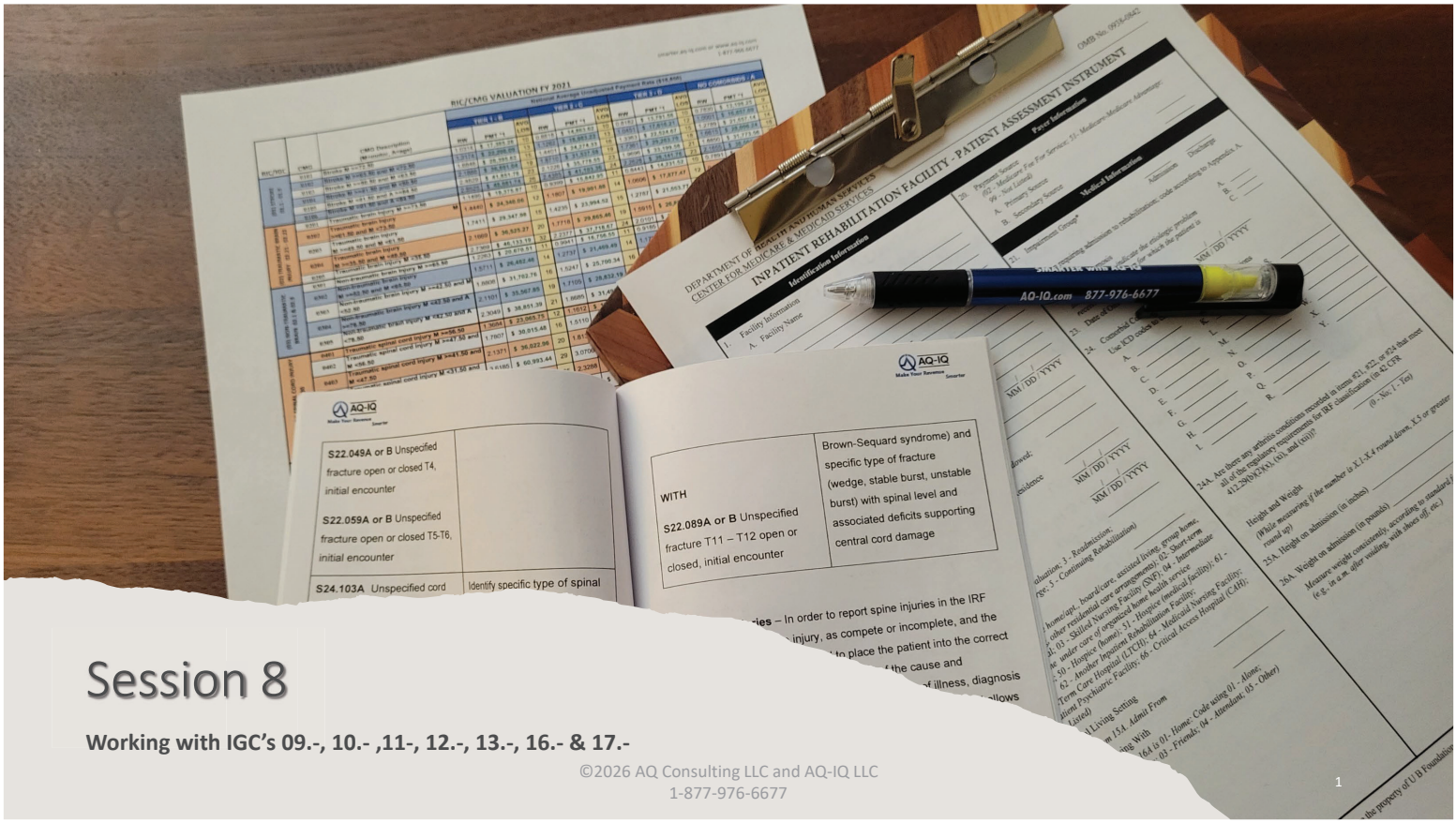

Session 8

Working with IGC's 09.-, 10.- ,11-, 12.-, 13.-, 16.- & 17.-

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IGCs Cardiac Disorders

09

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IGC/Etiologic Match – Cardiac

IGC – "the primary reason for admission to the rehabilitation program"
Etiologic – "The etiologic problem that led to the impairment for which the patient is receiving rehabilitation" CMS

• 09 Cardiac	• MI; CAD; unstable angina; Cardiac Arrest; Tachycardia; Atrial Fibrillation; Arrhythmias; Sick Sinus Syndrome; Congestive Heart Failure

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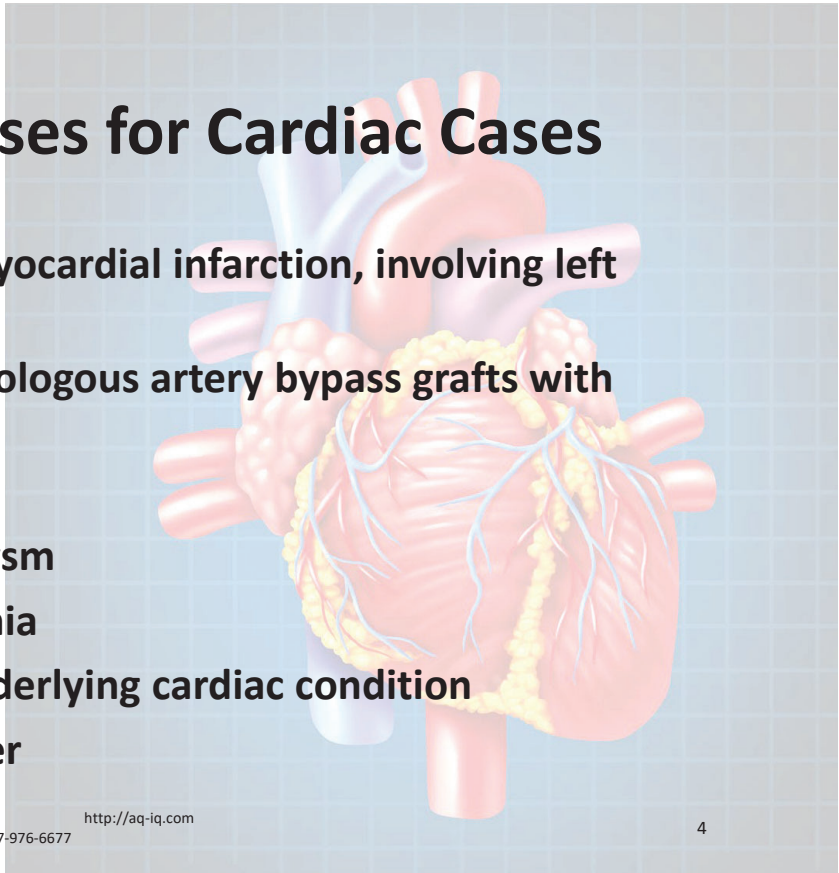
Etiologic Diagnoses for Cardiac Cases



- I21.21 ST Elevation (STEMI) myocardial infarction, involving left circumflex coronary artery
- I25.720 Atherosclerosis of autologous artery bypass grafts with unstable angina pectoris
- I25.3 Aneurysm of heart
- I25.41 Coronary artery aneurysm
- I25.6 Silent myocardial ischemia
- I46.2 Cardiac arrest due to underlying cardiac condition
- I48.92 Unspecified atrial flutter

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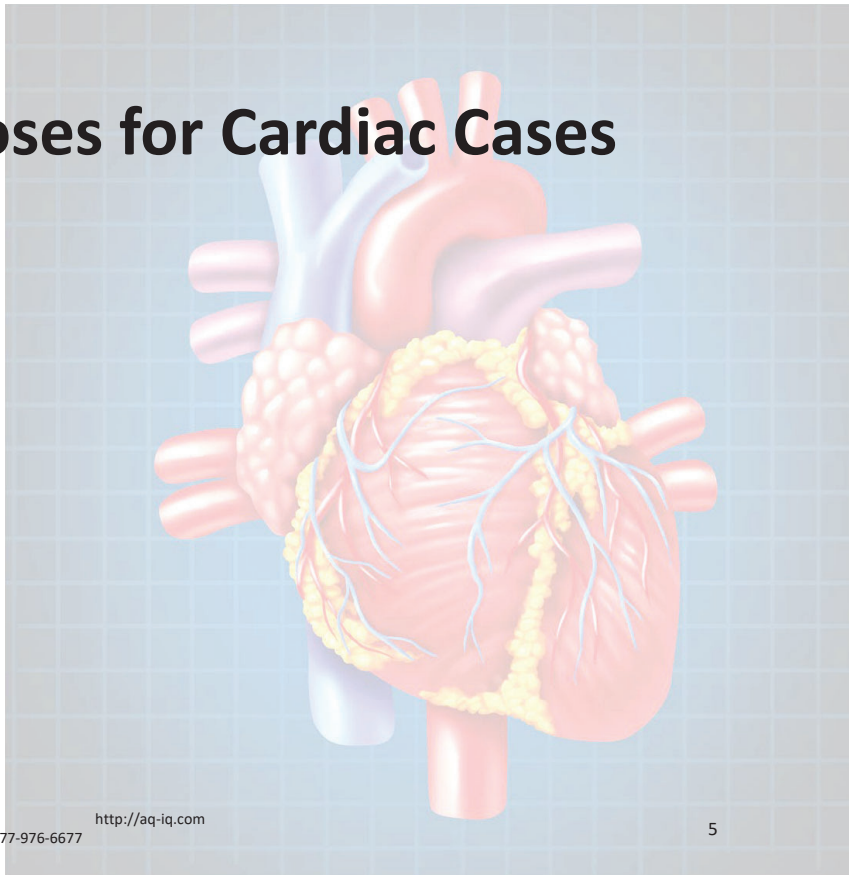
Principal Diagnoses for Cardiac Cases

- **Aftercare for surgery**
- **Condition if it still exists**
  - **Chronic CHF**
  - **NSTEMI**



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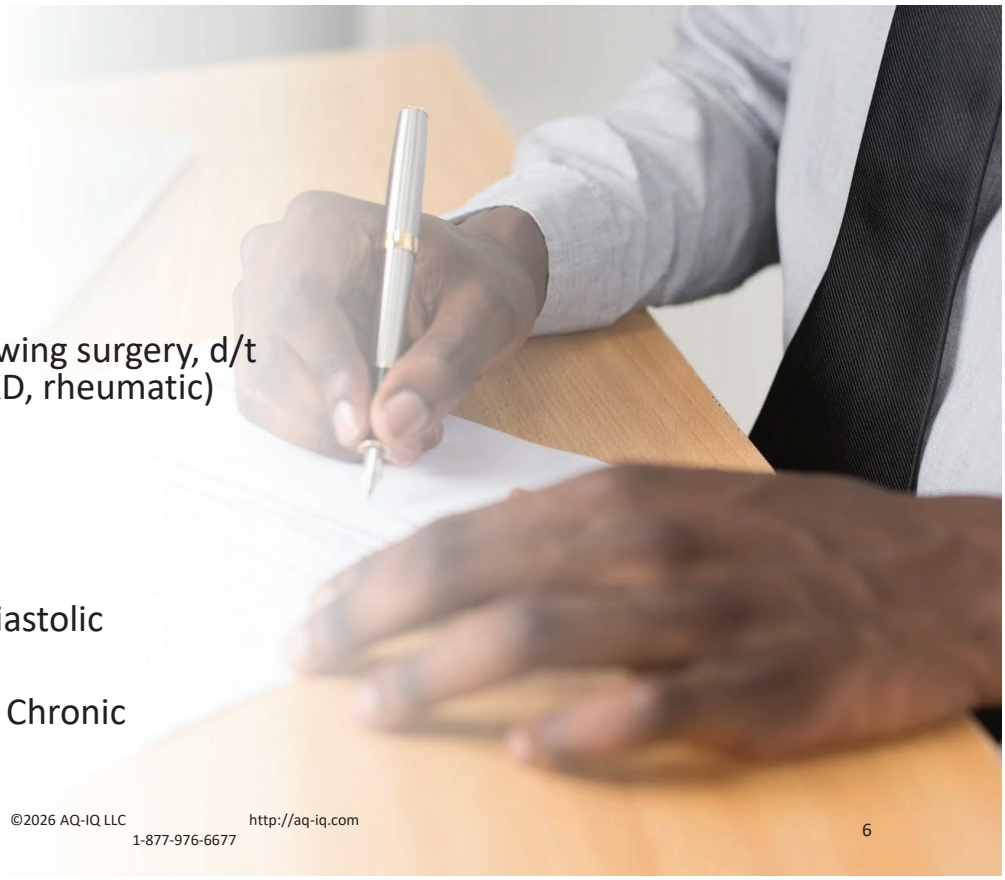
Heart Failure – Cause/Location/Severity

- **State Cause, if known** (following surgery, d/t hypertension or HTN and CKD, rheumatic)
- **State Type/Location**
  - Left Ventricular
  - Systolic
  - Diastolic
  - Combined Systolic and Diastolic
- **Severity**
  - Acute/Chronic/ Acute on Chronic



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Congestive Heart Failure Specificity

ICD-10	Description
I50.1	Left heart failure
I50.20-.I50.23	Systolic (congestive) heart failure
I50.30-I50.33	Diastolic (congestive) heart failure
I50.41-I50.43	Acute combined systolic(congestive) & diastolic(congestive) heart failure
I50.810-I50.89	Other Heart Failure
I50.9	Heart failure, unspec.

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Hypertension

Specify Type of Hypertension

- Primary/ Essential
- Secondary

Specify Body System Affected

- Heart Failure
- CKD
- Heart Failure and CKD

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Hypertension and Heart Disease (I.C.9.a)

(Alphabetic Index) Hypertension with Heart involvement (See Hypertension, Heart)

- Includes ONLY (I50.-, I51.4-I51.7, I51.89, I51.9) Heart Failure, Myocarditis, Myocardial degeneration, Cardiomegaly, Carditis/Pericarditis, Heart Disease Unspecified

Hypertension and Heart Disease (I.C.9.a)

- Hypertension with heart disease with heart failure – I11.0 (Use additional code to identify type I50.- i.e. I50.22 Chronic Systolic Heart Failure)
- Hypertension with heart disease without heart failure I11.9 (Hypertensive heart disease NOS)

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:** i.e. anterolateral, posterior wall

Episode of Care – Not a factor!

Document Also



- BMI
- Tobacco Use/Dependence
- Exposure to Environmental tobacco smoke
- Occupational Exposure to tobacco smoke
- History of Tobacco Use
- S/P admin tPA (rtPA) in a different facility within 24 hours.



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IRF Considerations – 60%

- No Cardiac Diagnoses cause 60%
- None cause 60% FAIL

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Putting it All Together #1

84 y/o male with CAD I25.10 s/p recent CABG Z48.812, hyperlipidemia E78.5, history of SAH/Brain aneurysm, dementia F03.90, hypotension I95.9, anemia D64.9, constipation K59.00, right-handed. History of carotid stenosis and CVA Z86.73.

Motor Score: 49

What's Your Answer?

IRF-PAI	UB04
• IGC: • Etiologic Diagnosis(es): • Tier: • Age: • Motor Score: • CMG: • 60%, WHY:	• Principal: • CC/MCC: • DRG:



IGC's : Pulmonary Disorders (10.-), Burns (11) and Congenital Deformities (12)

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IGC/Etiologic Match – Pulmonary

IGC – "the primary reason for admission to the rehabilitation program"
Etiologic – "The etiologic problem that led to the impairment for which the patient is receiving rehabilitation" CMS

- 10.1 COPD
- 10.9 Other Pulmonary

- CHRONIC Respiratory Conditions only!
- Chronic bronchitis; asthma; emphysema; COPD; chronic respiratory failure

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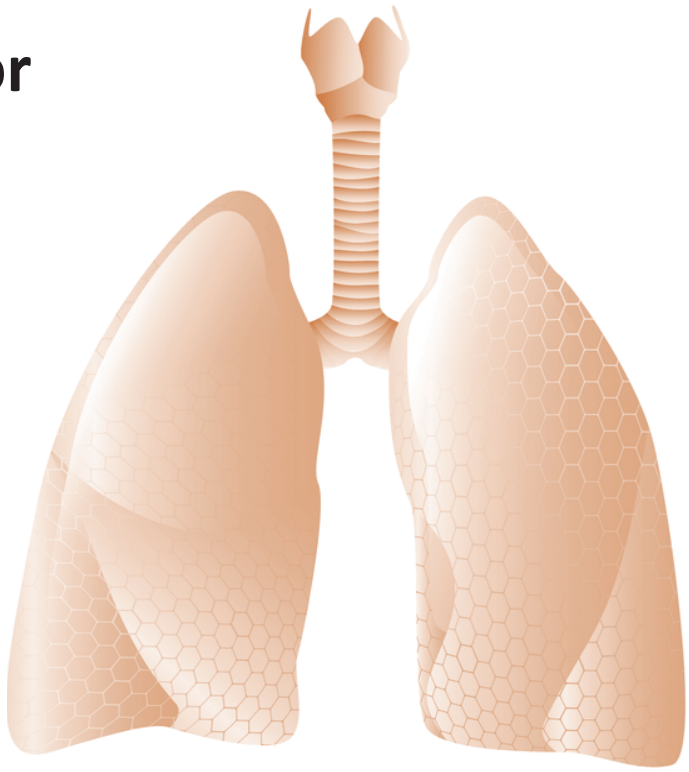
Etiologic Diagnoses for Pulmonary Cases

- J41.0 Simple Chronic Bronchitis
- J44.0 Chronic Obstructive Pulmonary Disease with acute lower respiratory infection
- J43.0 Emphysema unilateral pulmonary
- J45.20 Mild intermittent asthma, uncomplicated
- J45.30 Mild persistent asthma, uncomplicated
- J47.0 Bronchiectasis with acute lower respiratory infection
- J44.9 COPD unspecified



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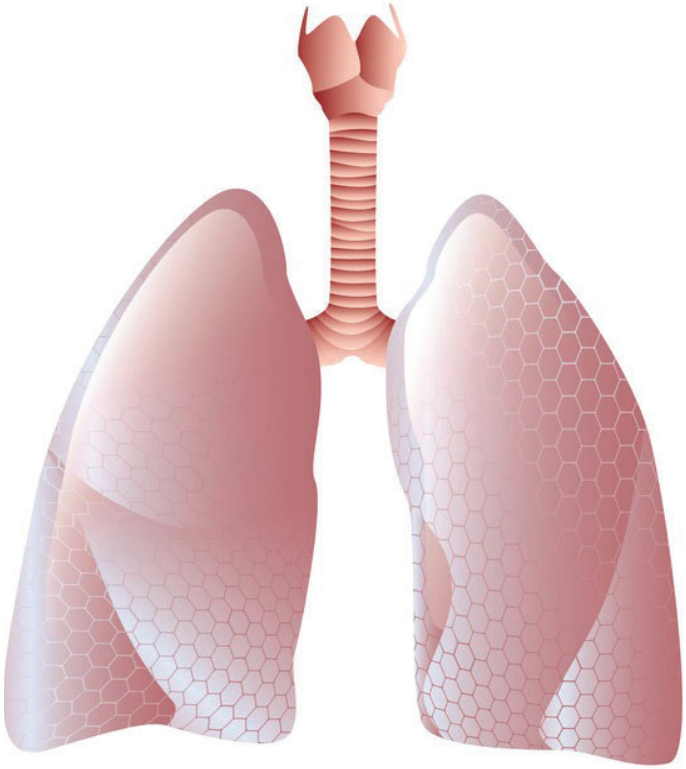
Principal Diagnoses for Pulmonary Cases

- That condition that still exists
- Aftercare for surgery
- Many cases will have matching etiologic diagnoses and principal diagnoses due to the chronic nature of these diagnoses.



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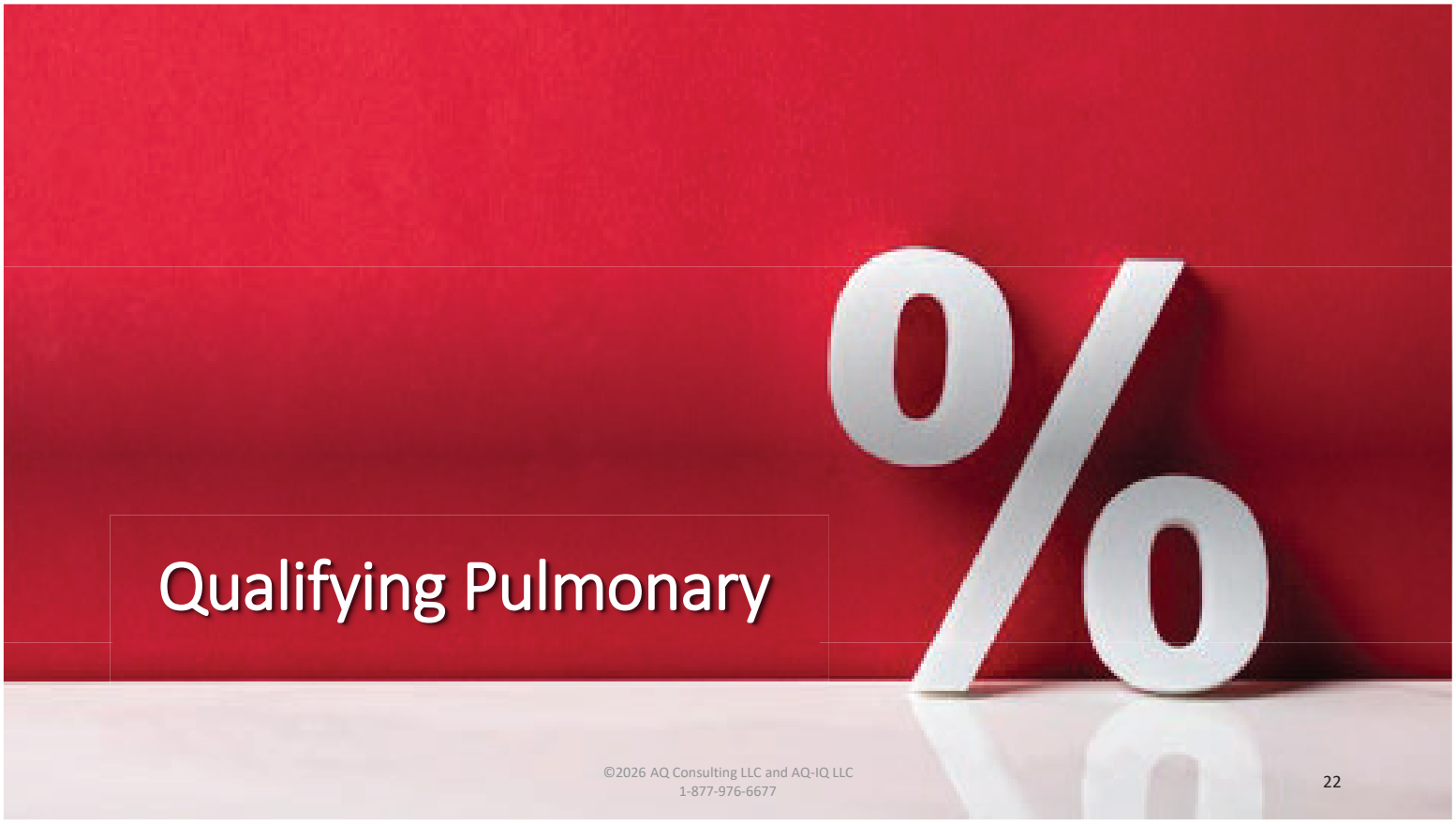

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IRF Considerations – 60%

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

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Putting it All Together #2

A 56-year-old man with severe COPD J44.9 is listed for lung transplantation. He is a disabled brick mason who lives alone Z60.2. He is hypercapnic R06.89 and oxygen dependent Z99.81: 3 L/min via nasal cannula at rest, 4 L/min with exercise and 2 L/min during sleep with bilevel PAP. His goals are to return to community activities, resume household chores and to become oxygen independent. The patient reports intermittent cervical stiffness and his worse pain level at 5/10. Bilateral lung transplant Z94.2 was performed on 7/5/20. Patient also has DM, retinopathy E11.319 and category 3 right sided blindness H54.413A.

Motor Score: 50

What's Your Answer?

IRF-PAI	UB04
• IGC: • Etiologic Diagnosis(es): • Tier: • Age: • Motor Score: • CMG: • 60%, WHY:	• Principal: • CC/MCC: • DRG:

IGC/Etiologic Match – Burns

IGC – "the primary reason for admission to the rehabilitation program"
Etiologic – "The etiologic problem that led to the impairment for which the patient is receiving rehabilitation" CMS

- 11 Burns

- **Burns – should be specified by cause; location(s); laterality; depth/degree**

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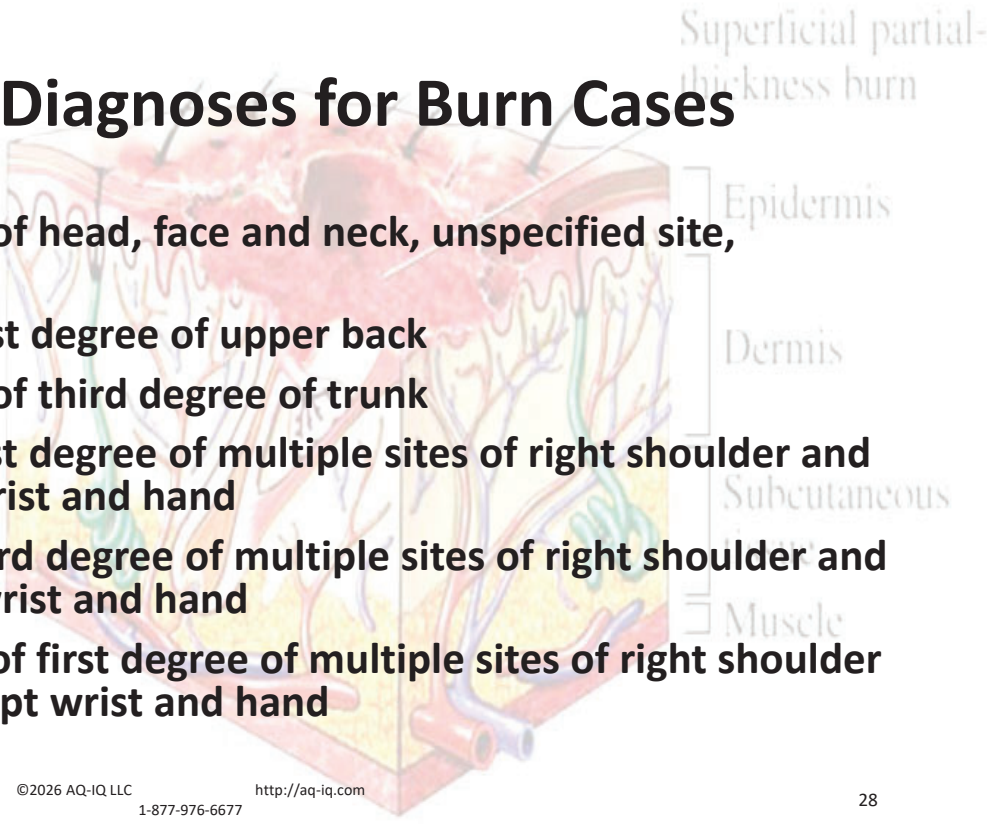
Etiologic Diagnoses for Burn Cases



- **T20.40XA Corrosion of head, face and neck, unspecified site, unspecified degree**
- **T21.13XA Burn of first degree of upper back**
- **T21.70XA Corrosion of third degree of trunk**
- **T22.191A Burn of first degree of multiple sites of right shoulder and upper limb except wrist and hand**
- **T22.391A Burn of third degree of multiple sites of right shoulder and upper limb, except wrist and hand**
- **T22.591A Corrosion of first degree of multiple sites of right shoulder and upper limb, except wrist and hand**

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Principal Diagnoses for Burn Cases

- **T20.40XD Corrosion of head, face and neck, unspecified site, unspecified degree**
- **T21.13XD Burn of first degree of upper back**
- **T21.70XD Corrosion of third degree of trunk**
- **T22.191D Burn of first degree of multiple sites of right shoulder and upper limb except wrist and hand**
- **T22.391D Burn of third degree of multiple sites of right shoulder and upper limb, except wrist and hand**
- **T22.591D Corrosion of first degree of multiple sites of right shoulder and upper limb, except wrist and hand**

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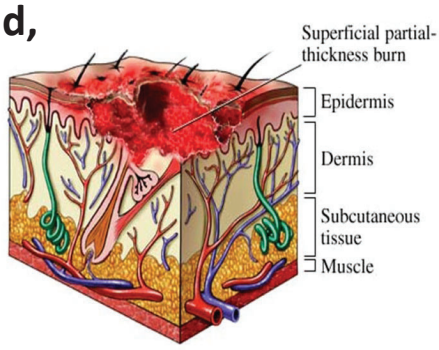
Burns

(Compliant with restrictions)

- **T20.00XA-Burn of unspecified degree of head, face, and neck, unspecified site, initial encounter**
- **T20.40XA-Corrosion of unspecified degree of head, face, and neck, unspecified site, initial encounter**
- **T20.09XA-Burn of unspecified degree of multiple sites of head, face, and neck, initial encounter**
- **T20.49XA-Corrosion of unspecified degree of multiple sites of head, face, and neck, initial encounter**



Many unspecified diagnoses will not pass 60%

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Ch 19 Guidelines - Sequencing Burns (I.C.19.d.1)

1st - Highest Degree Burn when more then 1 present.

Sequenced based on Documentation/Treatment Focus

- Internal & External Burns
- Burn & Related Conditions (smoke inhalation)

Burns to same anatomic site, different degrees (I.C.19.d.2)

- Report Highest Degree

Non-Healing Burns = Acute Burn (I.C.19.d.3)

Necrosis of Burn = Non-Healed Burn

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Ch 19 Guidelines - Burns

Assign separate codes for each burn (I.C.19.d.5)

- T30.- (multiple/unspecified sites) Rarely Used

Infections to burn site, report infection also (I.C.19.d.4)

Site not specified or more info needed (I.C.19.d.6)

- T31.- TBSA burns
- T32.- TBSA corrosions

Recommended used when >20% is 3rd Degree

- TBSA Burns T31.-
- TBSA Corrosion T32.-

Rule of 9's to determine

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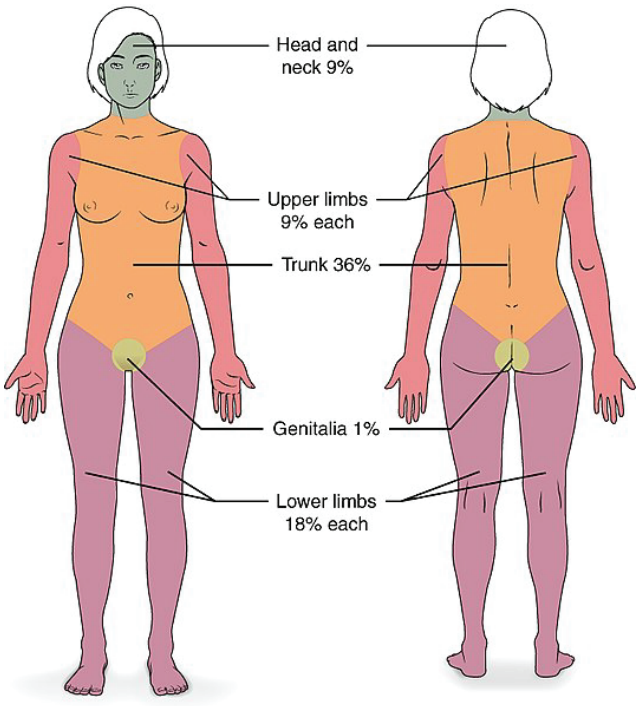
TBSA – The Rule of Nines , It's an ICD-10 Thing!



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Reporting Burns

First

- Site and Severity (T20-T28)

Second

- Extent/TBSA (T31)

Third

- External cause/agent (X)

Activity

T22.312A 3rd degree burn left forearm, initial encounter.

T31.0 < 10% TBSA

X15.0XXA or contact with hot stove (kitchen), initial encounter

Reporting Corrosions

First

- Chemical /Intent (T51-T65)

Second

- Location & Severity (T20-T25)

Third

- Extent/TBSA (T32)

Activity

T59.4x3A Toxic effects of chlorine gas, assault

T21.41xA Corrosion of unspecified degree of chest wall

T32.0 < 10% TBSA

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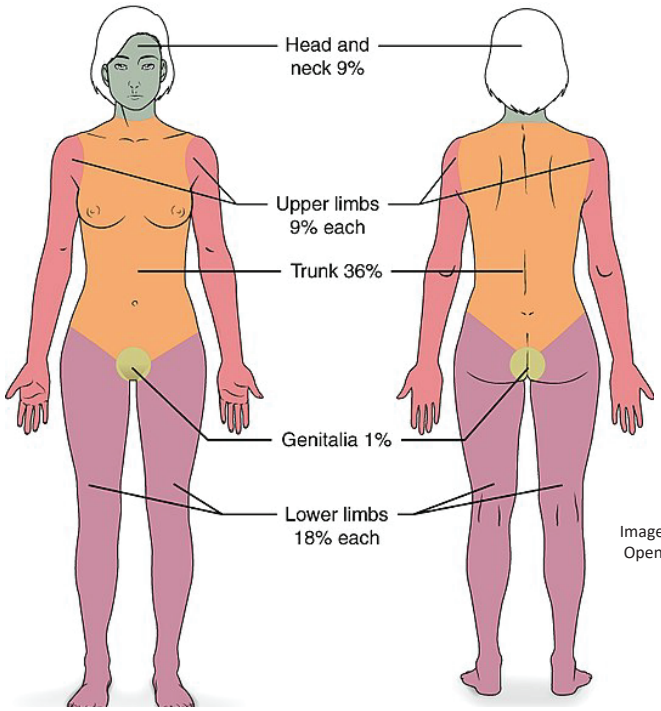
Documentation

- Body site(s) & Laterality
- Depth of each
- Extent - TBSA
- External cause/agent
- Encounter type



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Ch 19 Guidelines - Burns

Encounters for treatment of sequela/late effects use burn or corrosion code 7th character S **(I.C.19.d.7)**

Sequela/late effect and current burn – 7th characters A, D and S may be reported together (**I.C.19.d.8)**

Use external cause codes with burns and corrosions identifies source, intent and place of occurrence. **(I.C.19.d.9)**

Points to Remember

- Non-healing burns coded as acute burns
- Burns with infection code also infection
- Code each burn site
- TBSA – (T31, T32) Advisable
  - When more than 20% is 3rd degree
  - When (corrosion) site not specified or code provides additional information.
  - Based on classic rule of 9's (different than CPT®)
- Use external cause codes to describe event causing injury



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IGC/Etiologic Match – Congenital Disorders

IGC – "the primary reason for admission to the rehabilitation program"
Etiologic – "The etiologic problem that led to the impairment for which the patient is receiving rehabilitation" CMS

- **12.1 Spinal Bifida**
- **12.9 Other Congenital Deformity**

- **Any congenital condition – directives indicate neuro or muscular conditions.**
- **Ortho surgeries in Ortho category.**

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IGC's: Other disabling Impairments, Developmental Disability, Debility and Medically Complex

IGC's 13,16.-, 17.-

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IGC/Etiologic Match – Other Disabling Impairments

IGC – "the primary reason for admission to the rehabilitation program"
Etiologic – "The etiologic problem that led to the impairment for which the patient is receiving rehabilitation" CMS

- 13 Other Disabling Impairments

- Conditions causing the need for rehab where the patient is not overall weak/debilitated (i.e. transmetatarsal amputation; adjustment disorder; TIA)

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IGC/Etiologic Match – Development Disability

IGC – "the primary reason for admission to the rehabilitation program"
Etiologic – "The etiologic problem that led to the impairment for which the patient is receiving rehabilitation" CMS

• **15 Developmental Disability**	• **Intellectual disabilities**

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IGC/Etiologic Match – Debility

IGC – "the primary reason for admission to the rehabilitation program"
Etiologic – "The etiologic problem that led to the impairment for which the patient is receiving rehabilitation" CMS

• **16 Debility (Non-Pulmonary; Non-Cardiac)**	• **Conditions not fitting into other categories and causing overall generalized weakness/debility.**

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IGC/Etiologic Match – Medically Complex

IGC – "the primary reason for admission to the rehabilitation program"
Etiologic – "The etiologic problem that led to the impairment for which the patient is receiving rehabilitation" CMS

- 17.1 Infections
- 17.2 Neoplasms
- 17.31 Nutrition w/Intubation/ Parenteral Nutrition
- 17.32 Nutrition w/o Intubation/ Parenteral Nutrition
- 17.4 Circulatory Disorders
- 17.51 Respiratory Disorders (Vent)
- 17.52 Respiratory Disorders (No-Vent)
- 17.6 Terminal Care
- 17.7 Skin Disorders
- 17.8 Medical/Surgical Complications
- 17.9 Other Medically Complex

- **USED ONLY IF MEDICAL TREATMENTS ARE THE PRIMARY FOCUS AND REHABILITATION IS SECONDARY.**

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Medically Complex vs. Debility Examples

Medically Complex (17)

- UTI progressed to sepsis
- Difficulty Completing 3 hours of therapy a day.
- Closer to 15 hours a week therapy.
- Medical needs outweigh rehab needs.
- Dialysis for Renal Disease caused by septic UTI.
- Potential interrupted stay
- CPAP breathing treatments
- Organ Failure

Debility (16)

- UTI progressed to sepsis
- Focus of treatment is functional rehab due to weakness caused from dehydration, infection and treatment for renal failure.
- Other comorbids that do not require constant medical attention.

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Putting it All Together #3

H&P Etiology: A. Ileus, B. seizures Motor Score: 50

80 y/o male. Patient is independent, lives alone at home and active in the community. He presented to the ED with right hip pain which was going on for one day. Pain was consistent and sharp in nature. He has also had retrosternal chest pain, nonspecific. Characterized as if he has heaviness and tightness in the chest and the degree was moderate. Patient was constantly complaining of pain in the right knee, admitted to acute rehab prior but on day 1 vomited brown residue. Patient diagnosed with ileus K56.7 and transferred back to medical floor before returning here. Ileus now appears to be resolved but now presents with bilateral atelectasis J98.11. Patient is overall very weak R53.1 and debilitated R53.81 due to length of time in hospital and needs aggressive inpatient physical and occupational therapy to return to prior level of function.

Patient has a history of CVA with left hemiplegia I69.354, epilepsy G40.909, lumbar and cervical spine surgery.

What's Your Answer?

IRF-PAI	UB04
• IGC: • Etiologic Diagnosis(es): • Tier: • Age: • Motor Score: • CMG: • 60%, WHY:	• Principal: • CC/MCC: • DRG:

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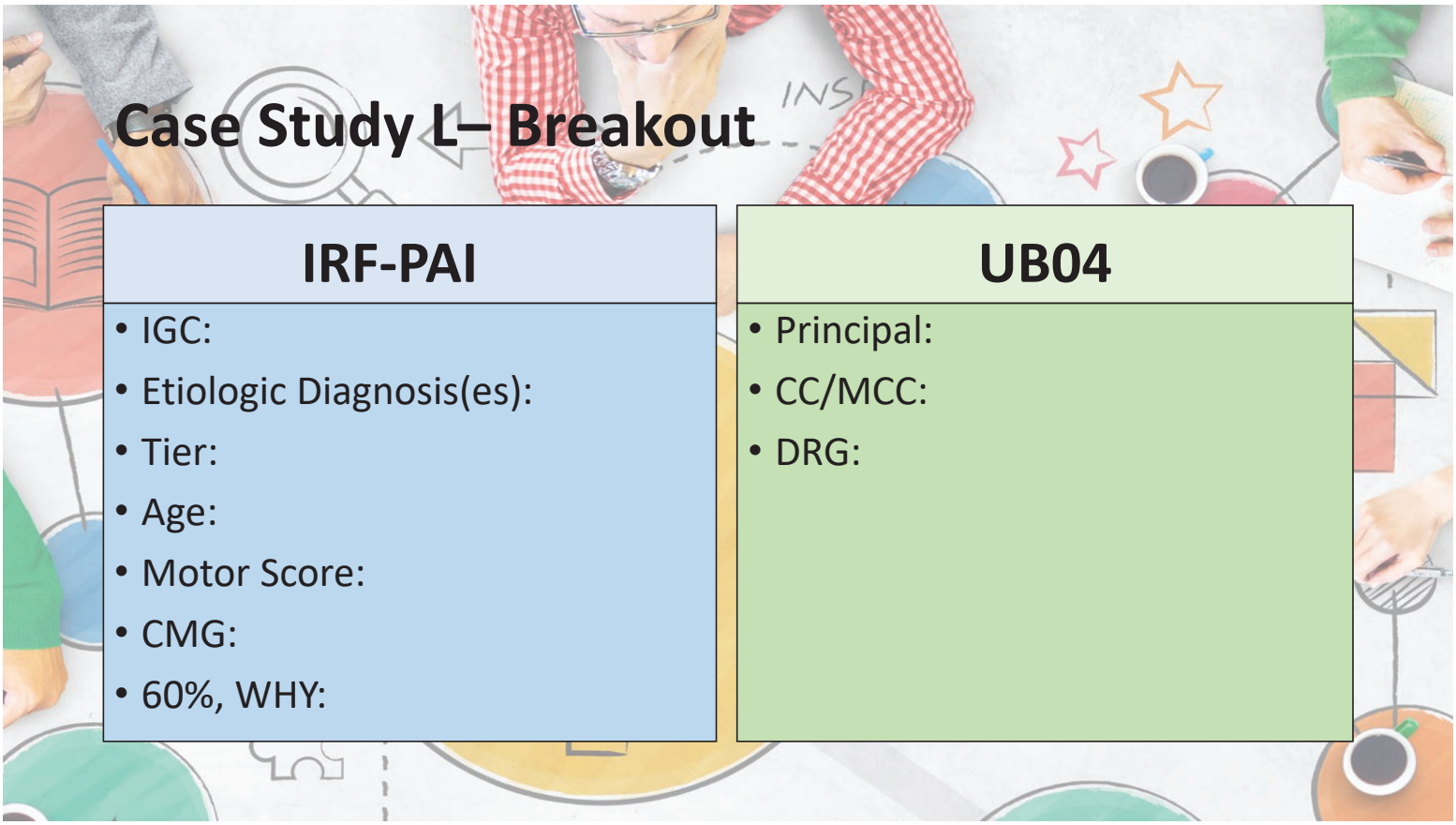

Case Study L– Breakout

IRF-PAI	UB04
• IGC: • Etiologic Diagnosis(es): • Tier: • Age: • Motor Score: • CMG: • 60%, WHY:	• Principal: • CC/MCC: • DRG:

Case Study M– Breakout

IRF-PAI	UB04
• IGC: • Etiologic Diagnosis(es): • Tier: • Age: • Motor Score: • CMG: • 60%, WHY:	• Principal: • CC/MCC: • DRG:

Case Study N– Breakout

IRF-PAI	UB04
• IGC: • Etiologic Diagnosis(es): • Tier: • Age: • Motor Score: • CMG: • 60%, WHY:	• Principal: • CC/MCC: • DRG:

Case Study O– Breakout

IRF-PAI	UB04
• IGC: • Etiologic Diagnosis(es): • Tier: • Age: • Motor Score: • CMG: • 60%, WHY:	• Principal: • CC/MCC: • DRG:

Session 8 Assignments

Connect with Kristine and take the quiz for CE Credit

Post in the group a recent win at work

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