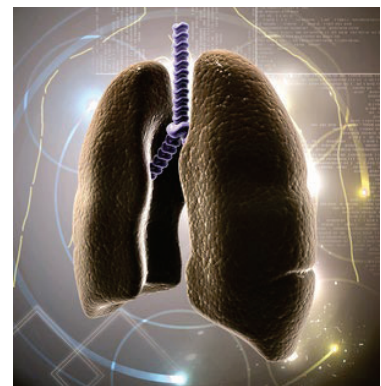


**Session 7 –
Ch 10 Respiratory
Ch 22 Special Purposes
Ch 12 Skin and Subq
Tissues
Ch 13 Musculoskeletal**

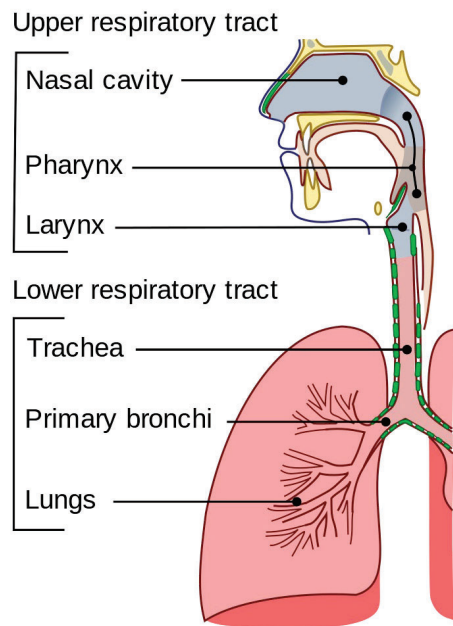


This chapter contains the following blocks:

- 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

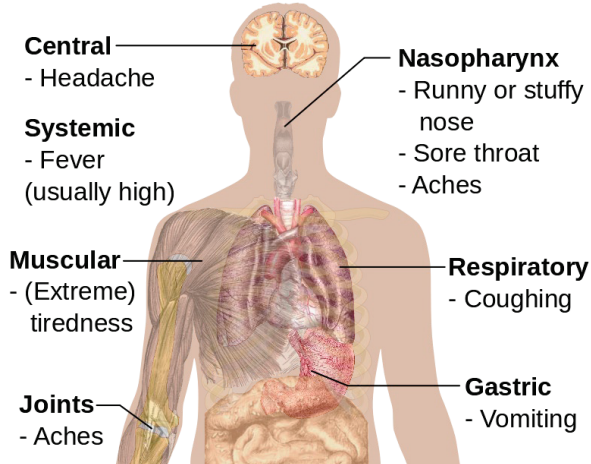
- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)
- Bronchitis
- Pneumonia/Infections
- Pulmonary Edema
- Pleural Effusions
- And Respiratory Failure

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

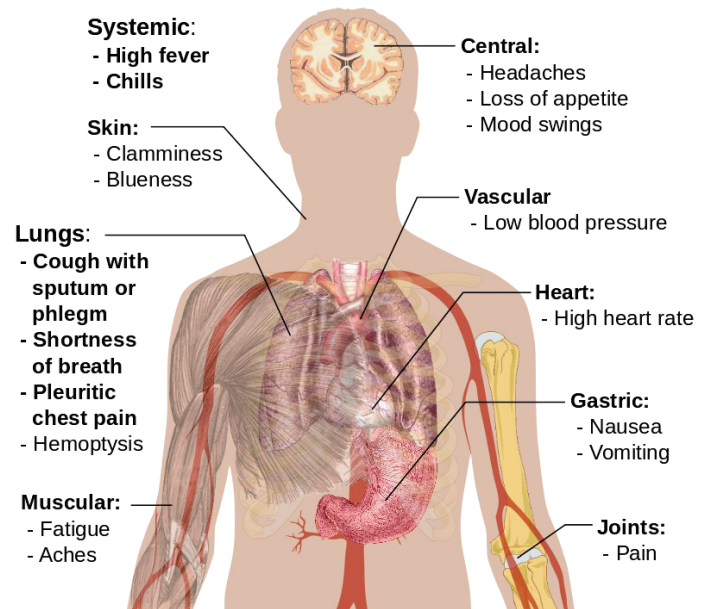


- Specify type
 - J09.X1-J09.X9 - Novel influenza A virus
 - J10.00-J10.89 - Other identified
 - J11.00-J11.89 - Unidentified
- Stated manifestations are important to code selection

Pneumonia

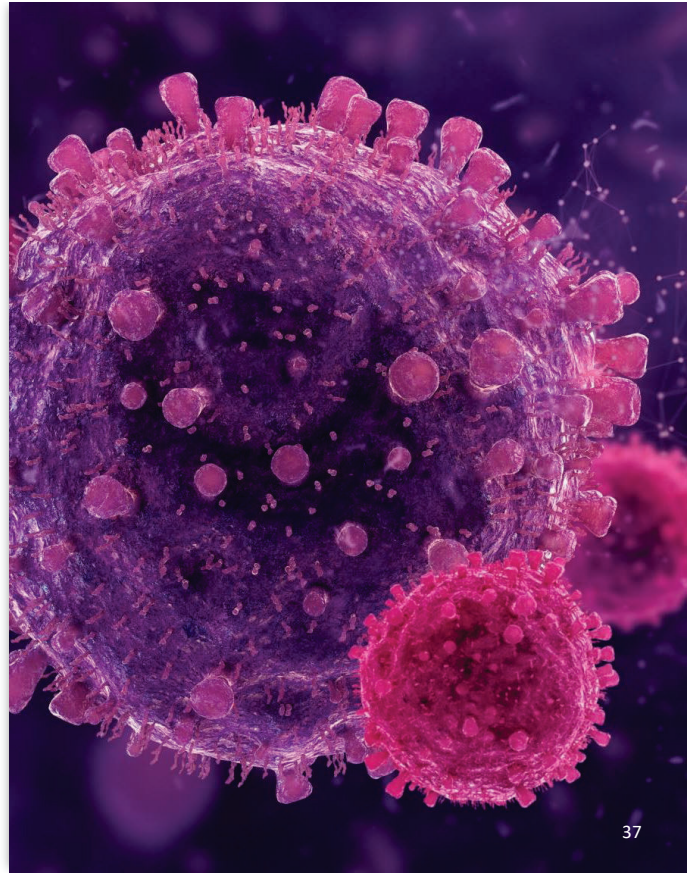
- Caused by a variety of organisms
- Classified according to the types of germs that cause it and where you got the infection.
 - *Community Acquired*
 - *Health Care-Acquired*
 - *Aspiration*

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*



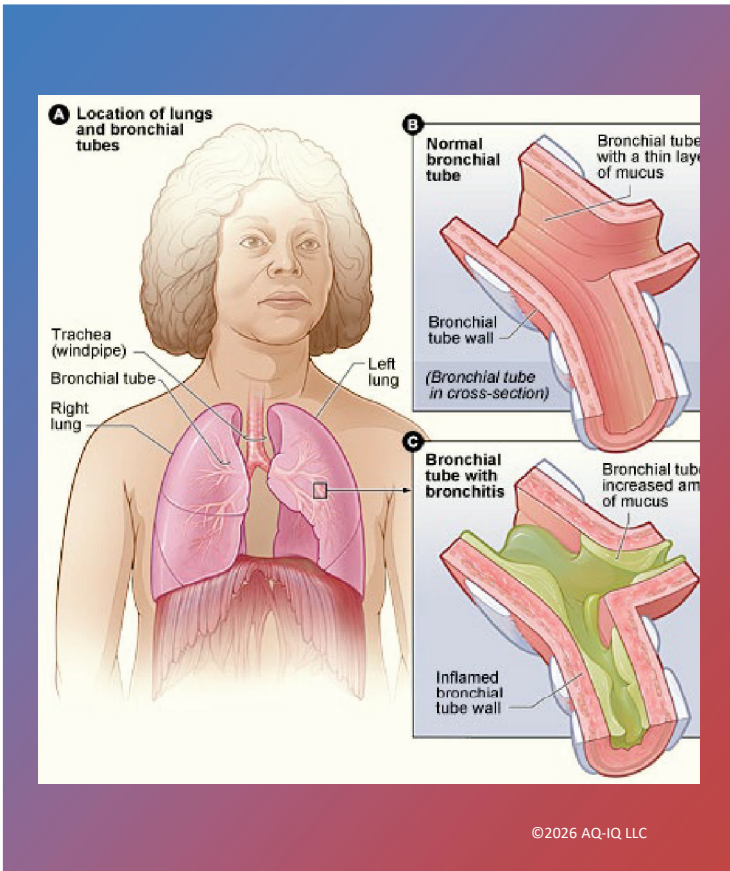
Ch 10 Guidelines – Respiratory Conditions

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!

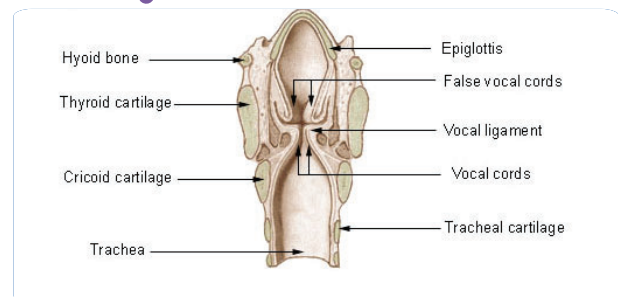


Bronchitis and Bronchiolitis

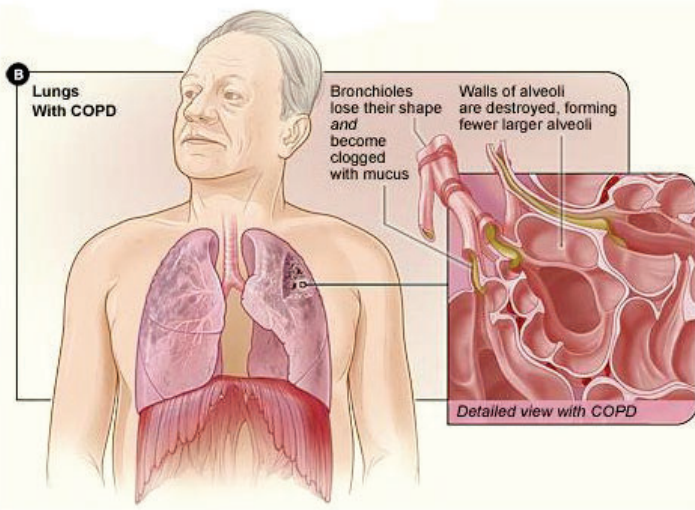
- **J20** - Acute bronchitis
 - *Specified by Cause*
- **J21** - Acute bronchiolitis
 - *Specified by Cause*

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

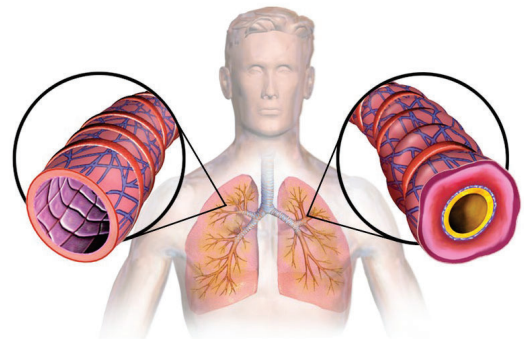
COPD

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

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

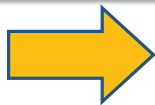
- (J96.0-) - Acute
- (J96.1-) - Chronic
- (J96.2-) - Acute and Chronic
- (J96.9-) - Unspecified

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

Ch 10 Guidelines – Respiratory Conditions

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

- J44 - COPD
- J45 - Asthma



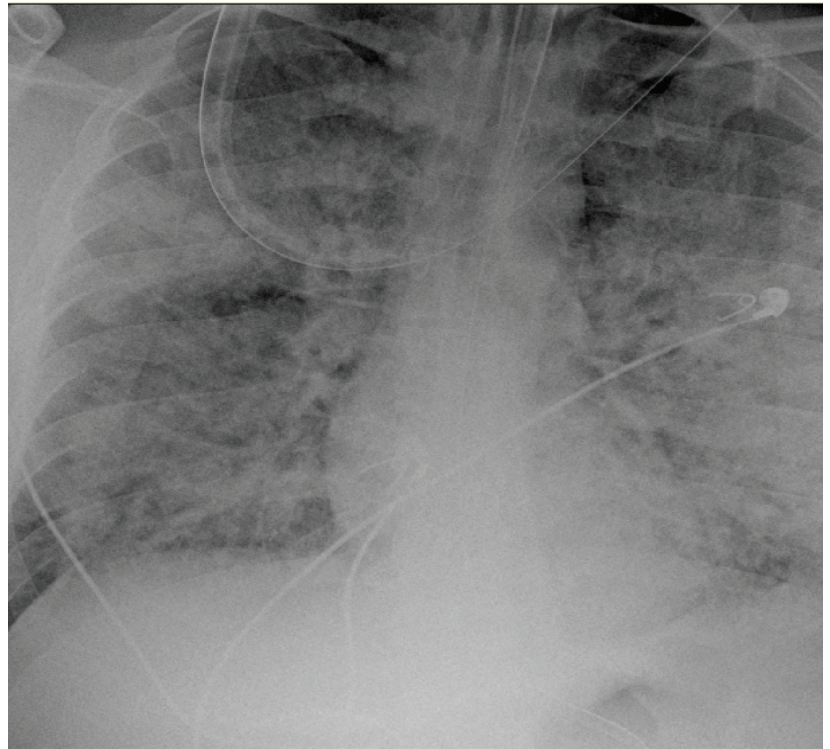
Acute exacerbation is not the same as superimposed infection on chronic condition – both may be reported if appropriate.

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”

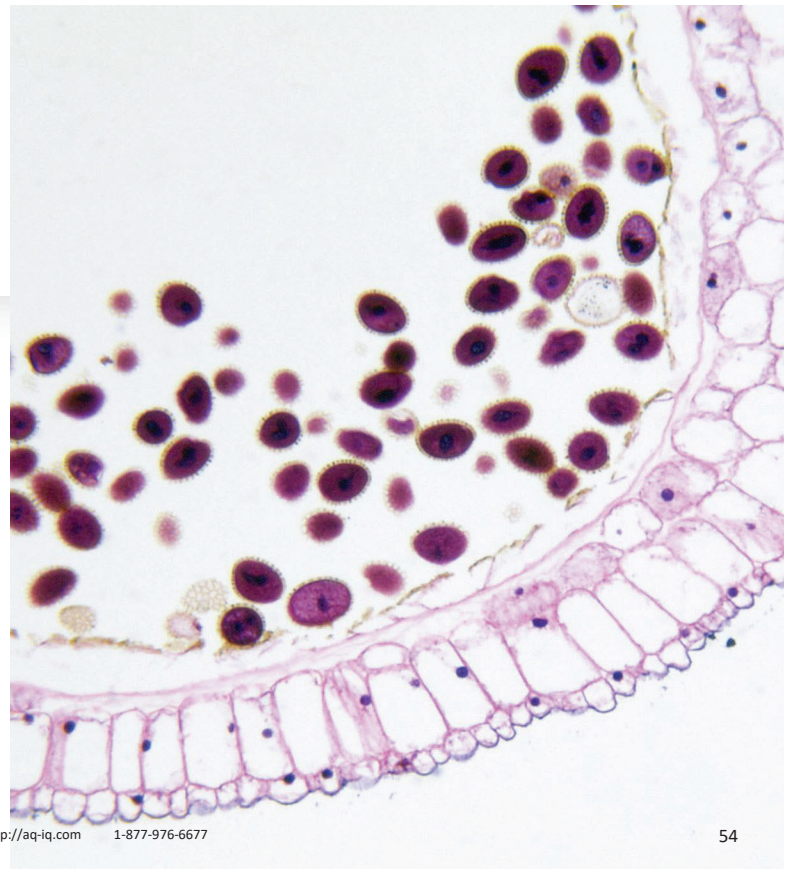
Acute Respiratory Distress Syndrome

- 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*

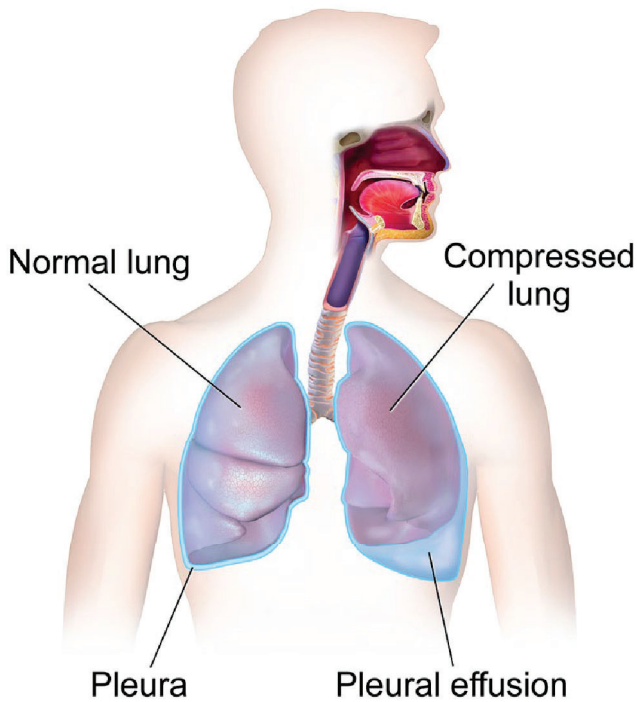


Pulmonary Edema

- 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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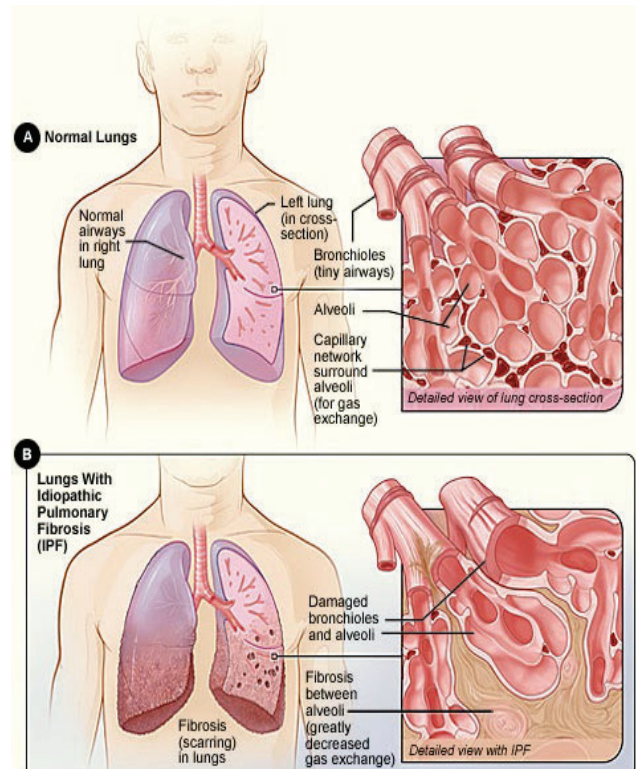
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Pleural Effusion

- 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



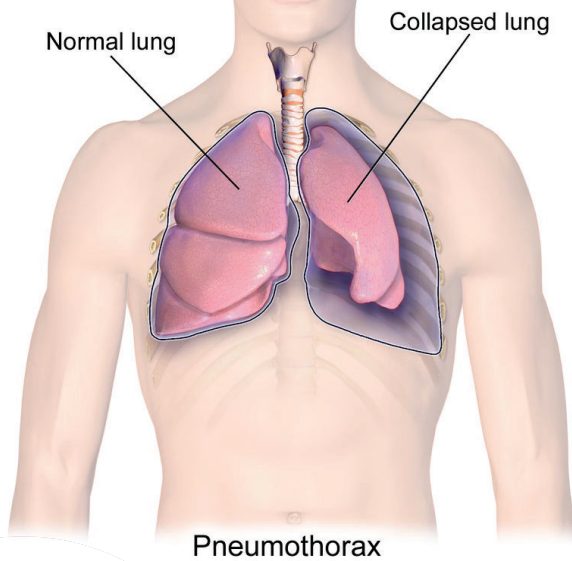
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Pneumothorax & Air Leak



- 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

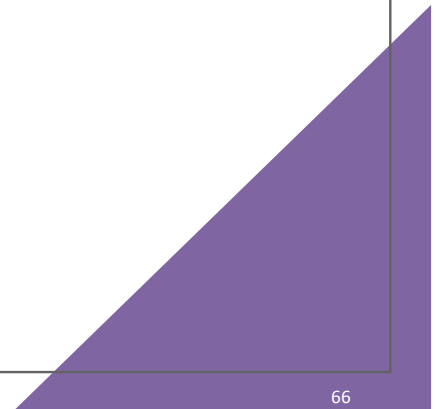
- Acute tracheitis with obstruction
- Acute obstructive laryngitis [croup]
- Acute epiglottitis with obstruction
- Influenza A
- Pneumonia (viral and bacterial specified and unspecified)
- Acute bronchiolitis
- Lung or Mediastinum Abscess
- Hemothorax
- Mediastinitis and other diseases of the mediastinum



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:

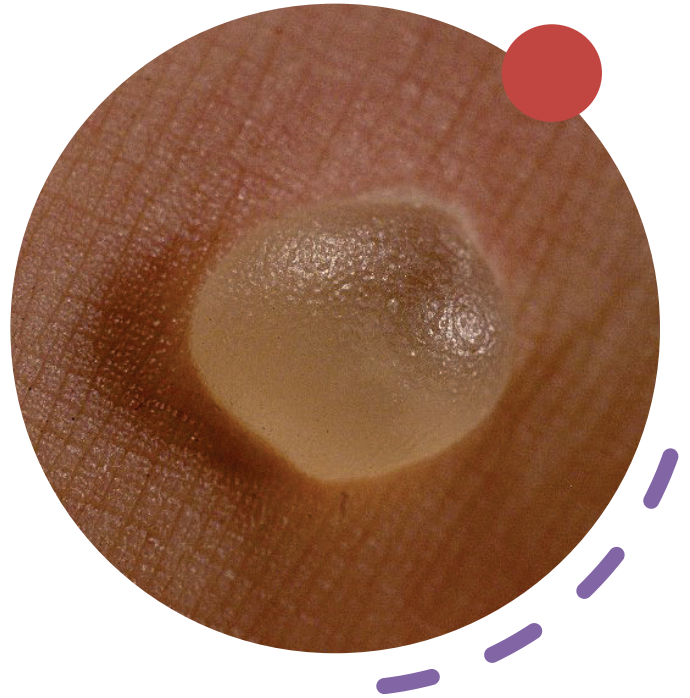
- L00-L08 Infections of the skin and subcutaneous tissue
- L10-L14 Bullous disorders
- L20-L30 Dermatitis and eczema
- L40-L45 Papulosquamous disorders
- L49-L54 Urticaria and erythema
- L55-L59 Radiation-related disorders of the skin and subcutaneous tissue
- L60-L75 Disorders of skin appendages
- L76-L76.82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

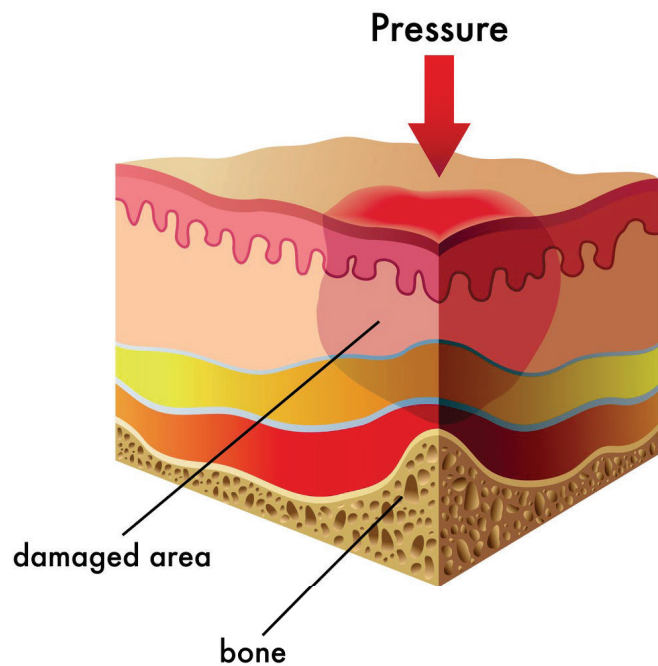
- L20 - Atopic dermatitis
- L21- Seborrheic dermatitis
- L23 - Allergic contact dermatitis
- L24 - Irritant contact dermatitis
- L25 - Unspecified contact dermatitis
- L26 - Exfoliative dermatitis
- L27- Dermatitis due to substances taken internally
- L28 - Lichen simplex chronicus and prurigo
- L29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



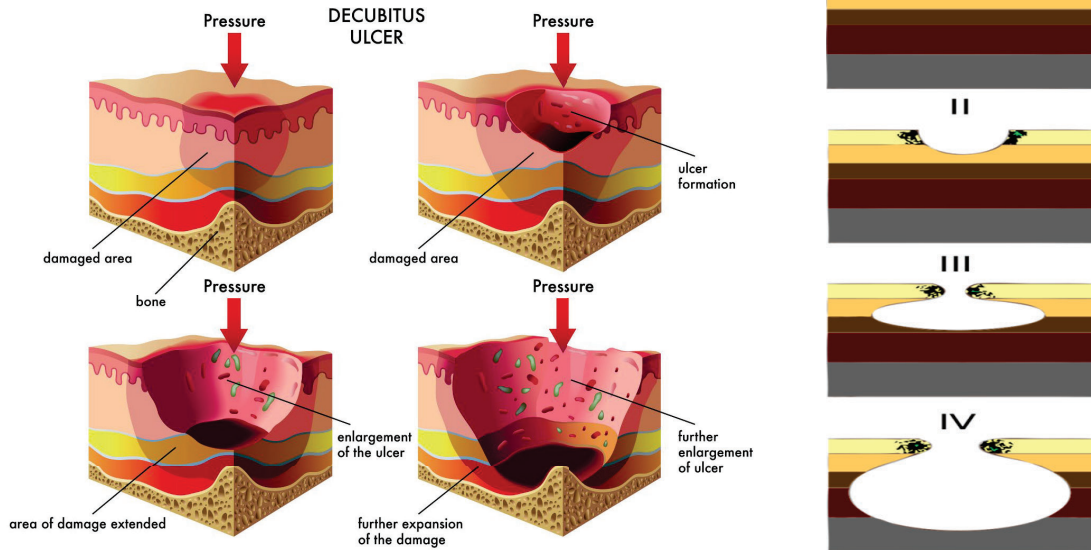
Papulosquamous Disorders

- 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)

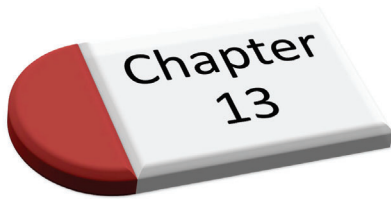
Site and laterality matter

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

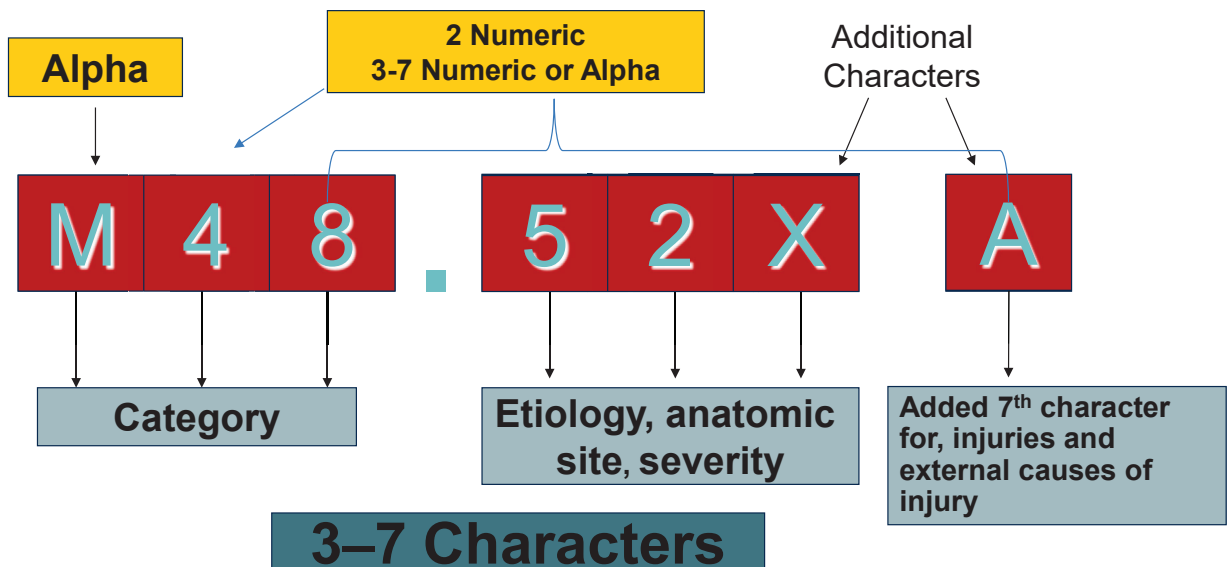
Acute Traumatic Conditions – Chapter 19
Injuries



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 7th 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



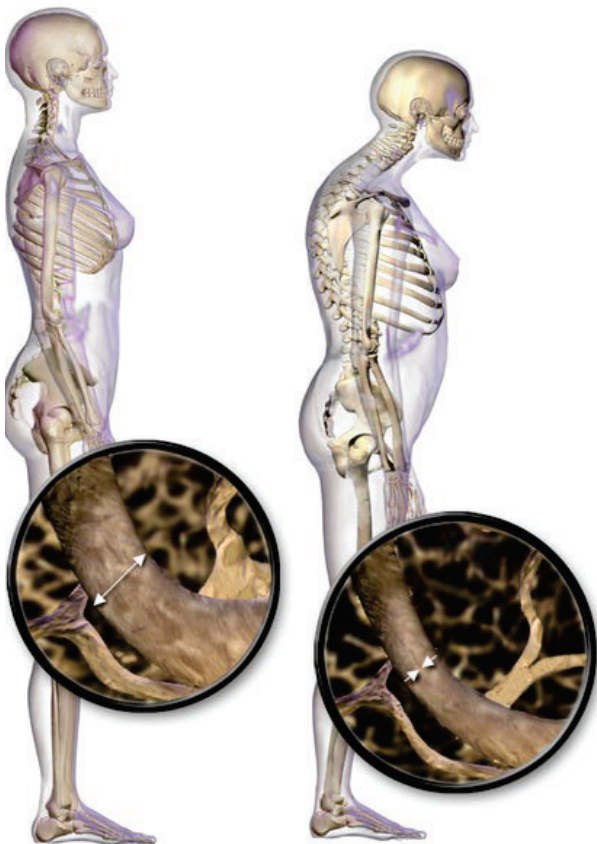
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Pathological Fractures

- 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

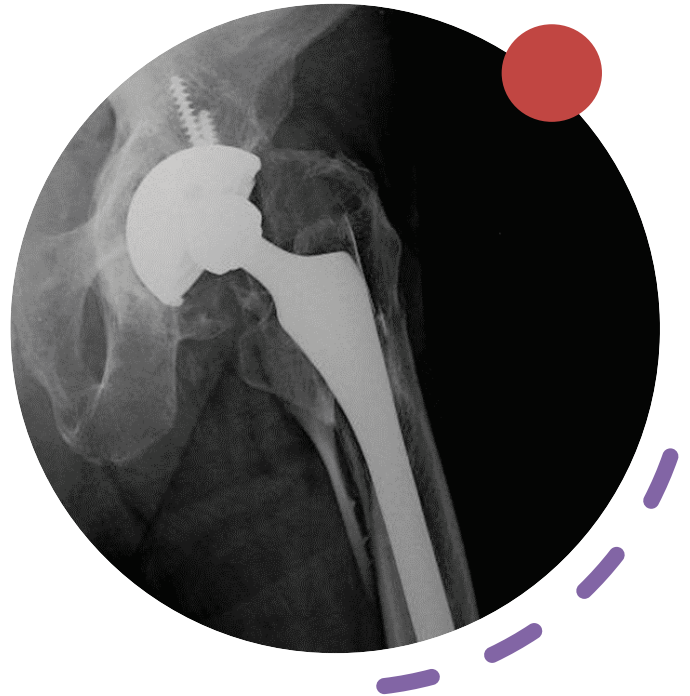
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Periprosthetic Fractures (M97)

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



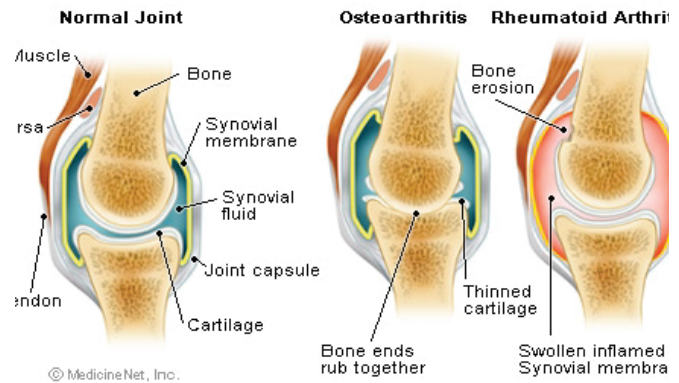
Periprosthetic Fractures Activity

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

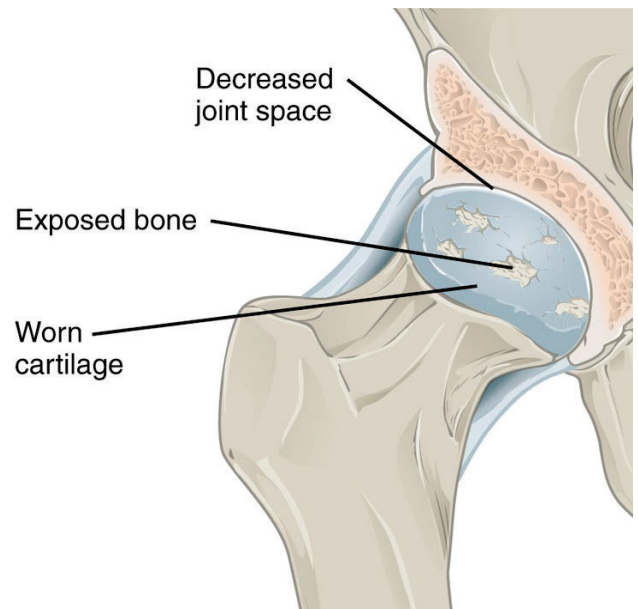


Osteoarthritis



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

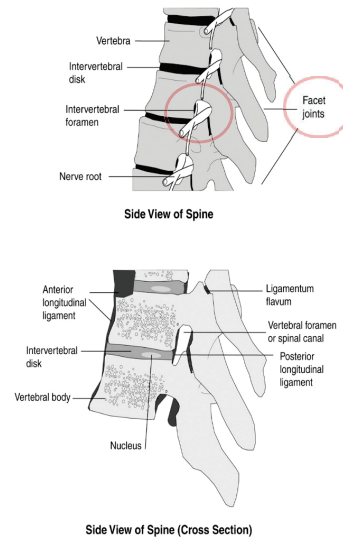
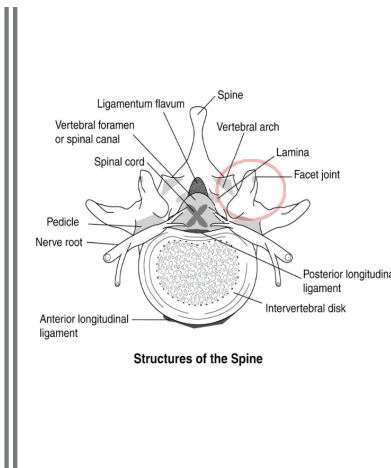
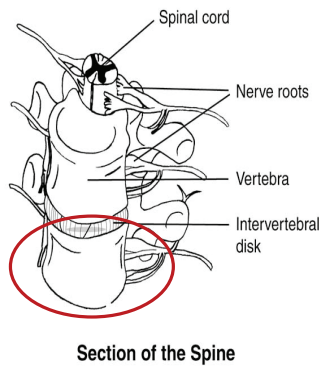
- M15.1 - Heberden's nodes
- M15.2 - Bouchard's nodes
- M15.3 - Secondary multiple arthritis
- M15.4 - Erosive OA
- M15.8 - Other polyosteoarthritis
- M15.9 - Polyosteoarthritis, unspecified



Spondylosis (M47)

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





Spine

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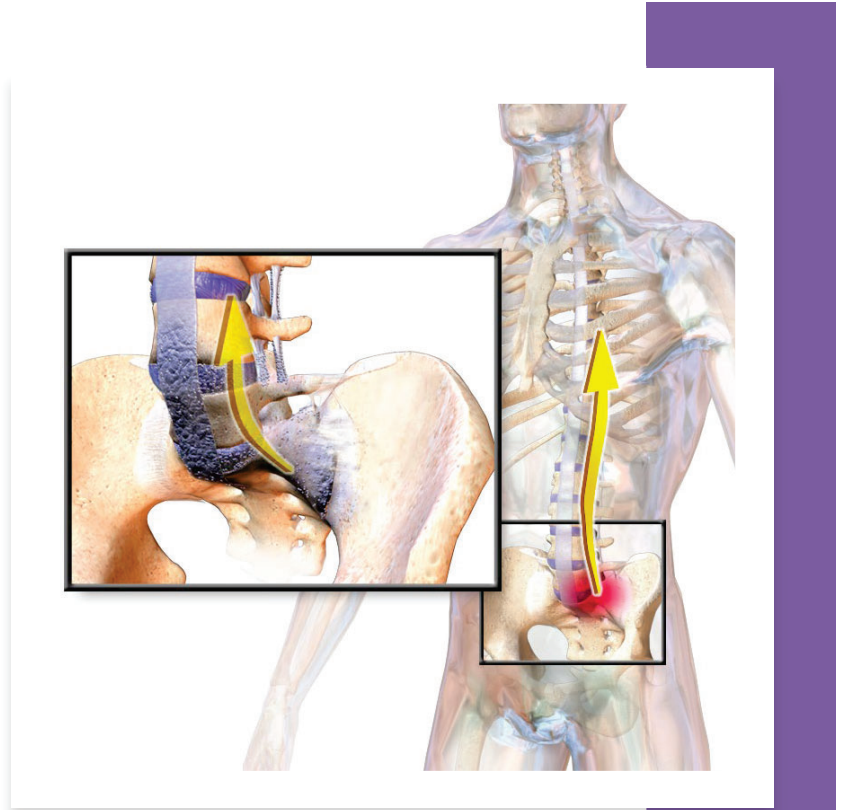
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Spondylosis

- **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

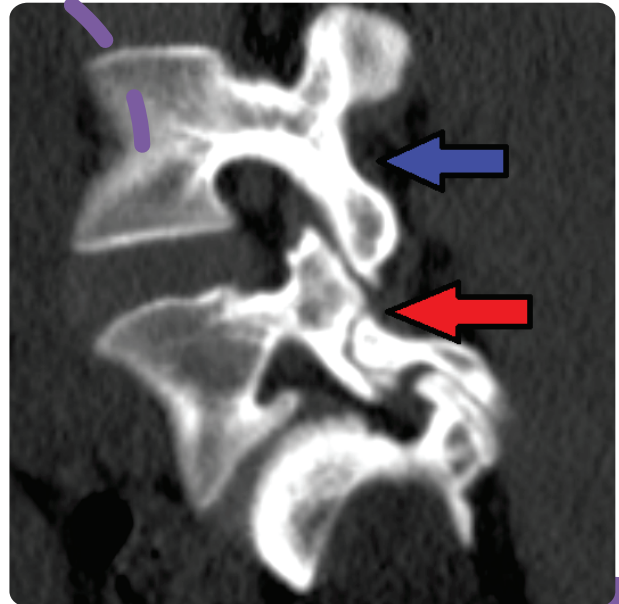
Ankylosing Spondylitis

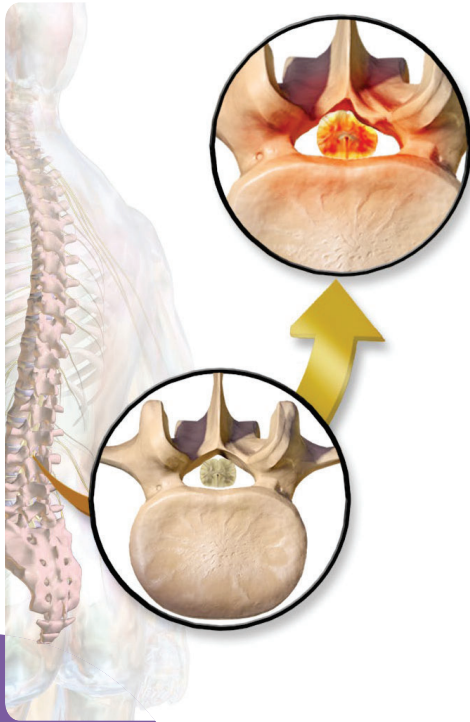
- M45.0 - M45.9
 - Specified By Location
 - *Excludes 1:*
 - arthropathy in Reiter's disease
 - juvenile (ankylosing) spondylitis
 - *Excludes 2:*
 - Behçet's disease



Spondylolysis and Spondylolisthesis

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





Spinal Stenosis (M48.0)

- **Specified by Location**
 - occipito-atlanto-axial
 - cervical
 - cervicothoracic
 - thoracic
 - thoracolumbar
 - lumbar
 - Specify w/w/o M48.061 neurogenic claudication
 - lumbosacral region
 - sacral and sacrococcygeal region
 - site unspecified

Other Disc Disorders

- M50 - Cervical disc disorders
- M51 - Thoracic, thoracolumbar, and lumbosacral intervertebral disc disorders

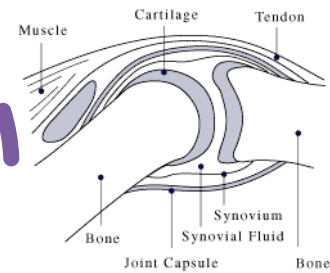


Rheumatoid Arthritis

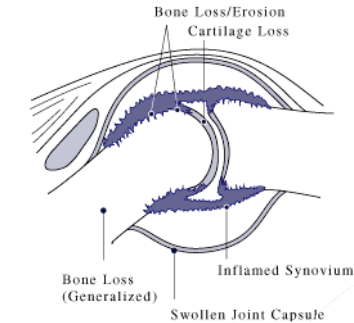
“An autoimmune disease in which the body’s immune system – which normally protects its health by attacking foreign substances like bacteria and viruses – mistakenly attacks the joints”

-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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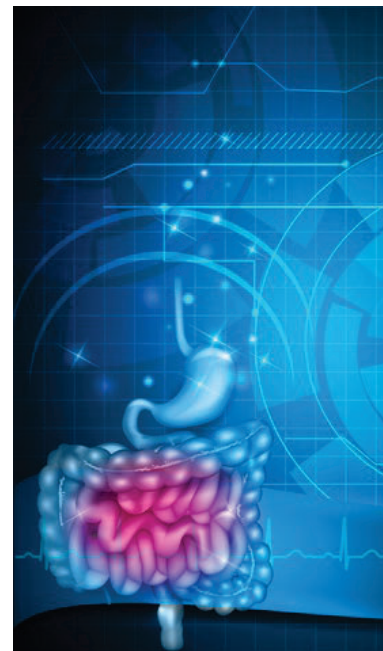
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Enteropathic Arthropathies

- **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

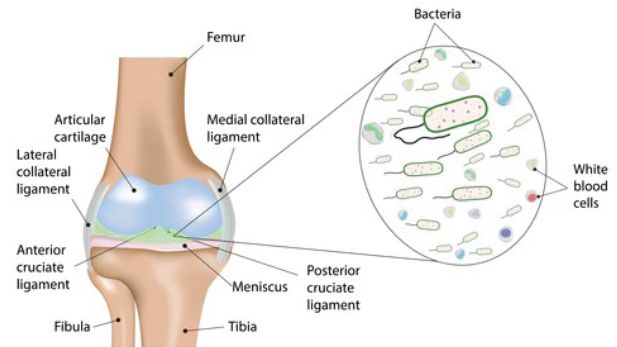
- L40.50 - Unspecified
- L40.51 - Distal Interphalangeal
- L40.52 - Mutilans
- L40.53 - Spondylitis
- L40.54 - Juvenile
- L40.59 - Other



Pyrogenic 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?

