

Activity

Weakness and debility due to severe sepsis due to aspiration pneumonia which was due to gram-negative bacteria as reason for admission to IRF – patient remains on antibiotic and breathing treatments, x-rays not yet reflecting clearing of condition. Former acute stay due to severe sepsis.

- Code preceding acute hospital PDx
- Code current Etiologic diagnosis on the IRF-PAI
- Code PDx for IRF admission

Activity

Same scenario as last slide:

- Patient also had acute respiratory failure resulting from Sepsis what codes are added or removed?

Severe Sepsis with Organ Dysfunction



Provider documentation must specify link!

Severe Sepsis with Organ Dysfunction

- Renal System
- Respiratory System
- Hepatic System
- Bone Marrow
- Mental Status Changes
- Circulatory system
- Encephalopathy

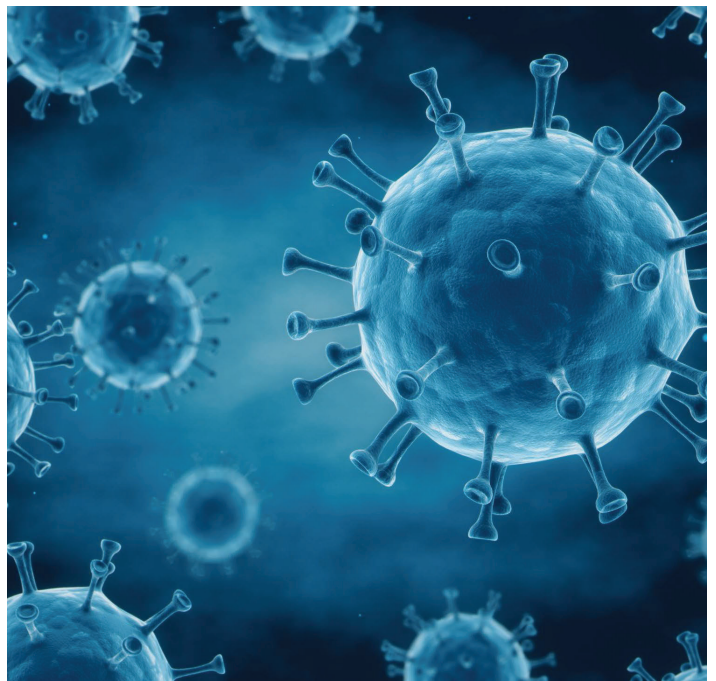
Activity

Patient admitted to IRF from acute for Metabolic Encephalopathy due to septic shock with acute renal failure and acute hypoxic respiratory failure requiring ventilation greater than 4 days. Renal failure is resolved. Patient off ventilation but continues with some dyspnea, restlessness and anxiety, still on O2 and continuing IV and PO antibiotics for the sepsis.

- Codes for present conditions
- Former acute codes (presumed)
- PDx vs Etiologic

Coding: Viral Sepsis

- A41.89 - other specified sepsis, in addition to a code for the viral infection
- If unknown report code B97.89 as an additional code
- NOT for COVID-19
- R65.2- Severe Sepsis not unless documented



Sepsis Following Infusion, Transfusion or Immunization

Causal relationship must be documented!

- Report Infection following Procedure *7th character required*
 - T80.2 - Infusion, transfusion, Injection
 - T81.4 - Following Procedure
 - T88.0 - Following Immunization
- PLUS, specific infection
- PLUS, if appropriate
 - R65.2 - Severe Sepsis
 - Codes for acute organ dysfunction

Coding: Sepsis (NOT SHOCK) Following Procedure

- T81.40XX - T81.43XX and T81.49XX site of the infection, if known
- PLUS Sepsis following a procedure T81.44XX
- PLUS Infectious agent
- If Severe Sepsis - PLUS R65.20 & acute organ dysfunction, if appropriate

Coding: Septic Shock Following Procedure

- T81.40XX - T81.43XX and T81.49XX site of the infection, if known.
- **PLUS** Infectious agent
- **PLUS** T81.12- Postprocedural septic shock
 - **NOT** R65.21 and **NOT** T81.44-
- **PLUS** Acute organ dysfunction

Activity

Patient with post operative gram-negative septic shock due to and following partial lung resection with acute encephalopathy, acute on chronic respiratory failure and acute renal failure discharged with a new diagnosis of critical illness myopathy due to extended stay in ICU.

- Code(s)



Coding: Sepsis w/ Non-Infectious Conditions

- Noninfectious condition sequenced first + the resulting infection
- Severe sepsis is present, a code from subcategory R65.2-

Activity

Patient with severe sepsis due to pseudomonas aeruginosa wound infection as a result of 3rd degree burns over 60% of body.

- Code(s)

Ch 1 Guidelines: Infections resistant to antibiotics

• (I.C.1.c) *“Many bacterial infections are resistant to current antibiotics. It is necessary to identify all infections documented as antibiotic resistant.”*

Methicillin Resistant Staph Aureus

Infection d/t MRSA – Combination
Codes prevail!

DO NOT REPORT

B95.62 MRSA infection as the cause
of diseases classified elsewhere in
addition to combination code

Z16.11 Resistance to penicillins

J15.212 Pneumonia d/t MRSA

A41.02 Sepsis due to MRSA

MRSA

- If no combo code exists report condition and MRSA separately (e.g., MRSA Wound Infection)
- Report
 - Wound Infection code first (plus)
 - B95.62 MRSA (NOT A49.02)
 - Z16.11 Resistance to penicillin **not reported**

Activity – Look at Tier List

- NOT Combo Codes
 - N39.0 - UTI with pseudomonas B96.5 - Pseudomonas as the cause of diseases classified elsewhere
- Combo
 - A41.52 - Sepsis due to Pseudomonas
 - J15.1 - Pneumonia due to Pseudomonas
- MRSA & other organisms
 - Sometimes Combo
 - Sometimes Not

Activity

Code(s) for Left lower extremity cellulitis culture positive for MRSA

- Code UTI culture positive for MRSA

MRSA

Colonized MSSA or MRSA “positive screen” or “carrier”

Z22.322
Carrier/Suspected
Carrier MRSA

Z22.321
Carrier/Suspected
Carrier MSSA

MRSA colonization and infection during a hospital admission, code Z22.322 and a code for the MRSA infection may both be reported

Zika Guidelines

- Code only confirmed cases
- Requires provider documentation not necessarily test result
- *"suspected"*, *"possible"* or *"probable"* report symptom OR Z20.821, Contact with and (suspected) exposure to Zika virus

COVID-19 Guidelines

- **Confirmed Cases ONLY -**
U07.1 – COVID-19
 - "Suspected," "Possible," "Probable," or "Inconclusive" **NOT U07.1**
- When COVID-19 meets the definition of PDx sequence first, followed by associated manifestations



Pneumonia Due to COVID-19

- Sequence U07.1 first followed by a code for complication:
 - J12.82 - Covid Pneumonia



Bronchitis / Lower Respiratory Infection Due to COVID-19

- Sequence U07.1 first followed by a code for complication:
 - J20.8 or J40 - Bronchitis
 - J22 or J98.8 - Lower Respiratory Infection



ARDS Due to COVID-19

- Sequence U07.1 first followed by a code for complication:
 - J80 - ARDS

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23

- Circumstances of admission determine sequencing
- COVID-19 documented as PDx w/ sepsis developing later (not POA)
 - *U07.1 PDx*
 - *A41.89 secondary*
- Patient admitted with sepsis (POA) due to COVID-19
 - *A41.89 PDx*
 - *U07.1 secondary*

COVID-19 and Sepsis

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24

COVID-19 Exposure

Z03.822 - Concern about a possible exposure ruled out

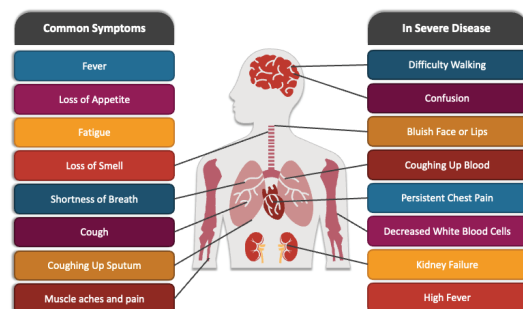
Actual exposure tests negative or unknown - **Z20.822**

Exposed tests positive - **U07.1**

Reporting Signs & Symptoms of COVID-19

- Signs/symptoms w/o a definitive diagnosis = signs and symptoms
- Signs/symptoms plus actual / suspected contact with or exposure to COVID-19 assign Z20.822
- U07.1 - do not also report signs/symptoms

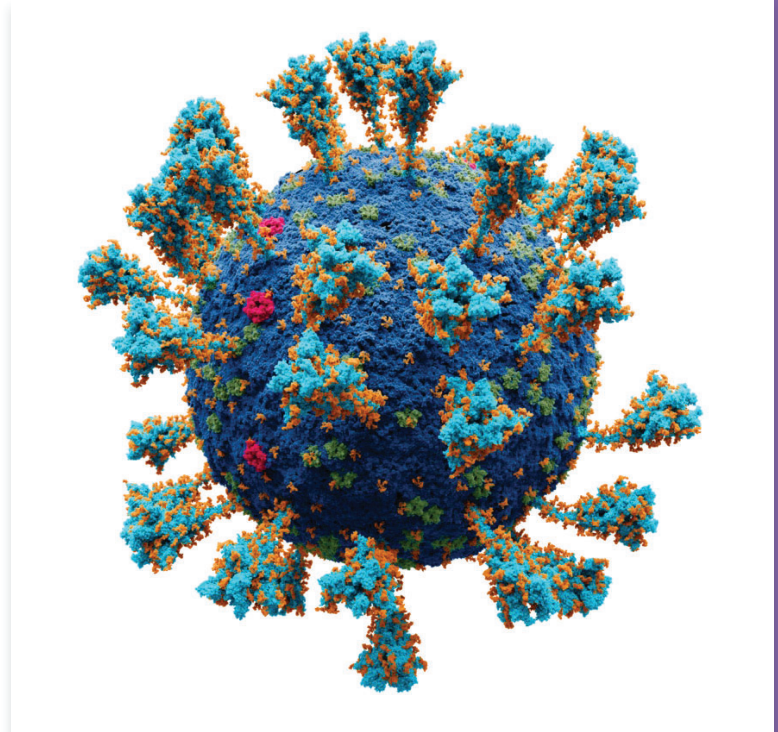
COVID-19 (CORONAVIRUS) SYMPTOMS



Post Covid Syndrome

U09.9 - Post-Covid 19 Syndrome

- Code first the specific condition related to COVID-19 if known



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27

Coding Clinic 1Q 21

- Patient has a long history of multiple transfers between short term acute care hospitals (STACH) and long-term care hospitals (LTCH) for nearly 8 months. Patient is status post prolonged hospitalizations for respiratory failure and critical illness secondary to COVID-19 pneumonia. He never fully recovered from a respiratory standpoint. He is now admitted into the LTCH with COVID-19 listed as past history for continued treatment of respiratory failure with prolonged mechanical ventilation for further continuation of vent weaning and rehab services. COVID-19 treatment was completed 8 months ago at the STACH.
- Provider documentation states chronic respiratory failure secondary to COVID-19 related ARDS, and status post tracheostomy. Patient is currently on prolonged mechanical ventilation most likely from diaphragm weakness and tenacious secretions complicated by pulmonary hypertension with some degree of prominent lung dysfunction. Would the correct coding and sequencing for the above scenario be J96.10, Chronic respiratory failure, followed by Z86.16, for history of COVID, or B94.8 for sequela of COVID?



Coding Clinic 3Q 20

A patient was transferred from an acute care hospital to a rehab facility due to sequelae of a COVID-19 infection, including critical illness myopathy and peroneal palsy in the right lower extremity. The patient no longer has COVID-19. What codes should be assigned?



IRF Considerations - Etiologic

- Primarily Etiologic in
 - **Non-Traumatic Brain** (e.g., Meningococcal meningitis and encephalitis; viral encephalitis)
 - **Non-Traumatic Spine** (e.g., tuberculosis of the spine)
 - **Debility** (e.g., sepsis, infections with organism stated that do not fit other IGC criteria - UTI, PNA, Wound Infection)
 - Documented focus of treatment is debility

IRF Considerations – 60%

- **Specific meningitis** (Salmonella, Tuberculous, Tuberculoma, Meningococcal, syphilitic, specific viral, zoster, mumps, candida, enteroviral, adenoviral)
- **Specific Encephalitis** (Meningococcal, late syphilitic, Japanese, western and eastern quine, St. Louis, Australian, California, mosquito, spider and tick borne, specific viral, sequela of viral)
- **Acute Paralytic Poliomyelitis**, sequela of poliomyelitis various causes (e.g., vaccine associated) including unspecified
- **Amebic brain abscess, wound botulism, neurosyphilis**

IRF Considerations – Tiers

C – Tier 2

- A04.71 - Enterocolitis due to C-Diff, recurrent
- A04.72 - ...not specified as recurrent
- A04.8 - Other specified bacterial intestinal infections
- B96.5 - Pseudomonas as cause of disease classified elsewhere
 - Not all created equal (pneumonia d/t is a D tier)

IRF Considerations – D Tiers

D – Tier 3

- Sepsis Unspecified and Specified (e.g., Salmonella sepsis)
- Respiratory Tuberculosis (Excluded from RIC 15 – Respiratory)
- Tuberculosis brain and spine (Excluded from RIC 03, 05 &/or 09)
- Tuberculosis other joints/bones, skeletal (Excluded from RIC 09, 10, &/or 11)
- Tuberculosis of other specified systems/body parts

IRF Considerations – D Tiers

D – Tier 3 (continued)

- Anthrax specified as pulmonary (RIC exclusion 15) or sepsis only
- Certain zoonotic bacterial diseases
- Listeriosis all specificities (i.e. sepsis, meningitis, endocarditis, cutaneous, meningoencephalitis)
- Tetanus NOS (RIC exclusion 06)
- Whooping cough (certain specificities)

IRF Considerations – D Tiers

D – Tier 3 (continued)

- Meningococcal Infection certain specificities (e.g., Meningococcal meningitis) (RIC exclusions 03,05 &/or 14)
- Sepsis due to any organism even unstated
- Legionnaires'
- Certain Syphilitic and neurosyphilitic conditions (RIC exclusions 01, 03, 05, and/or 14)
- COVID-19
- Incomplete List – there's more



Barriers and Solutions

- **Top 3 Documentation Opportunities**
 - Specificity
 - Association of conditions
 - Identification of organism/cause



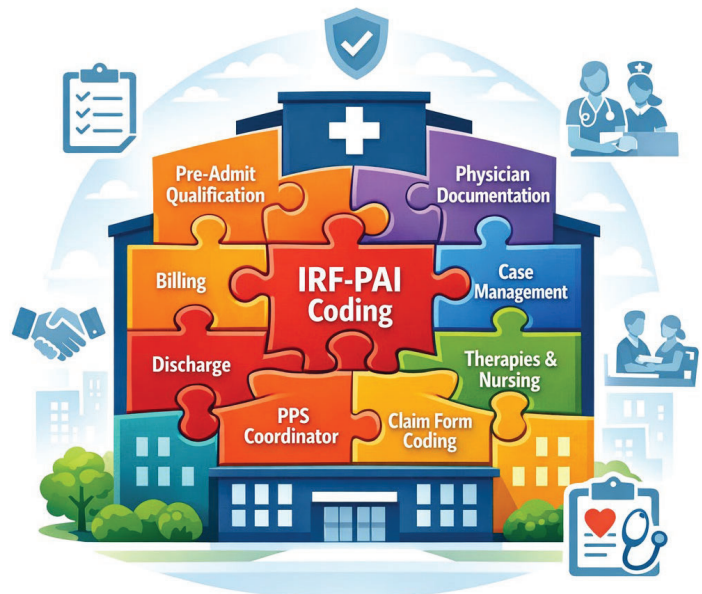
- **Quiz**
- **Activities**
- **Check in with us –**
How is the material landing for you so far?



Questions?

Session 6 –

Ch 9 Circulatory Hypertension Heart Disease Strokes



Chapter 9 Diseases of the Circulatory System

This chapter contains the following blocks:

- I00-I02 Acute rheumatic fever
- I05-I09 Chronic rheumatic heart diseases
- I10-I1A Hypertensive diseases
- I20-I25 Ischemic heart diseases
- I26-I28 Pulmonary heart disease and diseases of pulmonary circulation
- I30-I5A Other forms of heart disease
- I60-I69 Cerebrovascular diseases
- I70-I79 Diseases of arteries, arterioles and capillaries
- I80-I89 Diseases of veins, lymphatic vessels and lymph nodes, not elsewhere classified
- I95-I99 Other and unspecified disorders of the circulatory system

Hypertension

Specify Type of Hypertension

- Primary/Essential
- Secondary

Specify Body System Affected

- Heart Failure
- CKD
- Heart Failure and CKD

Ch 9 Guidelines Hypertension (I.C.9.a)

- Hypertension Coding Guidelines for Heart and Kidney Involvement
 - When HTN coexists with CHF and CKD a causal relationship is assumed, unless documentation states otherwise
 - Hypertensive heart disease
 - Use codes from category I11
 - Hypertensive CKD
 - Use codes from category I12
 - Hypertensive heart with or w/o CHF and CKD
 - Use codes from category I13



I11 Hypertensive Heart Disease (I.C.9.a)

Alphabetic Index:

Hypertension with heart involvement (See Hypertension, heart)

Includes ONLY

- I50.- — Heart failure
- I51.4 — Myocarditis, unspecified
- I51.5 — Myocardial degeneration
- I51.7 — Cardiomegaly
- I51.89 — Other ill-defined heart diseases (e.g., Carditis /Pericarditis)
- I51.9 — Heart disease, unspecified

Hypertensive Heart Disease (I.C.9.a)

I11.0 – Hypertensive heart disease **with** heart failure

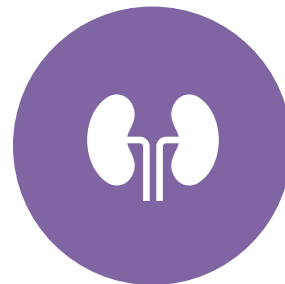
I11.9 - Hypertensive heart disease **without** heart failure (NOS)

Use additional code to identify specific type (e.g., I50.22 – Chronic systolic (congestive) heart failure)

I12 Hypertensive Chronic Kidney Disease (I.C.9.a)



Alphabetic Index:
Hypertension with kidney involvement (see Hypertension, kidney)



Includes any condition in N18 (e.g., CKD any stage, ESRD) and N26 (e.g., arteriosclerosis of kidney, nephrosclerosis) due to hypertension

Hypertensive Chronic Kidney Disease (I.C.9.a)

I12.0 - Hypertensive CKD with stage 5 CKD or ESRD

Use additional code to identify stage CKD (N18.5, N18.6)

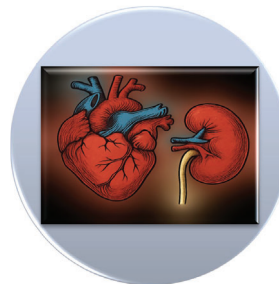
I12.9 – Hypertensive CKD with stage 1-4 CKD or unspecified CKD

Use additional code to identify stage CKD (N18.1-N18.4, N18.9)

I13 Hypertensive Heart and Chronic Kidney Disease (I.C.9.a)

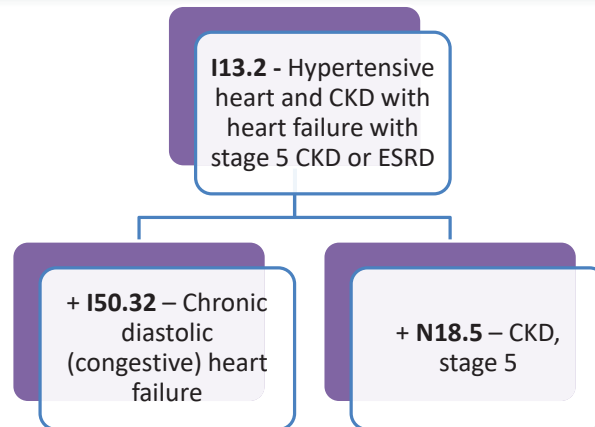


Alphabetic Index:
Hypertension with
cardiorenal

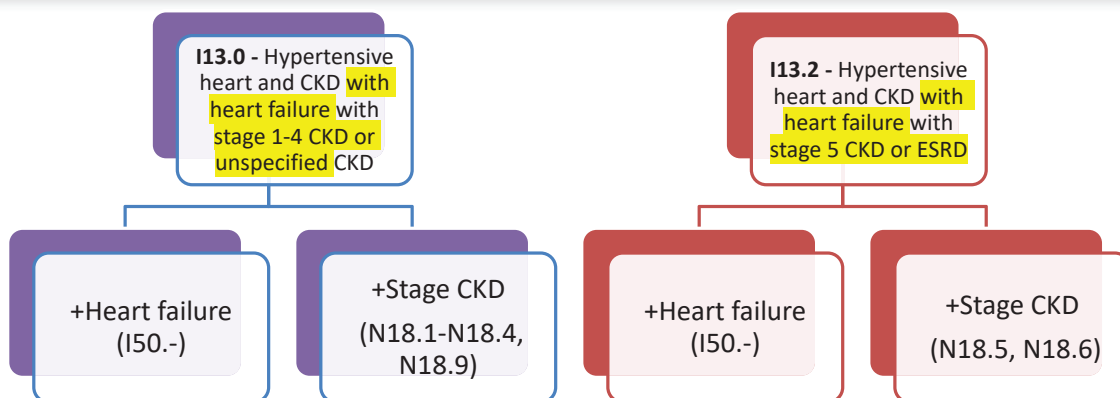


Same includes as heart
and kidney

Hypertensive Heart and Chronic Kidney Disease with Heart Failure Coding Example (I.C.9.a)



Hypertensive Heart and Chronic Kidney Disease with Heart Failure (I.C.9.a)



Hypertensive Heart and Chronic Kidney Disease without Heart Failure (I.C.9.a)

I13.10 - Hypertensive heart and CKD **w/o heart failure** with stage 1-4 CD or unspecified CKD

+Stage CKD
(N18.1-N18.4,
N18.9)

I13.11 - Hypertensive heart and CKD **w/o heart failure** with stage 5 CKD or ESRD

+Stage CKD
(N18.5, N18.6)

Hypertensive Heart, Chronic Kidney Disease without Heart Failure and Diabetes Coding Example (I.C.9.a)

I13.10 - Hypertensive heart and CKD **w/o heart failure** with stage 1-4 CKD or unspecified CKD

+**N18.4** - CKD,
stage 4 (severe)

E11.22 – Type 2 diabetes with diabetic CKD

Stage kidney disease already reported

Secondary Hypertension (I.C.9.a)

I15.0 - Renovascular hypertension

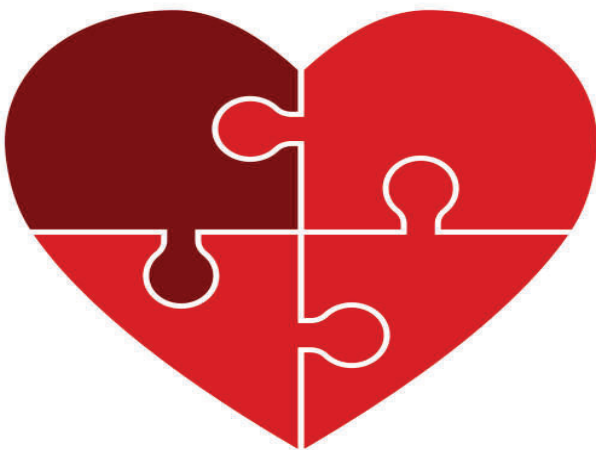
I15.1 - Hypertension secondary to other renal disorders

I15.2 - Hypertension secondary to endocrine disorders

I15.8 - Other secondary hypertension

I15.9 - Secondary hypertension, unspecified

Hypertensive Emergencies (I.C.9.a)



I16.0 - Hypertensive urgency

I16.1 - Hypertensive emergency

I16.9 - Hypertensive crisis, unspecified

Ch 9 Guidelines – Hypertension (I.C.9.a)



- First Listed**
 - Based on reason for encounter
- Hypertensive Cerebrovascular Disease**
 - 1st dx: Category I60-I69 - Cerebrovascular Disease
 - 2nd dx:, Category I10-I1A – Hypertensive Diseases
- Hypertensive Retinopathy**
 - 1st dx: Subcategory H35.0 - Background Retinopathy and retinal changes
 - 2nd dx: Category I10-I15 – Hypertensive Diseases
- Secondary HTN**
 - 2 codes req: underlying etiology code + HTN code (I15 Category)
 - Sequencing: See first listed rule
- Transient HTN**
 - R03.0 Elevated BP without HTN diagnosis

“Resistant” and “Uncontrolled” Hypertension (I.C.9.a)

Resistant Hypertension

Refers to blood pressure of patient with hypertension that remains above goal despite the use of antihypertensive medications

Assign code I1A.0 – Resistant hypertension when documented by the provider

Code first specific type of existing hypertension, if known, such as:

- Essential hypertension (I10)
- Secondary hypertension (I15.-)

Uncontrolled Hypertension

Refers to untreated hypertension or hypertension not responding to current therapeutic regimen

Assign appropriate code from categories I10-I15, Hypertensive diseases

Social and Risk Factors

- Z77.22 - Exposure to environmental tobacco smoke
- Z87.891 - History of tobacco use
- Z57.31 - Occupational exposure to environmental tobacco smoke
- F17.- - Tobacco dependence
- Z72.0 - Tobacco use



IRF Considerations - Etiologic

Primarily Etiologic in

- 09 - Cardiac
 - With heart failure
- 16 - Debility
 - With CKD

IRF Considerations – 60%

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

IRF Considerations – Tiers

D Tier

- Hypertensive chronic kidney disease with stage 5 CKD/ESRD (**I12**)
- Hypertensive heart and CKD with heart failure (**I13.0, I13.2**)(RIC Exclusion 14)

Documenting and Coding Strokes



ICD-10-CM Stroke Categories

- I60 - Nontraumatic Subarachnoid Hemorrhage
- I61 - Nontraumatic Intracerebral Hemorrhage
- I62 - Other and Unspecified Nontraumatic Intracranial Hemorrhage
- I63 - Cerebral Infarction
- I65 - Occlusion and Stenosis of Precerebral Arteries, Not Resulting in Cerebral Infarction
- I66 - Occlusion and Stenosis of Cerebral Arteries, Not Resulting in Cerebral Infarction
- I67 - Other Cerebrovascular Diseases
- I68 - Cerebrovascular Disorders in Diseases Classified Elsewhere
- I69 - Sequelae of Cerebrovascular Disease

Documenting and Coding for Strokes

CAUSE, LOCATION, RESIDUAL

Sequela (Residual)

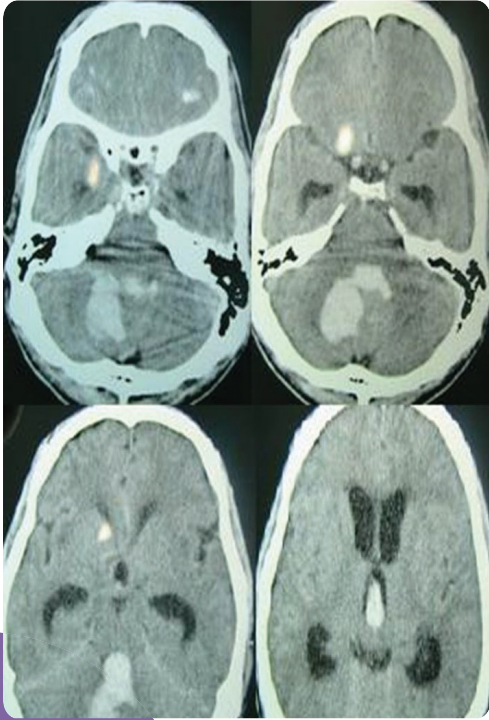
- *Side is important! Dominant versus Non- Dominant should be clear;*
- *Codes from I69 used for sequela;*
- *May be assigned with codes from I60-I67;*
- *For current and old deficits from old CVA*



Nontraumatic Subarachnoid Hemorrhage

- *I60.0 - Nontraumatic subarachnoid hemorrhage from carotid siphon and bifurcation
- *I60.1 - ... from middle cerebral artery
- I60.2 - ... from anterior communicating artery
- *I60.3 - ... from posterior communicating artery I60.4 - ... from basilar artery
- *I60.5 - ... from vertebral artery
- I60.6 - ... from other intracranial arteries
- I60.7 - ... from unspecified intracranial artery
- I60.8 - Other nontraumatic subarachnoid hemorrhage
- I60.9 - Nontraumatic subarachnoid hemorrhage, unspecified

*Denotes Additional 5th Digit Required



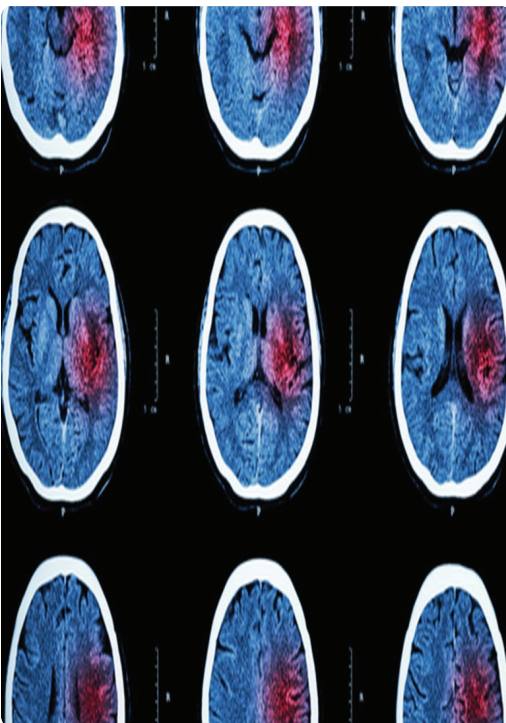
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Nontraumatic Intracerebral Hemorrhage

- I61.0 - Nontraumatic intracerebral hemorrhage in hemisphere, subcortical
- I61.1 - ...cortical
- I61.2 - ...hemisphere unspecified
- I61.3 - ...brain stem
- I61.4 - ...cerebellum
- I61.5 - ...intraventricular
- I61.6 - ...multiple localized
- I61.8 - Other nontraumatic intracerebral hemorrhage
- I61.9 - Nontraumatic intracerebral hemorrhage, unspecified

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63



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Other and Unspecified Nontraumatic Intracranial Hemorrhage

- I62.00 - Nontraumatic subdural hemorrhage, unspecified
 - I62.01 - ...acute
 - I62.02 - ...subacute
 - I62.03 - ...chronic
- I62.1 - Nontraumatic extradural hemorrhage
- I62.9 - Nontraumatic intracranial hemorrhage, unspecified

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64



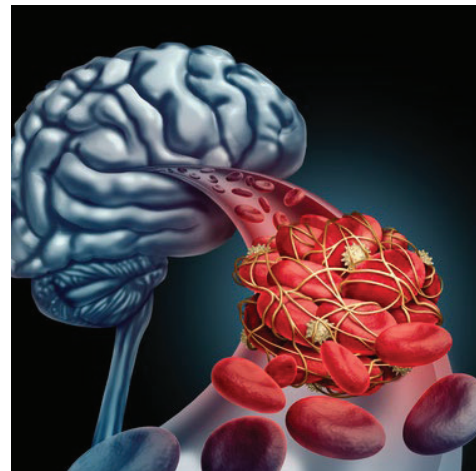
Cerebral Infarction

- I63.0 - Cerebral infarction due to thrombosis of precerebral arteries
 - I63.00 - ...unspecified precerebral artery
 - I63.01 - ...vertebral artery
 - Additional 6th Digit Required to specify laterality (right, left, bilateral, unspecified)
 - I63.02 - ...basilar artery
 - I63.03 - ...carotid artery
 - Additional 6th Digit Required to specify laterality (right, left, bilateral, unspecified)
 - I63.09 - ...other precerebral artery
- I63.1 - ...due to embolism of precerebral arteries
 - Additional 5th Digit Required
- I63.2 - ...due to unspecified occlusion or stenosis of precerebral arteries

Cerebral Infarction

- I63.3 – Cerebral infarction due to thrombosis of cerebral arteries
 - I63.30 - ...unspecified cerebral artery
 - *I63.31 - ...middle cerebral artery
 - *I63.32 - Anterior cerebral artery
 - *I63.33 - Posterior cerebral artery
 - *I63.34 - Cerebellar artery
- I63.4 - ...due to embolism of cerebral arteries
- I63.5 - ...due to unspecified occlusion or stenosis of cerebral arteries
- I63.6 - ...due to cerebral venous thrombosis, nonpyogenic
- I63.8 - Other cerebral infarction
- I63.9 - Cerebral infarction, unspecified

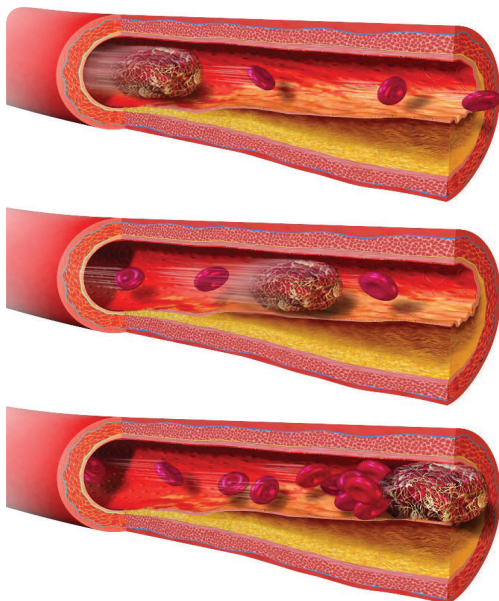
***Denotes Additional 6th Digit Required to specify laterality (right, left, bilateral, unspecified)**



NIHSS

- Tool used by healthcare providers to objectively quantify the impairment caused by a stroke
- Composed of 11 items, each of which scores a specific ability between a 0 and 4
- Score of 0 indicates normal function in that specific ability, while a higher score is indicative of some level of impairment

Score	Stroke Severity
0	No Stroke Symptoms
1-4	Minor Stroke
5-15	Moderate Stroke
16-20	Moderate to Severe Stroke
21-42	Severe Stroke

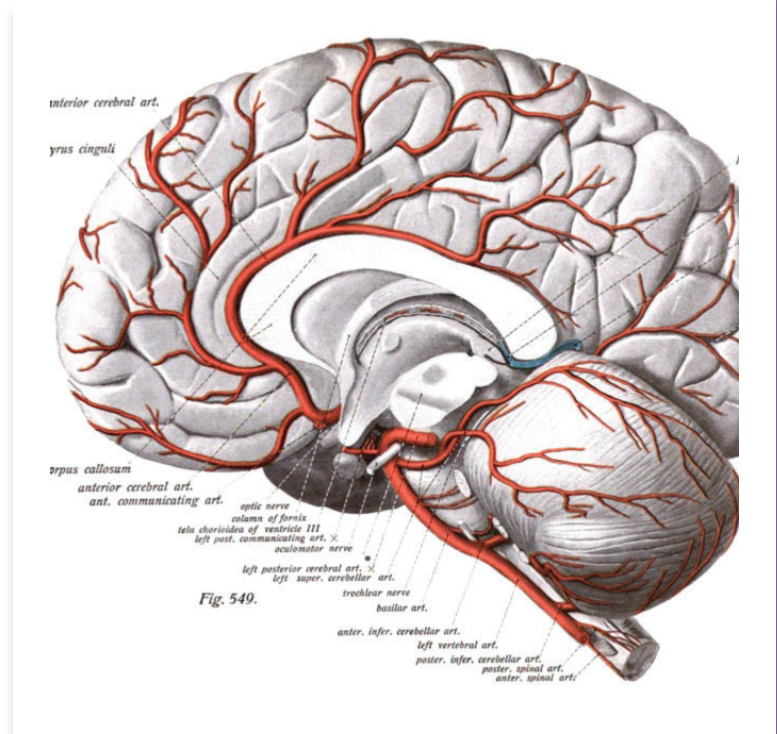


Occlusion and Stenosis of Precerebral Arteries, Not Resulting in Cerebral Infarction

- I65.01 - I65.09 - Occlusion and stenosis of vertebral artery (*laterality R/L/Bil/Unsp*)
- I65.1 - Occlusion and stenosis of basilar artery
- I65.21 - I65.29 - Occlusion and stenosis of carotid artery (*laterality R/L/Bil/Unsp*)
- I65.8 - Occlusion and stenosis of other precerebral arteries
- I65.9 - Occlusion and stenosis of unspecified precerebral artery NOS

Occlusion & Stenosis of Cerebral Arteries

- I66.01 – I66.09 - Middle cerebral artery (R/L/Bil/Unsp)
- I66.11 - I66.19 - Anterior cerebral artery (R/L/Bil/Unsp)
- I66.21 - I66.29 - Posterior cerebral artery (R/L/Bil/Unsp)
- I66.3 - Cerebellar arteries
- I66.8 - Other cerebral arteries
- I66.9 - Unspecified cerebral artery



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69

Other Cerebrovascular Diseases

- I67.0 - Dissection of cerebral arteries, nonruptured
- I67.1 - Cerebral aneurysm, nonruptured
- I67.2 - Cerebral atherosclerosis
- I67.3 - Progressive vascular leukoencephalopathy
- I67.4 - Hypertensive encephalopathy
- I67.5 - Moyamoya disease
- I67.6 - Nonpyogenic thrombosis of intracranial venous system
- I67.7 - Cerebral arteritis, not elsewhere classified
- I67.8 - Other specified cerebrovascular diseases (5th Digit Required)
- I67.9 - Cerebrovascular disease, unspecified

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70

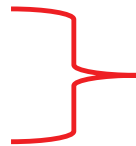
Other Cerebrovascular Diseases

- Non-Traumatic Hemorrhage

- Location
 - Subarachnoid (exact vessel - location)
 - Intracerebral (exact vessel - location)
 - Subdural (acute, subacute, chronic)
 - Extradural

- Cerebral Infarction

- Embolism
- Thrombosis
- Occlusion



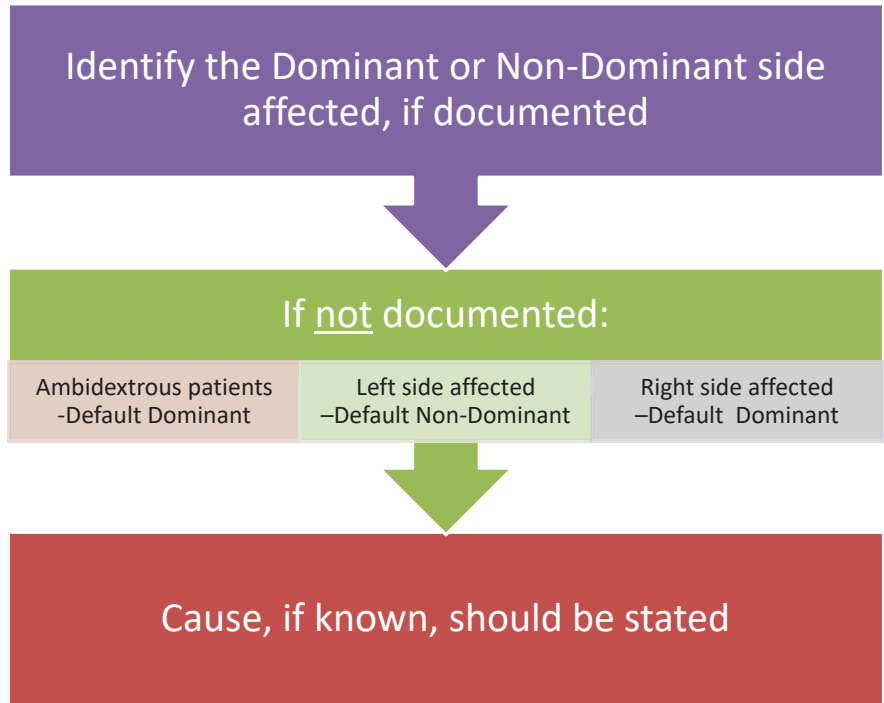
Precerebral, Cerebral,
Venous
(specific artery)
(laterality, e.g., right/left)

Sequelae of Stroke

- ***I69.0** – Sequelae of nontraumatic subarachnoid hemorrhage
- ***I69.1** - ...intracerebral hemorrhage
- ***I69.2** - ...other nontraumatic intracranial hemorrhage
- ***I69.3** - ...cerebral infarction
- ***I69.8** - ...other cerebrovascular diseases
- ***I69.9** - ...unspecified cerebrovascular diseases

***Denotes Additional 5th or 6th Digits Required**

Plegias Guidelines (Dominant & Non-Dominant)



Documenting Diplegia Hemiplegia Paraplegia Quadriplegia Monoplegia

State Associations (Cause and Effects)

- Cause: e.g., Cerebral Palsy, Stroke, Other
- Effects: e.g., Cauda equina syndrome, myositis ossificans of right shoulder d/t paraplegia

Type

- Hemiplegia: Spastic, Flaccid
- Paraplegia: Complete, Incomplete
- Quadriplegia: Complete, Incomplete, Level (C4)

Affected Side

- Dominant v. non-dominant
- Specified Limb(s)

CVA (Stroke) Residuals (Combo)

Whole story in 1 code:

- I69.110 - Attention and concentration deficit following nontraumatic intracerebral hemorrhage
- I69.220 - Aphasia following other nontraumatic intracranial hemorrhage

Additional codes required:

- I69.191 - Dysphagia following nontraumatic intracerebral hemorrhage needs an additional code from R13.1- to identify the type of dysphagia, if known

Reporting Strokes on the IRF-PAI vs UB

- **Principal (Rehab)** = Primary Stroke Residual precipitating need for rehab (e.g., hemiplegia)
- **Comorbidities = Residuals using codes for stroke sequelae**
 - I69.991 - Dysphagia following unspecified cerebrovascular disease & type R13.11 Dysphagia, oral phase
 - I69.390 - Apraxia following cerebral infarction
 - I69.393 – Ataxia following cerebral infarction
 - I69.322- Dysarthria following cerebral infarction

- **Etiologic** = Acute Stroke (when new stroke causes admission)
- **Comorbidities = Residuals using “acute” codes**
 - R13.11 – Dysphagia, oral phase
 - R48.2 - Apraxia
 - R27.0 – Ataxia, unspecified
 - R47.1 - Dysarthria and anarthria
 - Hemiplegia (Included in IGC) for new strokes



IRF Considerations - Etiologic

Primarily Etiologic in

- Stroke
- Nontraumatic Brain (SDH)

IRF Considerations – 60%

- 1.1-1.4 compliant with no restrictions
- IGC 1.9 fails with some etiologic diagnosis
 - Monoplegia of upper limb
 - Monoplegia of lower limb, unspecified side
 - Hemiplegia, unspecified side
 - Other Paralytic Syndrome, unspecified side

IRF Considerations – 60%

- Specific NT Hemorrhage (NT subarachnoid hemorrhage right carotid siphon and bifurcation, NT intracerebral hemorrhage in hemisphere, subcortical)
- Specific Cerebral Infarction (Cerebral infarction due to unspecified occlusion or stenosis of right vertebral arteries, Cerebral infarction due to embolism of left MCA)
- Monoplegia of upper or lower limbs
- Hemiplegia
- Other Paralytic Syndrome
- Intraoperative and Postoperative strokes

IRF Considerations – Tiers

C Tier

- Dysphagia
 - RIC Exclusion: 01

D Tier

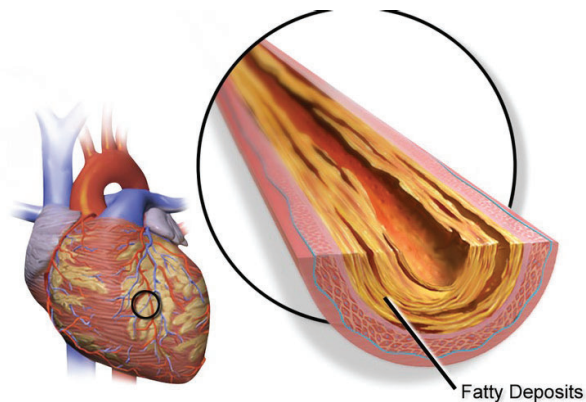
- NT Hemorrhage (Subarachnoid, intracerebral, Subdural)
 - RIC Exclusion: 01, 02, 03
- Cerebral Infarction
 - RIC Exclusion: 01
- **Note - Hemiplegia not associated to CVA and Flaccid are D tiers but not for stroke patients**

Activity

74-year-old right-handed male admitted to rehab status cerebral infarction due to thrombosis of left middle cerebral artery. The provider documents patient has right sided hemiplegia, oral dysphagia, aphasia, and right sided and facial droop.

- **Code Etiologic and Comorbid Conditions**
- **Are there tiered comorbidities**
- **UB-04 codes/PDx and comorbidities**

Atherosclerotic/Arteriosclerotic Disease



Partially Blocked Coronary Artery

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

Peripheral Artery Disease

I70.0 - Aorta

I70.1 - Renal artery

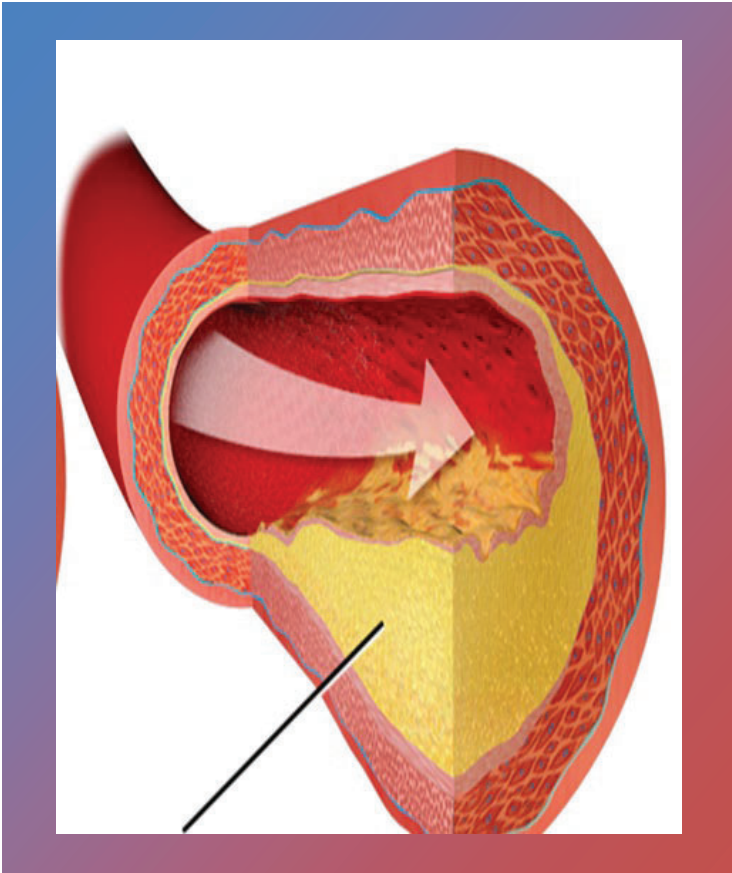
(I70.2-) - Native arteries

- 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

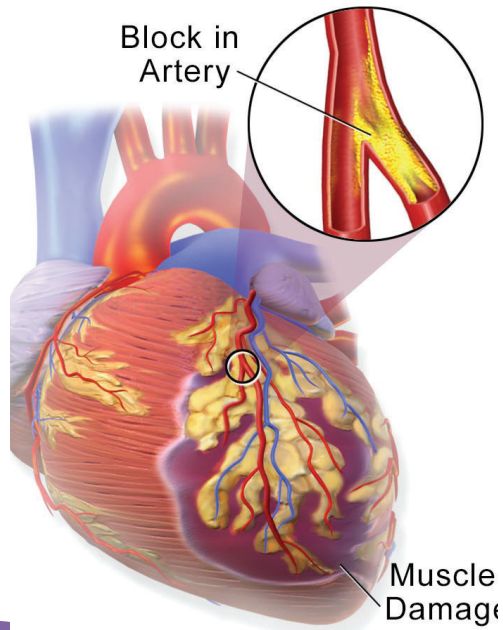
D Tier

- 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)





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

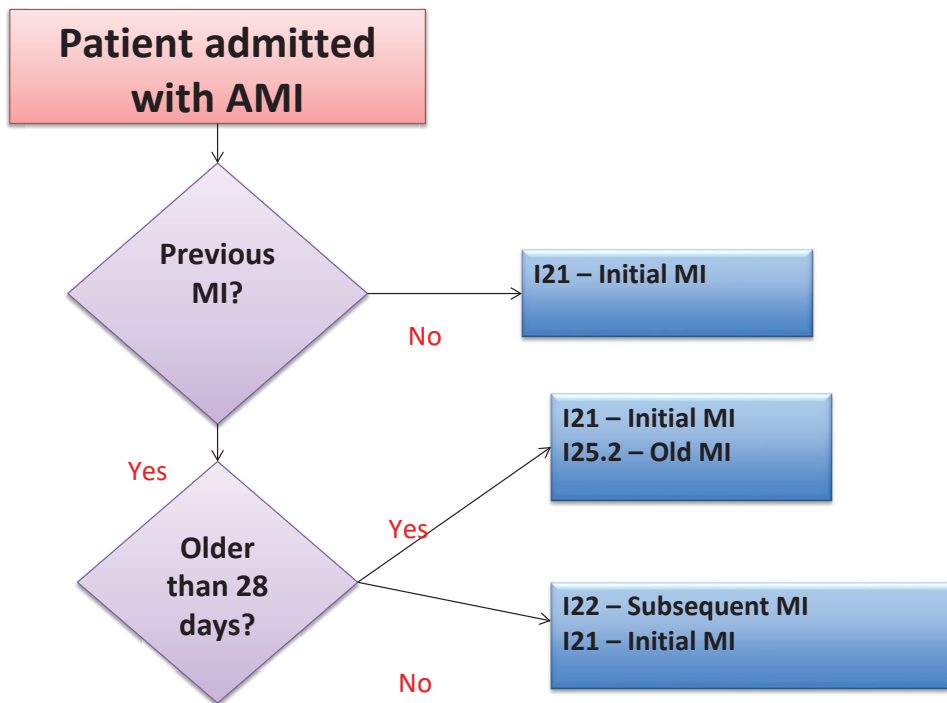
I21.3 - ...unspecified site

- 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

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92



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!

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IRF Considerations - Etiologic

Primarily Etiologic in

- Cardiac

IRF Considerations – 60%

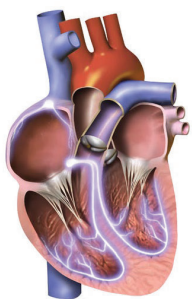
- No Diagnoses that cause 60%
- None cause to FAIL

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



Atrial Fibrillation

AFIB and Flutter

- 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

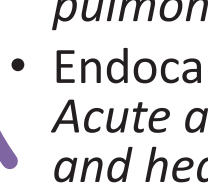
IRF Considerations – 60%

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



IRF Considerations – Tiers

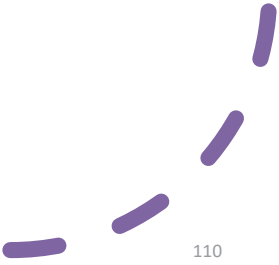
D Tier

- 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?*

