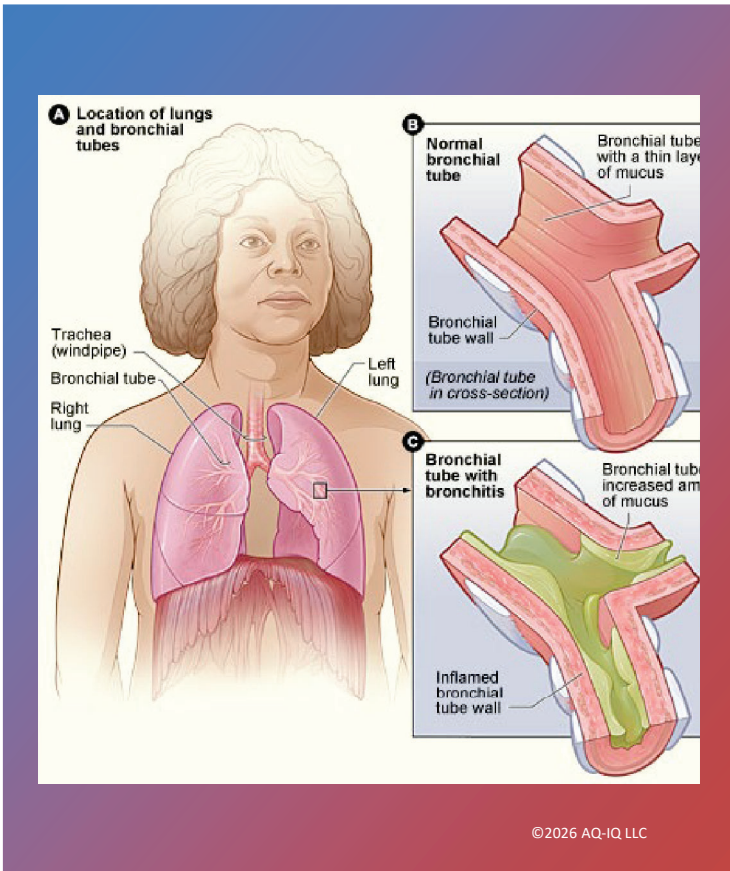
## Ch 10 Guidelines – Respiratory Conditions

### Influenza (I.C.10.c)

- Code confirmed cases ONLY
- Reported by strain (e.g., Category J09 Avian, swine or other Type A, J10, other identified virus)

### Ventilator Assisted Pneumonia (I.C.10.d)

- VAP 1st, Organism 2nd
- Not stated as associated, DON'T ASSUME!

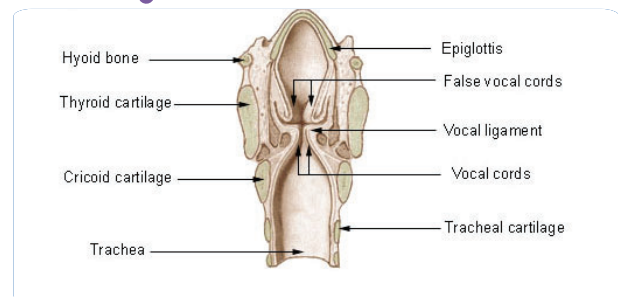


# Bronchitis and Bronchiolitis

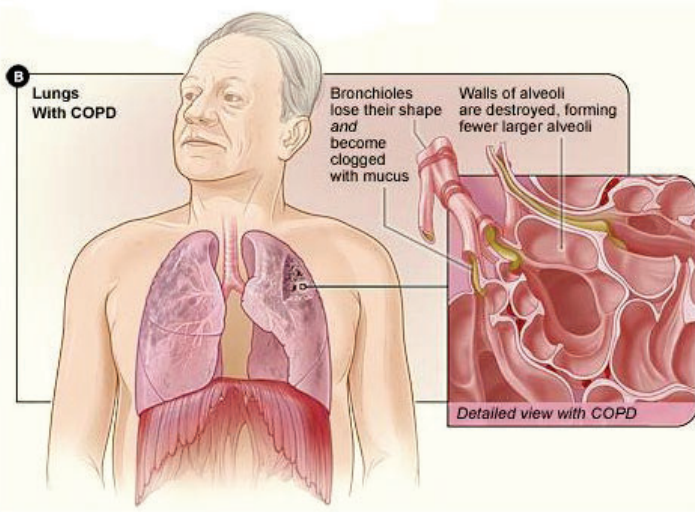
- **J20** - Acute bronchitis
  - *Specified by Cause*
- **J21** - Acute bronchiolitis
  - *Specified by Cause*

## Diseases of Vocal Cords & Larynx

- J38.0 - Paralysis...
  - *Specify Laterality (B Tier)*
- J38.1 - Polyp...
- J38.2 - Nodule...
- J38.3 - Other diseases of vocal cords
- J38.4 - Edema of larynx (*B Tier*)
- J38.5 - Laryngeal spasm
- J38.6 - Stenosis of larynx
- J38.7 - Other diseases of larynx



## COPD



- A chronic inflammatory lung disease that causes obstructed airflow from the lungs
- Symptoms include:
  - *Breathing Difficulty*
  - *Cough*
  - *Mucus (Sputum) Production*
  - *Wheezing*
- Caused by long-term exposure to irritating gases or particulate matter, most often from cigarette smoke
- Two most common forms
  - *Emphysema*
  - *Chronic Bronchitis*

## Chronic Bronchitis vs Emphysema

### Chronic Bronchitis

- **J41.0** - Simple (not stated as obstructive)
- **J41.1** - Mucopurulent
- **J41.8** - Mixed simple and mucopurulent
- **J42** - Unspecified

### Emphysema

- **J43.0** - Unilateral pulmonary
- **J43.1** - Panlobular
- **J43.2** - Centrilobular
- **J43.8** - Other
- **J43.9** – Unspecified

\*Use additional code note

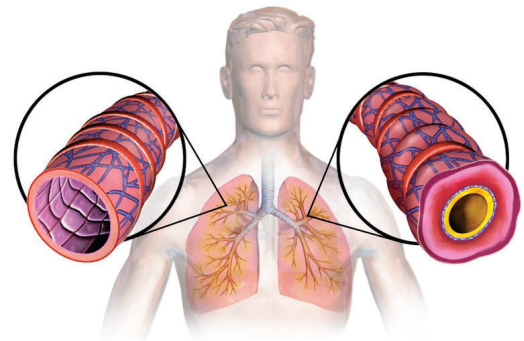
# COPD

- J44.0 - COPD w/acute lower respiratory infection
  - *Use additional code to identify infection*
  - *\*Code also type of asthma, if applicable (J45.-)*
- J44.1 - \*COPD w/(acute) exacerbation
- J44.81 - \*Bronchiolitis obliterans and bronchiolitis obliterans syndrome
- J44.89 - \*Other specified COPD
- J44.9 - \* COPD, unspecified\*

## Asthma

- (J45.2-) - Mild intermittent
- (J45.3-) - Mild persistent
- (J45.4-) - Moderate persistent
- (J45.5-) - Severe persistent
- (J45.9-) - Other and unspecified asthma

\* **Further Specified as: Uncomplicated, w/acute exacerbation or w/status asthmaticus**



# Asthma / COPD

Similarities:	Differences:
<ol style="list-style-type: none"><li>1. Asthma and COPD are diseases of chronic inflammation of the airways that causes airflow obstruction.</li><li>2. Shortness of breath, wheeze and cough are symptoms experienced by both asthma and COPD patients.</li><li>3. Viral infections and exposure to tobacco smoke, indoor air pollution, environmental pollution, and occupational pollution can all cause an asthma or COPD exacerbation.</li><li>4. Asthma and COPD are both diagnosed through the use of breathing test called spirometry.</li></ol>	<ol style="list-style-type: none"><li>1. Asthma is defined as an obstruction that is reversible, where COPD is an obstruction that is irreversible.</li><li>2. The inflammation occurring in asthma and COPD are different. Asthma is primarily caused by allergies, where COPD is caused by bacteria.</li><li>3. Asthma and COPD respond differently to anti-inflammatory medications due to the differences in inflammation.</li><li>4. The goal of treatment is different; asthma is treated to suppress chronic inflammation, where COPD is treated to reduce symptoms.</li></ol>

American Lung Association, Greater II and BC/BS II, NM, OK, TX

## Coding Cases with Multiple Dx

### **COPD and Emphysema**

#### **Q1: COPD and emphysema**

A1: J43.9 - Emphysema, unspecified (emphysema is a type of COPD)

#### **Q2: COPD exacerbation with emphysema**

A2: J43.9 - Emphysema, unspecified (exacerbation of COPD does not confirm bronchitis exist so you don't code it)

#### **Q3: COPD, emphysema, and chronic bronchitis**

A3: J44.89 – Other specified COPD (includes chronic bronchitis with emphysema)

# Coding Cases with Multiple Dx

## **Q4: COPD with acute bronchitis**

A4: J44.0 - COPD w/acute lower respiratory infection, J20.9 - Acute bronchitis (code also to identify infection)

## **Q5: Exacerbation of COPD and acute bronchitis**

A5: J44.0 - COPD with acute lower respiratory infection, J20.9 - Acute bronchitis (infection), J44.1 - COPD w/acute exacerbation

# Coding Cases with Multiple Dx

## **Q6: COPD, Acute Exacerbation of Asthma & Acute Bronchitis**

A6: J44.0 - COPD with lower respiratory infection, J45.901 - Unspecified asthma w/acute exacerbation and J20.9 - Acute bronchitis

## **Q7: COPD with Asthma**

A7: J44.89, Other specified COPD. The type of asthma is not specified so it is not separately reported. If it were specified a code from category J45.- would also be reported

## Activity

Patient diagnosed with acute exacerbation of bronchiectasis in a patient with a past history of smoking

## Activity

Patient diagnosed with emphysema and COPD

Patient diagnosed with COPD and acute exacerbation of Asthma

Patient diagnosed with COPD, Acute exacerbation of asthma and Pneumonia



## \*Respiratory Failure

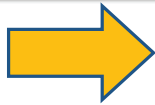
- (J96.0-) - Acute
- (J96.1-) - Chronic
- (J96.2-) - Acute and Chronic
- (J96.9-) - Unspecified

\* *Specify as w/ hypoxia, hypercapnia or unspecified*

## Ch 10 Guidelines – Respiratory Conditions

### COPD & Asthma (I.C.10.a)

- J44 - COPD
- J45 - Asthma



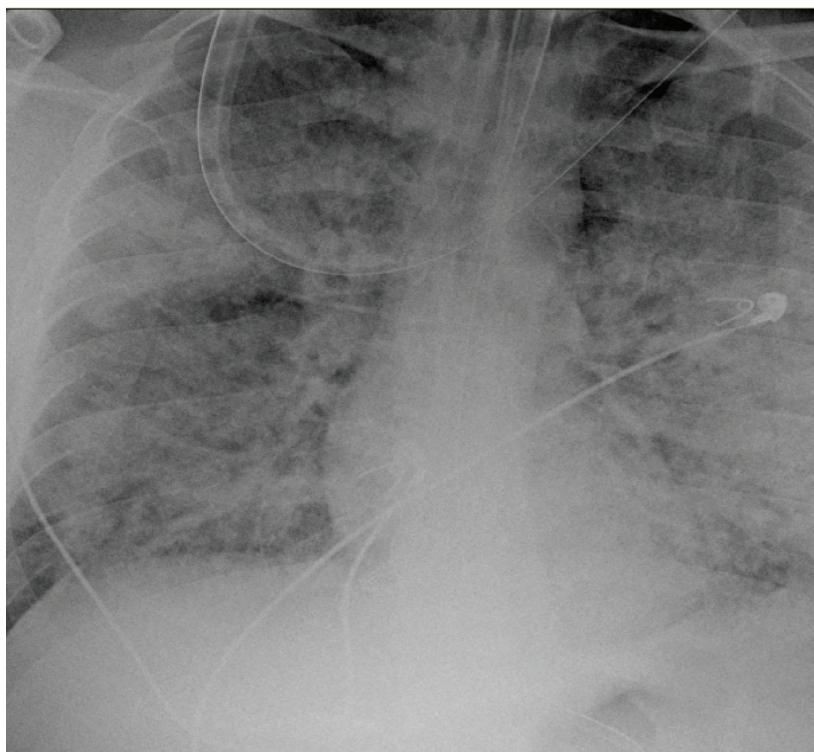
Acute exacerbation is not the same as superimposed infection on chronic condition – both may be reported if appropriate.

### Acute Respiratory Failure (I.C.10.b)

- 1st listed reason for visit
- Obstetrics, HIV, Newborn, Poisoning Rules Prevail
- J96.0 - Category “Acute”
- J96.2 - Category “Acute and Chronic”

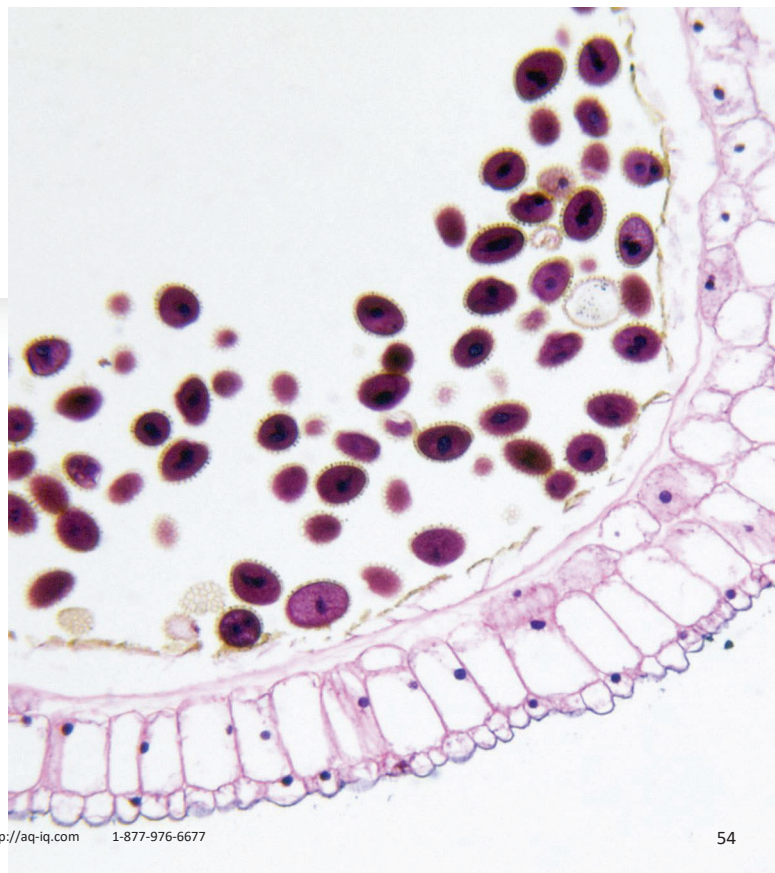
## Acute Respiratory Distress Syndrome

- J80 – Acute respiratory distress syndrome
- Fluid leaks into the lungs making breathing difficult or impossible
- Occurs when there is significant trauma including:
  - *Sepsis*
  - *Breathing in smoke from a house fire*
  - *Near-drowning*
  - *Severe pneumonia*
  - *Major trauma*
  - *Shock*

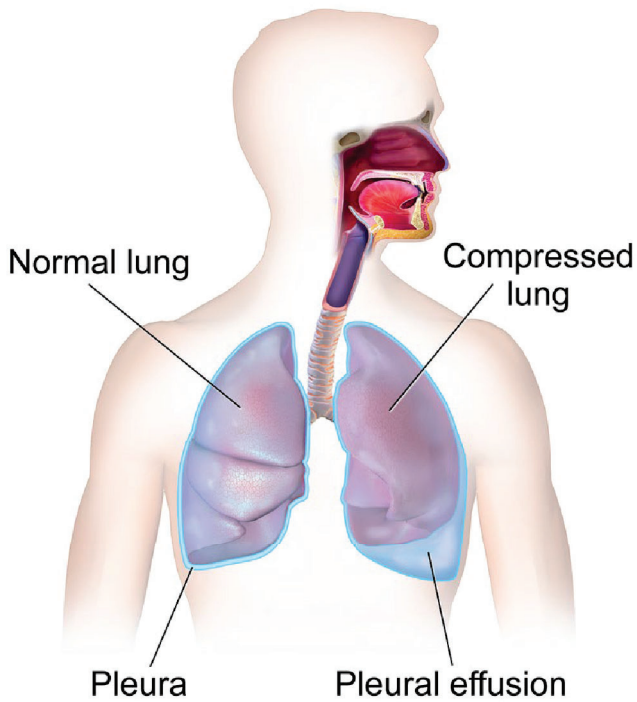


## Pulmonary Edema

- A condition caused by excess fluid in the lungs. This fluid collects in the numerous air sacs in the lungs, making it difficult to breathe
- In most cases, heart problems cause pulmonary edema
  - *Fluid can accumulate for other reasons*
- **J81.0** - Acute pulmonary edema
- **J81.1** - Chronic pulmonary edema



## Pleural Effusion



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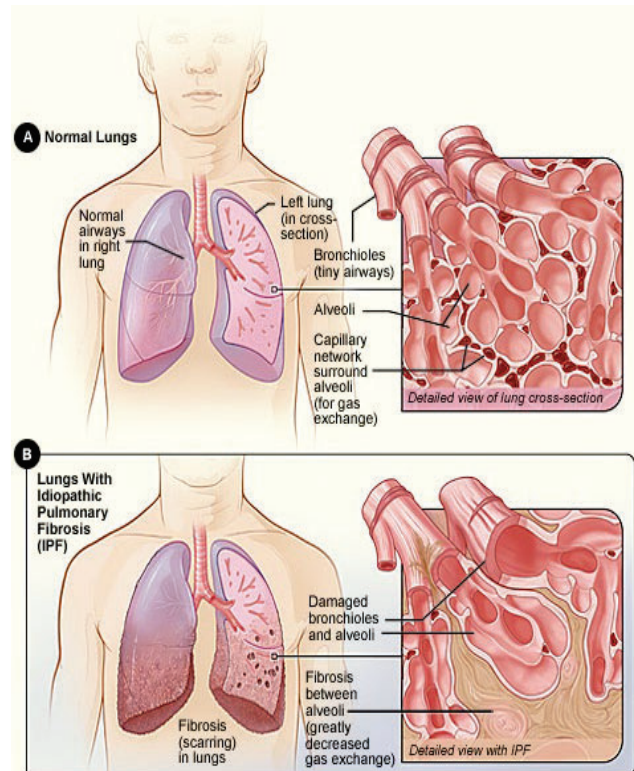
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# Pleural Effusion

- J90 - Pleural effusion, NEC
- J91.0 - Malignant (code first...)
- J91.8 - ...in other conditions classified elsewhere (code first...)

## Interstitial Pulmonary Diseases w/ Fibrosis

- (J84.0-) - Alveolar and Parieto-Alveolar Conditions
- (J84.1-) - Other interstitial pulmonary diseases w/fibrosis
- J84.2 - Lymphoid interstitial pneumonia
- (J84.8-) - Other specified interstitial pulmonary diseases
- J84.9 - Interstitial pulmonary disease, unspecified



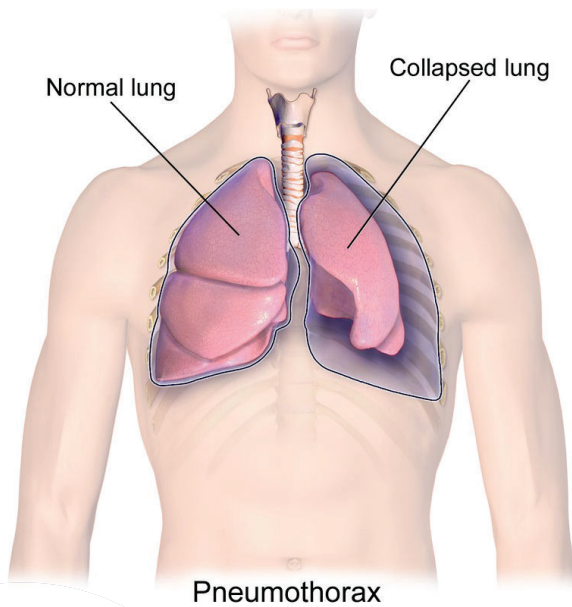
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# Pneumothorax & Air Leak



- Collapsed lung
- Occurs when air leaks into the space between your lung and chest wall.
  - *This air pushes on the outside of your lung and makes it collapse*
- J93.0 - Spontaneous tension pneumothorax
- J93.1 - Other spontaneous pneumothorax
- J93.8 - Other pneumothorax and air leak
- J93.9 - Pneumothorax, unspecified
- Postprocedural see J95-

## Ch 22 Guidelines – Vaping Disorders (I.C.10.e)

### Vaping-Related Disorders

- Conditions related to vaping assign U07.0 as principal
- Lung Injury due to vaping report only U07.0
- Report Additional Manifestation Separately
  - Do not code separately respiratory signs and symptoms (cough, SOB)

# Intraoperative & Postprocedural Complications (J95.x)

- Tracheostomy Complications
- Acute/ Chronic Pulmonary Insufficiency Following Thoracic Surgery
- Intraoperative Hemorrhage And Hematoma Of A Respiratory System Organ Or Structure
- Accidental Puncture And Laceration Of A Respiratory System Organ Or Structure
- Postprocedural Pneumothorax And Air Leak
- Transfusion-related Acute Lung Injury

## Activity

A patient is seen by a physician and is diagnosed with Pneumonia due to *Streptococcus pneumoniae* and Influenza due to identified novel influenza A virus

# Activity

A patient is diagnosed with Acute respiratory failure with hypoxia

# IRF Considerations - Etiologic

## Primarily Etiologic in

- Pulmonary
  - 10.1 - COPD
  - 10.9 - Other Pulmonary
- Debility
  - 16- Acute (Non-Chronic Conditions)



## IRF Considerations – 60%

- No Diagnoses that cause 60%
- None cause to FAIL

## IRF Considerations – Tiers

### **B Tier**

- Paralysis of vocal cords and larynx, unilateral and bilateral
- Edema of larynx

# IRF Considerations – Tiers

## D Tier

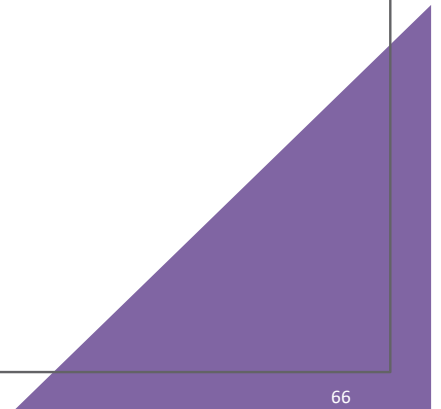
- Acute tracheitis with obstruction
- Acute obstructive laryngitis [croup]
- Acute epiglottitis with obstruction
- Influenza A
- Pneumonia (viral and bacterial specified and unspecified)
- Acute bronchiolitis
- Lung or Mediastinum Abscess
- Hemothorax
- Mediastinitis and other diseases of the mediastinum



# IRF Considerations – Tiers

## D Tier

- Paralysis of vocal cords and larynx, unspecified
- Pneumonitis
- Pulmonary Fibrosis
- Pleural Effusion, NOS
- Pyothorax
- Pulmonary Edema (chronic, due to chemicals/gases)
- Interstitial Lung Diseases
- Pulmonary Insufficiency following surgery
- Respiratory failure (Acute, Acute on Chronic, Unspecified, post procedural)



## Chapter 12 - Diseases of the Skin and Subcutaneous Tissue

This chapter contains the following blocks:

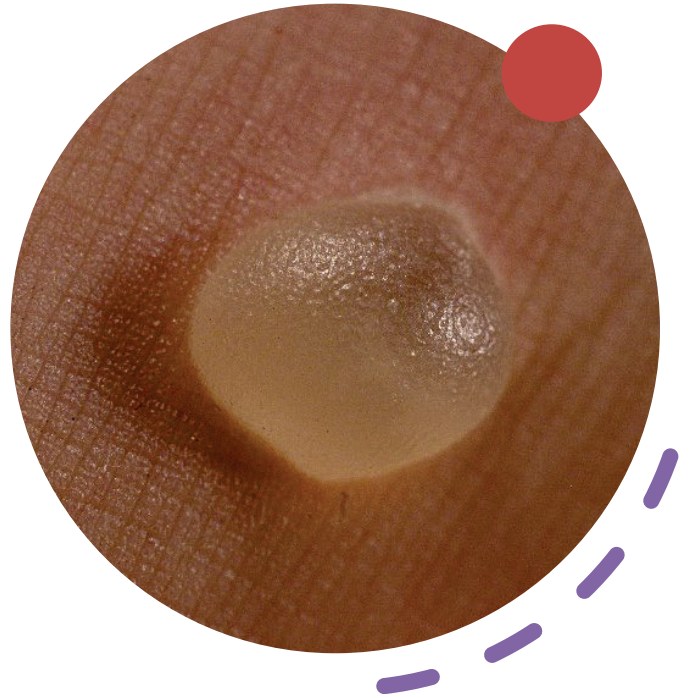
- L00-L08 Infections of the skin and subcutaneous tissue
- L10-L14 Bullous disorders
- L20-L30 Dermatitis and eczema
- L40-L45 Papulosquamous disorders
- L49-L54 Urticaria and erythema
- L55-L59 Radiation-related disorders of the skin and subcutaneous tissue
- L60-L75 Disorders of skin appendages
- L76-L76.82 Intraoperative and postprocedural complications of skin and subcutaneous tissue
- L80-L99 Other disorders of the skin and subcutaneous tissue

## Infections of the Skin and Subcutaneous Tissue

- L00 - Staphylococcal scalded skin syndrome
- L01 - Impetigo
- L02 - Cutaneous abscess, furuncle and carbuncle
- L03 - Cellulitis and acute lymphangitis
- L04 - Acute lymphadenitis
- L05 - Pilonidal cyst and sinus
- L08 - Other local infections of skin and subcutaneous tissue

# Bullous Disorders

- L10 - Pemphigus
- L11 - Other acantholytic disorders
- L12 - Pemphigoid
- L13 - Other bullous disorders
- L14 - Bullous disorders in diseases classified elsewhere



# Dermatitis and Eczema

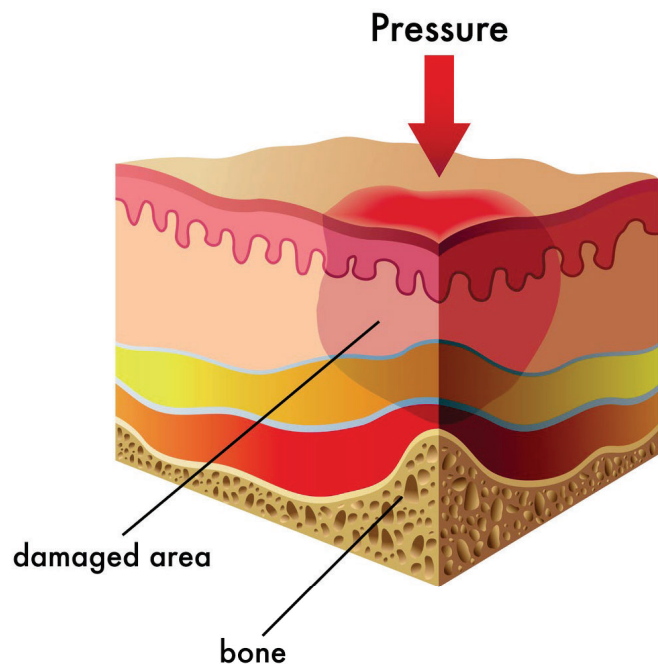
- L20 - Atopic dermatitis
- L21- Seborrheic dermatitis
- L23 - Allergic contact dermatitis
- L24 - Irritant contact dermatitis
- L25 - Unspecified contact dermatitis
- L26 - Exfoliative dermatitis
- L27- Dermatitis due to substances taken internally
- L28 - Lichen simplex chronicus and prurigo
- L29 - Pruritus
- L30 - Other and unspecified dermatitis



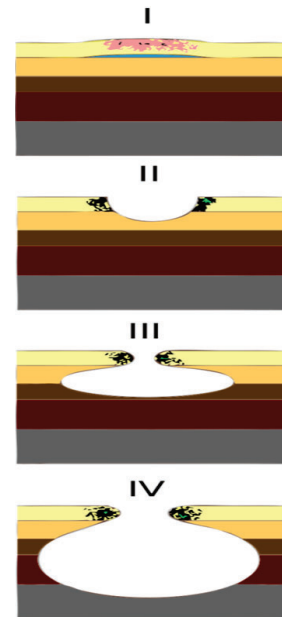
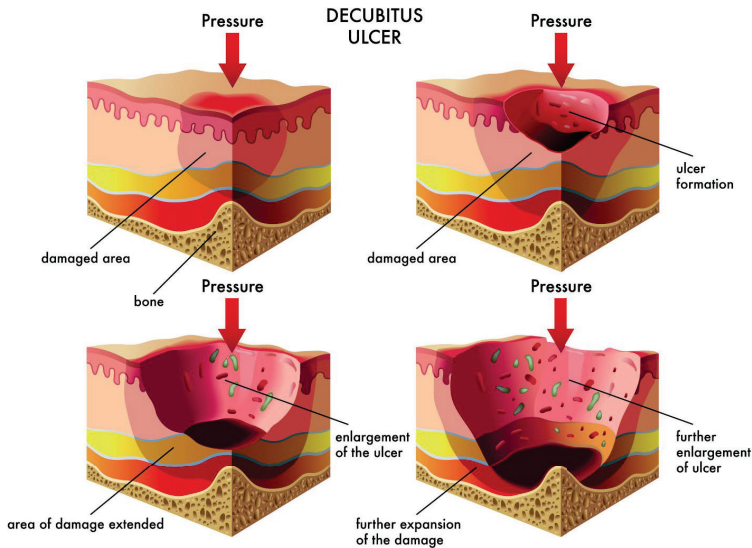
## Papulosquamous Disorders

- L40 - Psoriasis
- L41 - Parapsoriasis
- L42 - Pityriasis rosea
- L43 - Lichen planus
- L44 - Other papulosquamous disorders
- L45 - Papulosquamous disorders in diseases classified elsewhere

## Pressure Ulcers



# Stages



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## Pressure Ulcers ICD-10 CM Guidelines (I.B.14)

Pressure ulcer stage – CAN code from clinicians who are not the patient's provider

The associated diagnosis must be documented by the patient's provider

Conflicting documentation - Query



## Ch 12 Guidelines - Pressure Ulcer Guidelines (I.C.12.a)

- Pressure Ulcers (Category L89)
  - Stage and laterality in one code
  - Unstageable (L89.—0) ≠ Unspecified (L89.—9)
  - “Healed” – NOT REPORTED
  - “Healing” - Assign the appropriate pressure ulcer stage code based on the documentation
    - Ulcers that were POA but healed at discharge, assign the code for the site and stage at the time of admission



## Ch 12 Guidelines - Pressure Ulcer Guidelines Cont. (I.C.12.a)

- Pressure Ulcers (Category L89)
  - If a patient is admitted with a pressure ulcer at one stage and it progresses to a higher stage, two separate codes should be assigned
    - One code for the site and stage of the ulcer on admission
    - A second code for the same ulcer site and the highest stage reported during the stay
  - Pressure Induced Deep Tissue Injury report appropriate code for pressure-induced deep tissue damage (L89.--6) only
  - Report current stage documented at encounter per ulcer

# Ch 12 Guidelines – Non-Pressure Ulcer (I.C.12.b)

- Non-Pressure Ulcers (Category L97)
  - “Healed” – NOT REPORTED
  - “Healing”- Assign the appropriate pressure ulcer stage code based on the documentation
    - Ulcers that were POA but healed at discharge, assign the code for the site and stage at the time of admission
- Non-Pressure Ulcers (Category L97)
  - If a patient is admitted with a non-pressure ulcer at one stage and it progresses to a higher stage, two separate codes should be assigned:
    - One code for the site and stage of the ulcer on admission
    - A second code for the same ulcer site and the highest stage reported during the stay

## A Note on Documentation

- **Associate interrelated conditions** to each other when clinically appropriate
- **Distinguish between pressure and non-pressure ulcers**
- Provide **Stage/Location** and **Laterality** for ALL pressure ulcers
- Provide **size and depth** of all ulcers
- **Document IN DETAIL treatment provided/procedures performed**

## Activity

- Stage 3 pressure ulcer, present on admission improves to stage 2 during the encounter
- Chronic ulcer of the lower limb patient also has atherosclerosis of the lower extremities
- Arteriosclerosis with gangrene left foot, diabetes type 2, CHF acute on chronic systolic, Hypertension, CKD stage 4

## Activity

- DTI debrided during admission uncovered stage 3 pressure ulcer
- Patient diagnosed with a stage 2 pressure ulcer of the left hip on admission at discharge pressure ulcer is stage 3

# Lupus Erythematosus

L93 - Lupus erythematosus

- Specify Type
- Use an additional code for adverse effect, if applicable, to identify drug



## IRF Considerations - Etiologic

### Primarily Etiologic in

- **Amputation**
  - 05 Amputation of limb -Ulcer with gangrene or severe necrosis, Cellulitis
- **Debility**
  - 16-Acute (Non-Chronic Conditions) - Cellulitis, Lymphangitis
- **Skin Disorders**
  - 17.7 Skin Disorder (Not Recommended) - Cellulitis, Pressure Ulcer

# IRF Considerations – 60%

- No Diagnoses that cause 60%
- None cause to FAIL

# IRF Considerations – Tiers

## D Tier

- Cutaneous abscess
  - *No RIC Exclusions*
- Cellulitis
  - *No RIC Exclusions*
- Acute lymphangitis
  - *No RIC Exclusions*

## Chapter 13 - Diseases of the Musculoskeletal System and Connective Tissue

This chapter contains the following blocks:

M00-M25	Arthropathies
M26-M27	Dentofacial anomalies (including malocclusion) and other disorders of jaw
M30-M36	Systemic connective tissue disorders
M40-M54	Dorsopathies
M60-M79	Soft tissue disorders
M80-M94	Osteopathies and chondropathies
M95-M95.9	Other disorders of the musculoskeletal system and connective tissue
M96-M96.89	Intraoperative and postprocedural complications and disorders of musculoskeletal system, not elsewhere classified
M97-M97.9XXS	Periprosthetic fracture around internal prosthetic joint
M99-M99.9	Biomechanical lesions, not elsewhere classified



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## Ch 13 Guidelines (I.C.13.a & b)

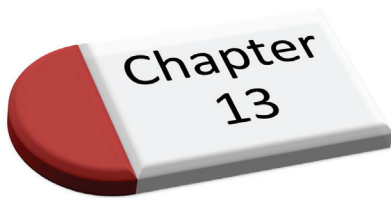
Site and laterality matter

Upper/lower end of bone with joint involvement - site = bone

Multiple sites affected no "multiple site" code, report each site

Chronic/Recurrent Conditions – Chapter 13

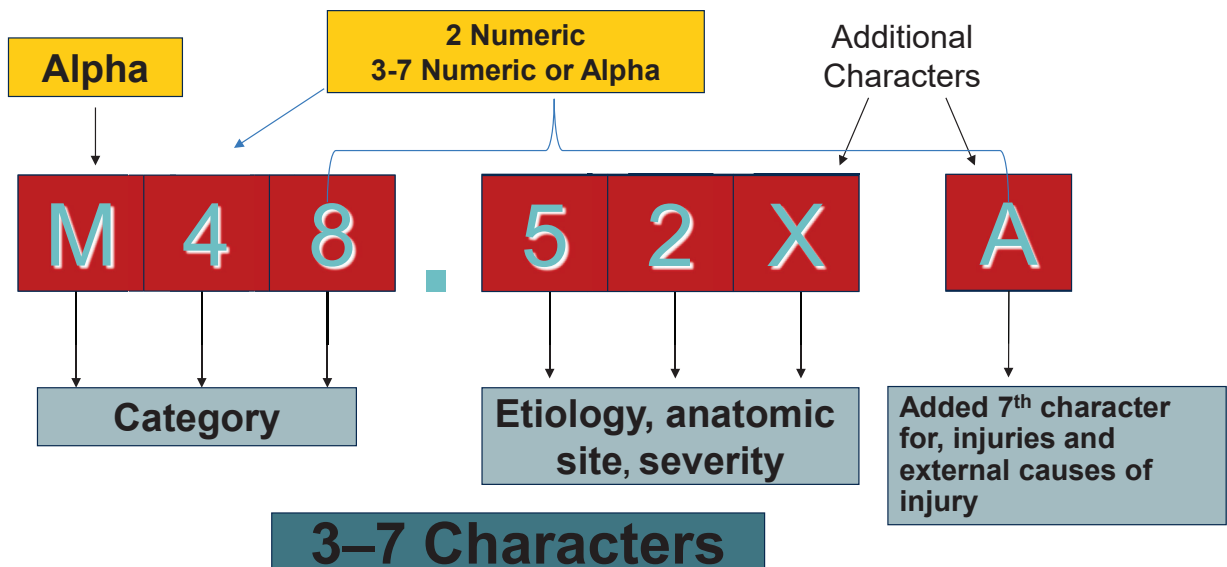
Acute Traumatic Conditions – Chapter 19  
Injuries



## Pathological or Stress Fracture Seventh Characters

A	• Initial encounter
D	• Subsequent – routine healing
G	• Subsequent – delayed healing
K	• Subsequent – nonunion
P	• Subsequent – malunion
S	• Sequela

## Coding and 7<sup>th</sup> Character S



# Activity

## Seventh-character extensions for episode of care

- Age-related osteoporosis with current pathological fracture, right femur, initial encounter for fracture

## Pathologic Fractures

- ICD-10-CM has four different categories for pathologic fractures
  - Due to neoplastic disease
  - Due to osteoporosis
  - Due to other specified disease
  - Not elsewhere classified



## Pathological Fractures

- M80 - Osteoporosis with current pathological fracture
- M84.4 - Pathological fracture NEC
- M84.5 - Pathological fracture in neoplastic disease
- M84.6 - Pathological fracture in diseases classified elsewhere

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## Pathologic Fractures Osteoporosis (I.C.13.c & d)

- (M81) - W/out current pathologic fracture (M81-)
- (M80-) - W/current pathologic fracture
  - All current fractures presumed associated if traumatic event (e.g., fall) preceding would have not normally resulted in fracture of normal healthy bone
- History of healed fracture Z87.310

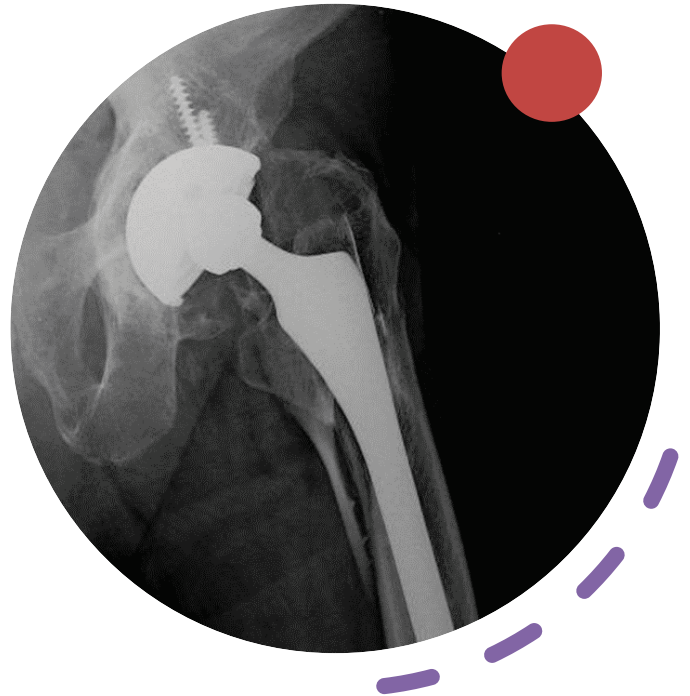
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# Periprosthetic Fractures (M97)

- Requires 2 codes
  - Code for the underlying conditions (traumatic or pathologic fracture)
  - (M97-) - Code for periprosthetic fracture
- Codes Specified by
  - Location
  - Laterality
  - Encounter type



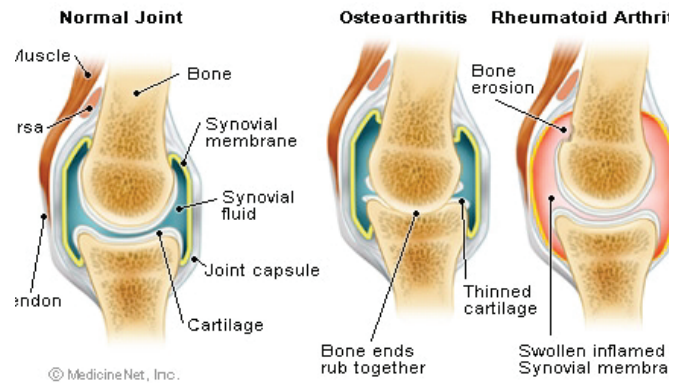
## Periprosthetic Fractures Activity

Patient with bilateral hip replacements tripped and fell sustaining a periprosthetic fracture on the lower end of the right femur



# Pathologic Fractures Osteoporosis (I.C.13.c & d)

- Degenerative (e.g., OA)
- Inflammatory (e.g., RA, psoriatic (PsA))
- Infectious (e.g., Septic arthritis)
- Metabolic (e.g., gout)



Normal and Arthritic Joints

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## Osteoarthritis

- M15- to M19
  - Primary Or Secondary
  - Location
  - Laterality
    - Left/Right/Bilateral

Normal Knee

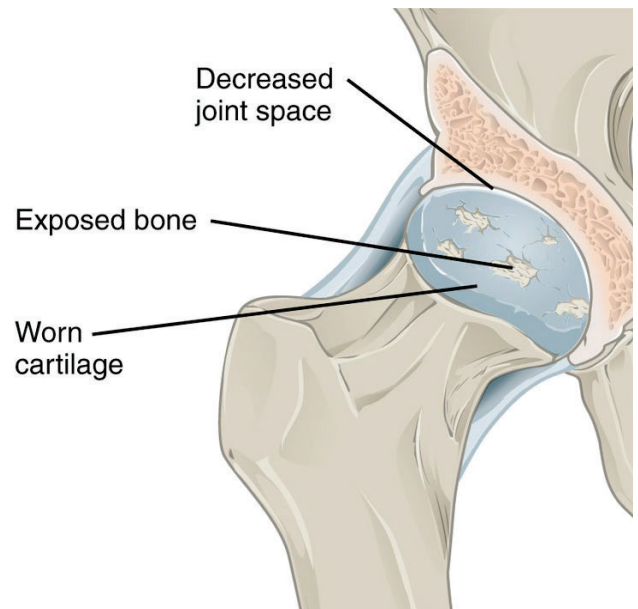


Osteoarthritis



## Primary Osteoarthritis

- **M15.0** - Primary Generalized
- **M16.0-.12** - Hip
- **M17.0-.12** - Knee
- **M18.0-.12** - 1st CMC joint
- **M19.011-.19** - Shoulder
- **M19.021-.29** - Elbow
- **M19.031-39** - Wrist
- **M19.041-.49** - Hand
- **M19.071-79** - Ankle and Foot
- **M19.90** - Unspecified arthritis
- **M19.91** - Unspecified primary



## Example: Hip OA

- **M15.0** - Primary Generalized
- **M16.0-.12** - Hip
- **M17.0-.12** - Knee
- **M18.0-.12** - 1st CMC joint
- **M19.011-.19** - Shoulder
- **M19.021-.29** - Elbow
- **M19.031-39** - Wrist
- **M19.041-.49** - Hand
- **M19.071-79** - Ankle and Foot
- **M19.90** - Unspecified arthritis
- **M19.91** - Unspecified primary

**M16.0** - Bilateral primary  
**M16.10** - Unilateral primary, unspecified hip  
**M16.11** - ...right hip  
**M16.12** - ...left hip

## Documentation

- M19.91 - Primary
- M19.90 - Arthritis
- OA NOS - Primary (Default)
- Bilateral with no bilateral code
  - Report both sides



## Secondary Arthritis

- M16.2 - M16.7 - Hip
  - M16.2-M16.32 - Hip Dysplasia
  - M16.4 – M16.9 - Post Traumatic
- M17.4 - M17.5 Knee
  - Post Traumatic – M17.2 – M17.32
- M18.4-M18.52 - 1st CMC Joint
  - Post Traumatic M18.2 - M18.32
- M19.111 - M19.19 - Post traumatic other joints
  - *Specify Joint (Shoulder, Wrist etc.)*
- M21.211 – M21.279 - Secondary other joints
  - *Specify Joint*
- M19.92 – M19.93 - Unspecified

# Polyarthrititis

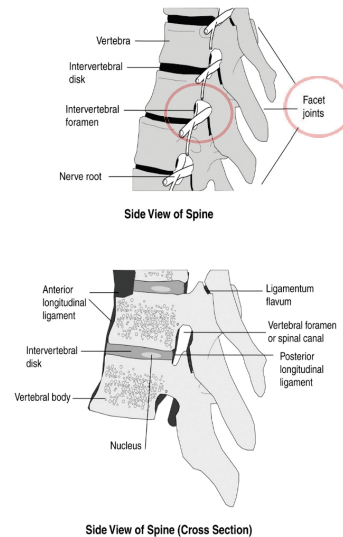
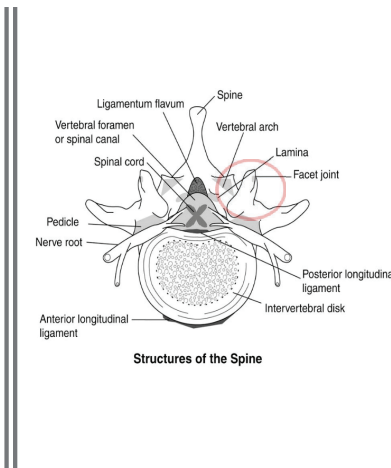
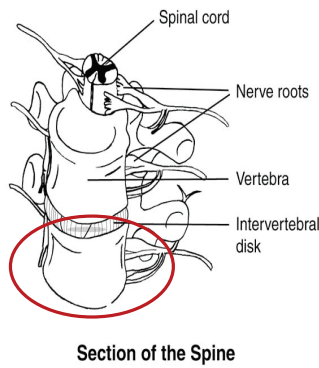
- M15.1 - Heberden's nodes
- M15.2 - Bouchard's nodes
- M15.3 - Secondary multiple arthritis
- M15.4 - Erosive OA
- M15.8 - Other polyosteoarthritis
- M15.9 - Polyosteoarthritis, unspecified



## Spondylosis (M47)

- Degeneration in the spine
- Specified by
  - Site
  - With or without radiculopathy
- With or without myelopathy





# Spine

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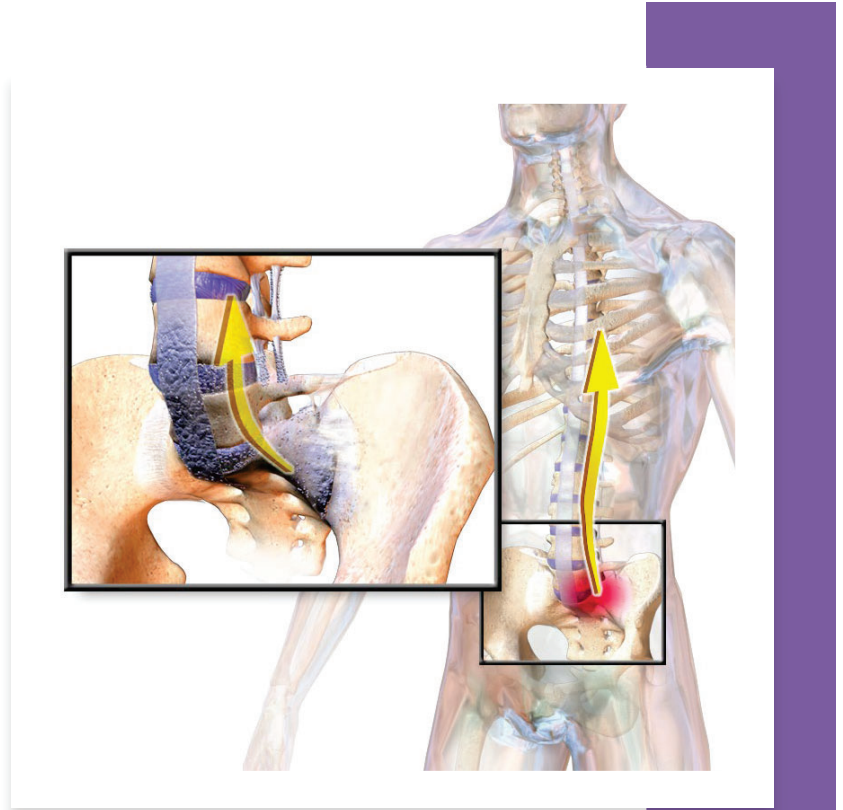
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## Spondylosis

- **M47.011-019** - Anterior spinal artery compression syndromes
- **M47.021-029** - Vertebral artery compression syndromes
- **M47.10-16** - w/myelopathy
- **M47.20-28** - w/radiculopathy
- **M47.811-819**- w/o myelopathy or radiculopathy
- **M47.891-899** - Other spondylosis
- **M47.9** - unspecified

# Ankylosing Spondylitis

- M45.0 - M45.9
  - Specified By Location
  - *Excludes 1:*
    - arthropathy in Reiter's disease
    - juvenile (ankylosing) spondylitis
  - *Excludes 2:*
    - Behçet's disease



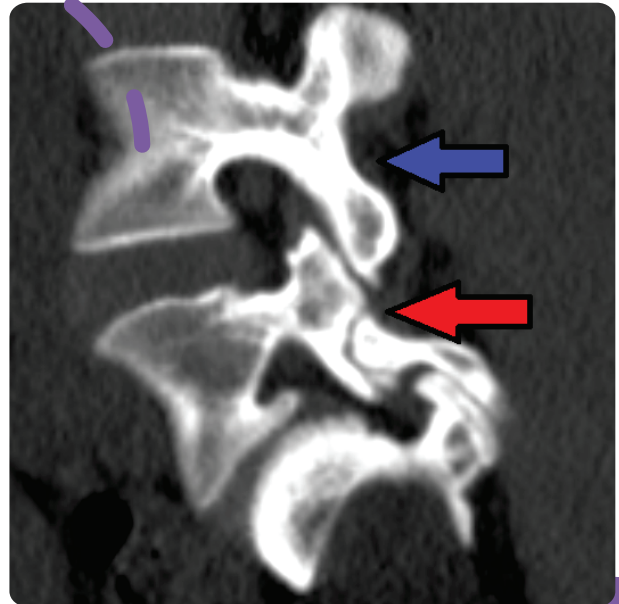
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# Spondylolysis and Spondylolisthesis

- M43.0 - Spondylolysis
  - M43.1 - Spondylolisthesis
- ❖ *Specified by location (spinal region)*



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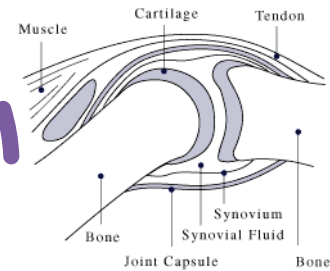


# Rheumatoid Arthritis

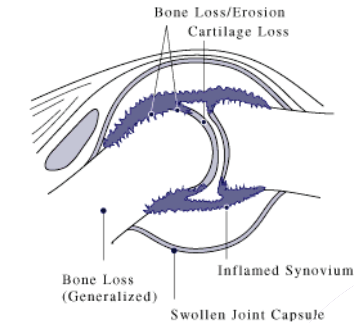
*“An autoimmune disease in which the body’s immune system – which normally protects its health by attacking foreign substances like bacteria and viruses – mistakenly attacks the joints”*

**-The Arthritis Foundation**

**Normal Joint**



**Joint Affected by Rheumatoid Arthritis**



## Rheumatoid Arthritis with Rheumatoid Factor

- M05.00-09 -Felty's syndrome
- M05.10-19 - Rheumatoid lung disease w/RA
- M05.20-29 - Vasculitis
- M05.30-39 - Heart Disease
- M05.40-49 - Myopathy
- M05.50-59 - Polyneuropathy
- M05.60-69 - RA w/Rheumatoid factor w/involvement of other organs and systems
- M05.70-7A - w/o organ involvement
- M05.80-8A - Other RA w/rheumatoid factor
- M05.9 - Unspecified

# Other Rheumatoid Arthritis

- M06.00-0A - RA w/o rheumatoid factor
- M06.1 - Adult-Onset Still's Disease
- M06.20-29 - Bursitis
- M06.30-39 - Rheumatoid Nodule
- M06.4 - Inflammatory polyarthropathy
- M06.80-89 - Other Specified RA
- M06.9 - Unspecified
- M06.0A and M06.8A - Other Specified Site

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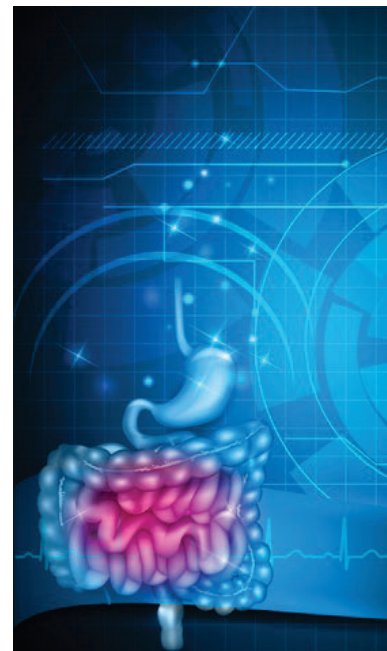
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## Enteropathic Arthropathies

- **M07.60 - M07.69**
  - Specified by
    - Location and Laterality
  - Code also
    - Crohn's Disease
    - Ulcerative Colitis



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# Juvenile Arthritis

- M08.00-09 - Unspecified RA
- M08.1 - Juvenile ankylosing spondylitis
- M08.20-2A - Juvenile RA w/systemic onset
- M08.3 - Juvenile Rheumatoid Polyarthritits (Seronegative)
- M08.40-4A - Pauciarticular Juvenile RA
- M08.80-89 - Other Juvenile Arthritis
- M08.90-99 - Unspecified
- M08.0A and M08.9A - Other Specified Site

# Psoriatic Arthritis

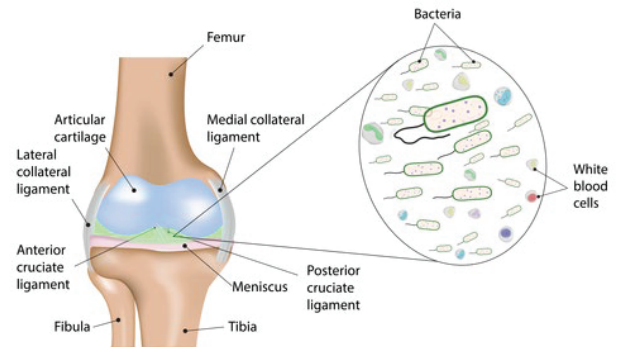
- L40.50 - Unspecified
- L40.51 - Distal Interphalangeal
- L40.52 - Mutilans
- L40.53 - Spondylitis
- L40.54 - Juvenile
- L40.59 - Other



# Pyogenic Arthritis

- M00.00-09 - Staphylococcal
- M00.10-19 - Pneumococcal
- M00.20-29 - Other Streptococcal
- M00.80-89 - Due To Other Bacteria
- M00.9 - Unspecified

## Septic Arthritis



# Direct Infection of Joint in Infectious and Parasitic Diseases

- Direct infection within a joint that is secondary to an infectious process occurring elsewhere in the body
  - Reported with Codes M01.X0 - M01.X9
    - Specified by location and laterality
    - Code first underlying disease

## Postinfective and Reactive Arthropathies



- M02.00-09 - Following intestinal bypass
- M02.10-19 - Postdysenteric
- M02.20-29 - Postimmunization
- M02.30-39 - Reiter's disease
- M02.80-89 - Other
- M02.9 - Unspecified

## Gout

- M10.00-09 - Idiopathic
- M10.10-19 - Lead induced
- M10.20-29 - Drug induced
- M10.30-39 - Due to renal impairment
- M10.40-49 - Other secondary gout
- M10.9 - Unspecified





# Chronic Gout

- M1A.00-09 - Idiopathic
  - M1A.10-19 - Lead Induced
  - M1A.20-29 - Drug Induced
  - M1A.30-39 - Due to renal impairment
  - M1A.40-49 - Other secondary gout
  - M1A.9 - Unspecified
- 
- ***\*7th Character Required to Specify w/ or w/o Tophus***

## Activity

- Patient is seen in rehab for aftercare for periprosthetic fracture around internal prosthetic right hip joint secondary to osteoporotic fracture of right hip
- A patient is seen by her physician and is diagnosed with ankylosing spondylitis sacral and sacrococcygeal region
- Spinal stenosis due to spondylosis with myelopathy L4-L5
- Pyogenic arthritis of the knee joint due to MRSA



# IRF Considerations - Etiologic

## Primarily Etiologic in

- **Neuro**
  - 3.9 - Other Neuro - radiculopathy
- **NT Spine**
  - 4.110-4.130 - Myelopathy in spinal conditions, Stenosis with spinal cord impingement
- **Ortho**
  - 8.11, 8.12 - Pathologic Hip Fracture
  - 8.2 - Pathologic Hip Fracture



# IRF Considerations - Etiologic

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## Primarily Etiologic in

- **Ortho**
  - 8.3 - Pathologic pelvic fracture
  - 8.4 - Tib/Fib path fractures
  - 8.51, 8.52 - OA/ RA of hip, pathologic hip fracture
  - 8.61, 8.32 - OA/RA of knee, pathologic fracture of distal femur
  - 8.71, 8.72 - OA/ RA and pathologic fractures of knee and hip
  - 8.9- Spinal Stenosis, Spondylosis, Degenerative Disc Disease, Vertebral Fracture

# IRF Considerations - Etiologic

## Primarily Etiologic in

- **Pain**
  - **7.1-7.9 - Spondylosis, Intervertebral Disc Disorder, Spinal Stenosis**

## IRF Considerations – 60%

- **PASS** - Specific locations of Arthropathy, RA and Primary/ Secondary OA, dermatopolymyositis with respiratory/organ involvement and myositis, ankylosing spondylitis, vertebral or anterior spinal artery compression syndromes, spondylopathy and cervical disc disorder with myelopathy
- **Non-Traumatic Spine Fails with** spinal stenosis, subluxation/osseous/connective tissue / intervertebral disc stenosis of neural canal or foramina
- **8.51-8.72 Pass without exemption (8.51, 8.61, 8.71 has age requirement)**
- **Fracture, Other Ortho, Other Neuro and Pain IGC's - Fail without Passing Diagnosis**

# IRF Considerations – Tiers

## D Tier

- Lethal midline granuloma
  - No RIC Exclusions

- Quiz
- Activities
- Revisit Recordings
- Community Check-In

*What are your ongoing challenges, post in the community?*

