


Slide 1



The slide features two logos at the top. On the left is the AQ-C logo, which consists of the letters 'AQ-C' in a stylized, blue, serif font. On the right is a cartoon character wearing a blue cape and a white mask with a blue 'A' on it. Below these logos is the AQ-IQ logo, which includes a blue circular icon with a white 'A' inside, followed by the text 'AQ-IQ' in a bold, blue, sans-serif font. Underneath 'AQ-IQ' is the website 'www.aq-iq.com' and the slogan 'Make My Revenue Smarter (877) 976 6677'.

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Slide 2

Disclaimer

The information contained in this presentation is provided to assist the attendee in understanding the reimbursement process. It is intended to assist healthcare providers in accurately obtaining reimbursement for health care services. It is not intended to increase or maximize reimbursement inappropriately by any payer. It is strongly recommended that attendees consult their payer organizations with regard to local reimbursement policies. The information contained in the presentation is provided for information purposes only and represents no statement, promise or guarantee concerning levels of reimbursement, payment or charge. The material is designed to provide accurate information on the subject matter covered and is for guidance and reference purposes only. Although prepared for use by professionals, the presentation information should not be utilized as a substitute for professional services in specific situations. If legal advice is required, the services of a professional should be sought.

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Cramming for ICD-10 (IRF).....



Paula Digby, CDIP, CCS, CPC, CPCI
AHIMA Approved ICD-10-CM/PCS Instructor
AQ Consulting LLC/AQ-IQ.com

Slide 4

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Test Prep

- **Understanding Key Vocabulary**
 - ✓ *What codes look, feel and act like*
 - ✓ *Myth versus Fact – Overcoming Test Anxiety*
- **Process/Payment considerations**
 - ✓ *How ICD-10 will impact IRFs*
 - ✓ *New Documentation Requirements*
- **Shortcuts to preparedness**
 - ✓ *Where to focus efforts and who to include.*

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ICD-CM Code Structure

New Options and thinking patterns required for IRFs.

ICD-9-CM

- Approx 13,000 Diagnosis Codes
- Alphanumeric Codes
 - Only a few start with a letter
- 3 – 5 characters

ICD-10-CM

- Approx 68,000 Diagnosis Codes
- Alphanumeric Codes
 - ALL start with a letter
- 3 – 7 characters
- Added Laterality
- Expanded Injuries
- Added episodes of care
- Revised definitions for some diagnoses.

Slide 6

PREPARATION IS THE KEY TO SUCCESS

Coding and 7th Character S

ICD-10

Alpha (Except U)

2 Numeric
3-7 Numeric or Alpha

Additional Characters

S 0 2 . 6 5 X A

Category

Etiology, anatomic site, severity

Added 7th character for obstetrics, injuries, and external causes of injury

3-7 Characters

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Slide 7

Yes, the Leading Letters Mean Something!

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

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ICD-9-CM to ICD-10-CM / GEMS

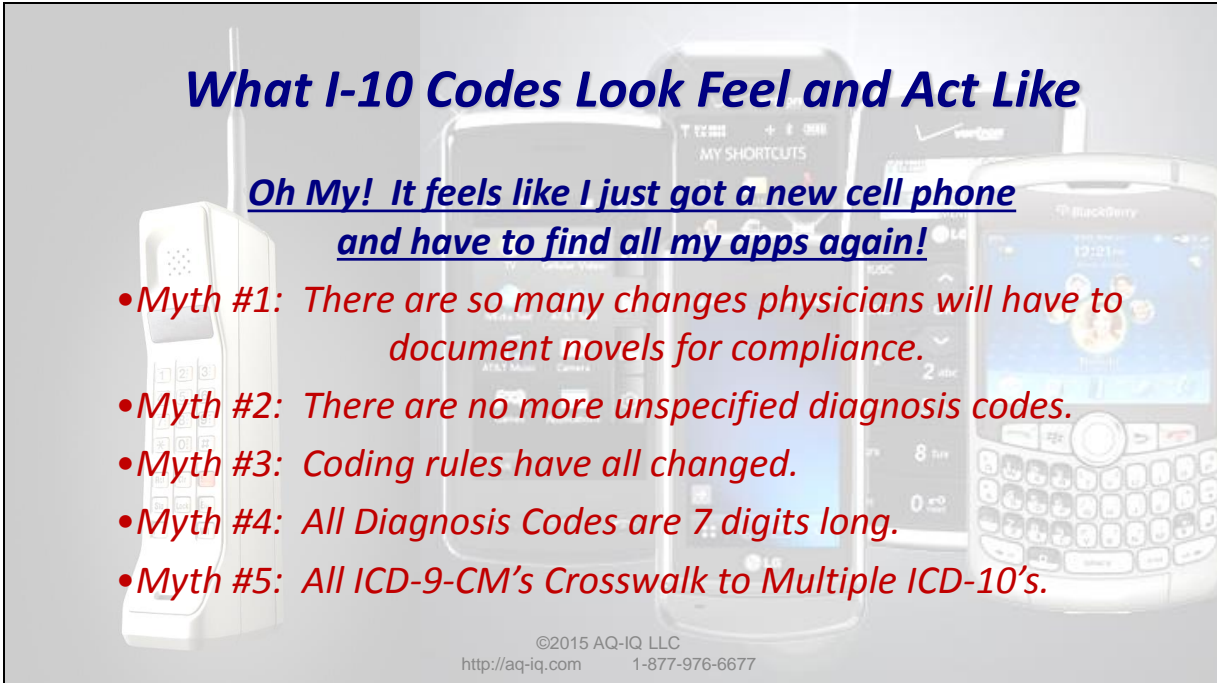
- Available at:
<http://www.cms.gov/Medicare/Coding/ICD10/2014-ICD-10-CM-and-GEMs.html>
- Many are fairly close between code sets:
 - Infectious diseases, neoplasms, eye & ear codes
- Many are NOT close:
 - Obstetrics – reorganized
 - Not direct 1-to-1 relationships

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What I-10 Codes Look Feel and Act Like

**Oh My! It feels like I just got a new cell phone
and have to find all my apps again!**

- *Myth #1: There are so many changes physicians will have to document novels for compliance.*
- *Myth #2: There are no more unspecified diagnosis codes.*
- *Myth #3: Coding rules have all changed.*
- *Myth #4: All Diagnosis Codes are 7 digits long.*
- *Myth #5: All ICD-9-CM's Crosswalk to Multiple ICD-10's.*

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Example: Non-Traumatic SAH

**ICD-
9
430**

- 160** Nontraumatic subarachnoid hemorrhage
- 160.0** Nontraumatic subarachnoid hemorrhage from carotid siphon and bifurcation
- [160.00](#) Nontraumatic subarachnoid hemorrhage from unspecified carotid siphon and bifurcation
- [160.01](#) Nontraumatic subarachnoid hemorrhage from right carotid siphon and bifurcation
- [160.02](#) Nontraumatic subarachnoid hemorrhage from left carotid siphon and bifurcation
- 160.1** Nontraumatic subarachnoid hemorrhage from middle cerebral artery
- [160.10](#) Nontraumatic subarachnoid hemorrhage from unspecified middle cerebral artery
- [160.11](#) Nontraumatic subarachnoid hemorrhage from right middle cerebral artery
- [160.12](#) Nontraumatic subarachnoid hemorrhage from left middle cerebral artery
- 160.2** Nontraumatic subarachnoid hemorrhage from anterior communicating artery
- [160.20](#) Nontraumatic subarachnoid hemorrhage from unspecified anterior communicating artery
- [160.21](#) Nontraumatic subarachnoid hemorrhage from right anterior communicating artery
- [160.22](#) Nontraumatic subarachnoid hemorrhage from left anterior communicating artery
- 160.3** Nontraumatic subarachnoid hemorrhage from posterior communicating artery
- [160.30](#) Nontraumatic subarachnoid hemorrhage from unspecified posterior communicating artery
- [160.31](#) Nontraumatic subarachnoid hemorrhage from right posterior communicating artery
- [160.32](#) Nontraumatic subarachnoid hemorrhage from left posterior communicating artery
- [160.4](#) Nontraumatic subarachnoid hemorrhage from basilar artery
- 160.5** Nontraumatic subarachnoid hemorrhage from vertebral artery
- [160.50](#) Nontraumatic subarachnoid hemorrhage from unspecified vertebral artery
- [160.51](#) Nontraumatic subarachnoid hemorrhage from right vertebral artery
- [160.52](#) Nontraumatic subarachnoid hemorrhage from left vertebral artery
- [160.6](#) Nontraumatic subarachnoid hemorrhage from other intracranial arteries
- [160.7](#) Nontraumatic subarachnoid hemorrhage from unspecified intracranial artery
- [160.8](#) Other nontraumatic subarachnoid hemorrhage
- [160.9](#) Nontraumatic subarachnoid hemorrhage, unspecified

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CHF ICD-9 vs. ICD-10

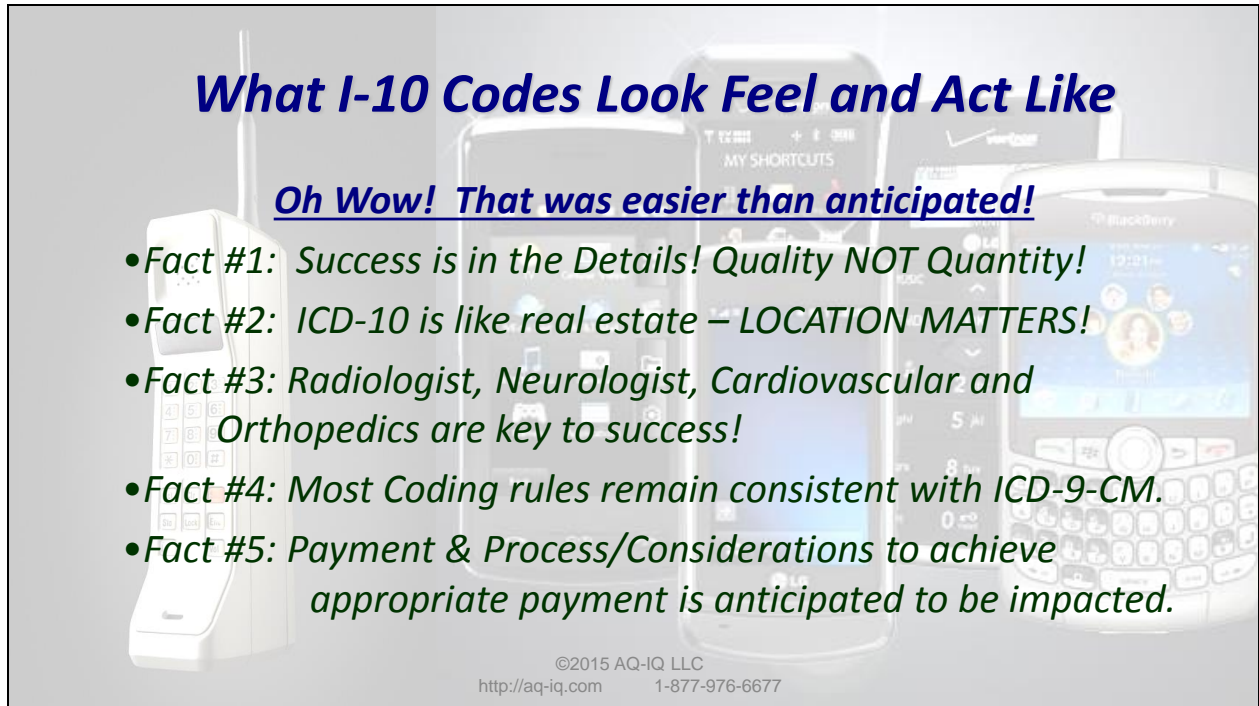
ICD-9	Description	ICD-10	Description
428.0	CHF, unspecified	I50.1	Left heart failure
428.1	Left heart failure	I50.20	Unspec. systolic (congestive) heart failure
428.20	Systolic heart failure, unspecified	I50.21	Acute systolic (congestive) heart failure
428.21	Systolic heart failure, acute	I50.22	Chronic systolic (congestive) heart failure
428.22	Systolic heart failure, chronic	I50.23	Acute on chronic systolic (congestive) heart failure
428.23	Systolic heart failure, acute on chronic	I50.30	Unspec. diastolic (congestive) heart failure
428.30	Diastolic heart failure, unspecified	I50.31	Acute diastolic (congestive) heart failure
428.31	Diastolic heart failure, acute	I50.32	Chronic diastolic (congestive) heart failure
428.32	Diastolic heart failure, chronic	I50.33	Acute on chronic diastolic systolic (congestive) heart failure
428.33	Diastolic heart failure, acute on chronic	I50.40	Unspec. combined systolic/diastolic heart failure
428.40	Combined systolic & diastolic heart failure, unspecified	I50.41	Acute combined systolic(congestive) & diastolic(congestive) heart failure
428.41	Combined systolic & diastolic heart failure, acute	I50.42	Chronic combined systolic (congestive) & diastolic (congestive) heart failure
428.42	Combined systolic & diastolic heart failure, chronic	I50.43	Acute on chronic combined systolic (congestive) & diastolic (congestive) heart failure
428.43	Combined systolic & diastolic heart failure, acute on chronic	I50.9	Heart failure, unspec.
428.9	Heart failure, unspecified		

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<h2>EXAMPLES OF ICD-9 TO ICD-10</h2>	
ICD-10	ICD-9
E10.36 Type 1 diabetes mellitus with diabetic cataract No additional code necessary.	250.51 Diabetes type 1 with ophthalmic manifestations 366.41 Diabetic cataract
E10.630 Type 1 diabetes mellitus with periodontal disease No additional code necessary.	250.81 Diabetes type 1 with other specified manifestations 523.8 Other specified periodontal disease
ICD-10	ICD-9
E11.341 Type 2 diabetes mellitus with severe non proliferative diabetic retinopathy with macular edema	250.50 Diabetes type II with ophthalmic manifestations 362.06 Severe nonproliferative diabetic retinopathy 362.07 Diabetic macular edema
E11.43 Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy	250.60 Diabetes type 2 with neurological manifestations 536.3 Gastroparesis
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What I-10 Codes Look Feel and Act Like

Oh Wow! That was easier than anticipated!

- ***Fact #1: Success is in the Details! Quality NOT Quantity!***
- ***Fact #2: ICD-10 is like real estate – LOCATION MATTERS!***
- ***Fact #3: Radiologist, Neurologist, Cardiovascular and Orthopedics are key to success!***
- ***Fact #4: Most Coding rules remain consistent with ICD-9-CM.***
- ***Fact #5: Payment & Process/Considerations to achieve appropriate payment is anticipated to be impacted.***

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ICD-10 Impact on IRFs!

Success is in the Details

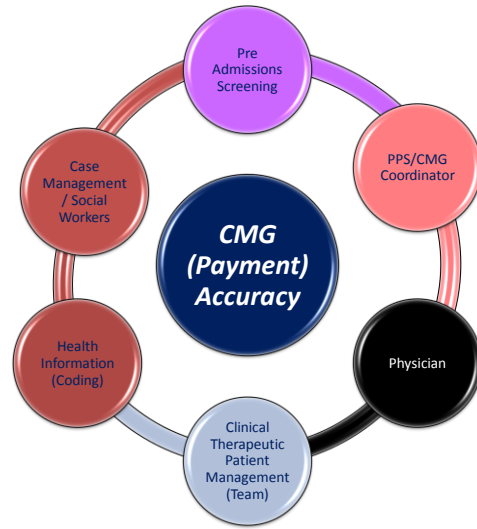
Process Considerations

- **Changes to IRF-PAI – Coding Implications**
 - What about ICD-10 PCS?
- **Diagnosis Codes & Documentation Changes**
 - Presumptive Compliance Options Reduced
 - Potential Tier Diagnoses – Will options Reduce?
- **Quality Measures**
 - Pressures Ulcers
 - PVD/PAD; DM w/Certain Manifestations
- **Therapy Time Tracking**

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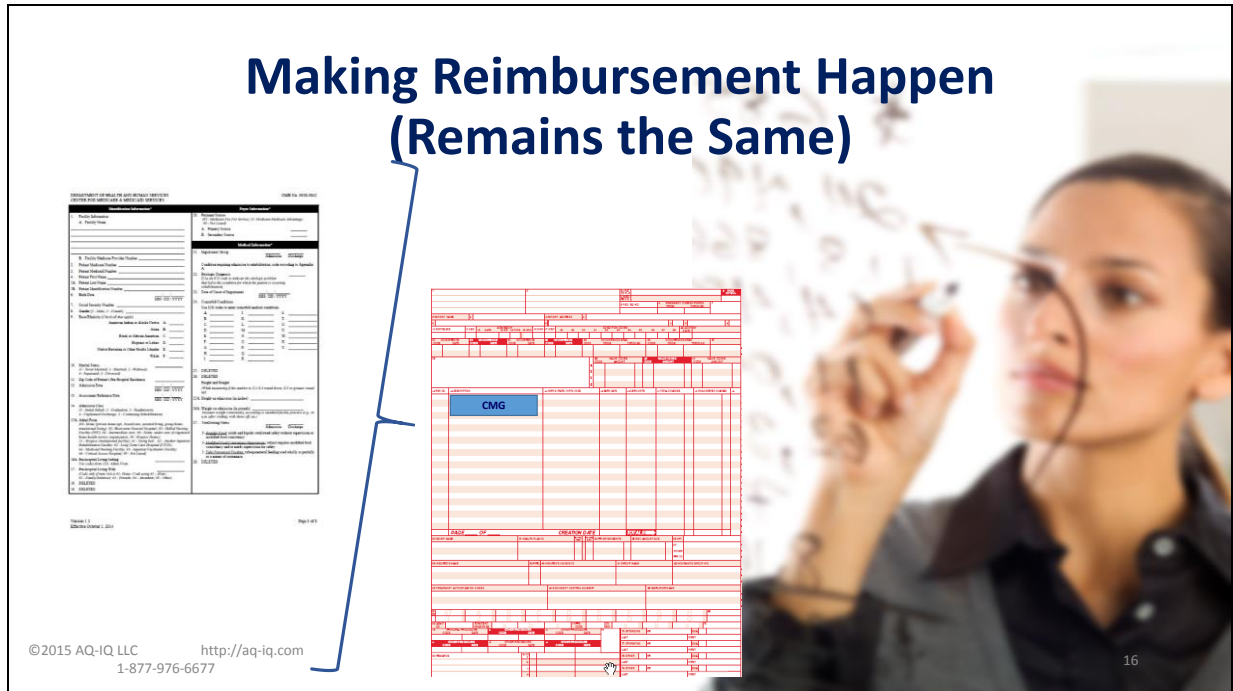
Best Practice Processes – IRF Revenue Cycle



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Slide 16

Making Reimbursement Happen (Remains the Same)



The image shows a woman pointing at a whiteboard filled with numbers. A blue bracket connects two forms: a Medicare claim form on the left and a red-bordered ICD-10 form on the right. The ICD-10 form has a blue box labeled 'CMG'.

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Calculation Logic the Same

The image displays four screenshots of ICD-10 coding forms, likely from a Department of Health and Human Services. Red arrows point from a yellow box labeled "Coding Impacts" to specific fields in the forms. A red callout box on the right contains the text: "Discharge Status Changed—Consistent with NUBC Guidelines (UB-04 codes — SOME EXCEPTIONS)".

Not Changing – Diagnosis Codes Look Different However!



Basic Coding Nuances – NOT CHANGING

- **Etiologic: Underlying Reason for Impairment**
 - **NOT the Impairment if something more definitive!**
 - **NOT a Surgery!**
 - **NOT CABG but CAD;**
 - **NOT Lumbar Lami but Spinal Stenosis.**
- **Comorbidities**
 - Exist at time of admission
 - Treated
 - Impact treatment/length of stay
- **Complications**
 - Occur or are identified during the admission
- **Diagnoses documented on the last two days of the stay are not reported.**
- **Conditions that are Possible, Probable, or Suspected are not reported.**



IRF-PAI CHANGES p1

Identification Information*	Payer Information*	
1. Facility Information A. Facility Name _____	30. Payment Source 02 - Medicare Fee For Service; 51 - Medicare-Medicare Advantage; 99 - Not Listed A. Primary Source _____ B. Secondary Source _____	
2. Patient Medicare Number _____	Medical Information*	
3. Patient Medicaid Number _____	31. Impairment Group Admission _____ Discharge _____ Condition requiring admission to rehabilitation; code according to Appendix X.	NEW
4. Patient Medicaid Number _____	32. Etiologic Diagnosis (Use ICD codes to indicate the etiologic problem that led to the condition for which the patient is receiving rehabilitation.) A. _____ B. _____ C. _____	
5A. Patient Last Name _____	33. Date of Onset of Impairment MM/DD/YYYY	IMPORTANT FOCUS AREAS
5B. Patient Identification Number _____	34. Concomitant Conditions Use ICD codes to enter concomitant medical conditions. A. _____ J. _____ S. _____ B. _____ K. _____ T. _____ C. _____ L. _____ U. _____ D. _____ M. _____ V. _____ E. _____ N. _____ W. _____ F. _____ O. _____ X. _____ G. _____ P. _____ Y. _____ H. _____ Q. _____ I. _____ R. _____	
6. Birth Date MM/DD/YYYY	34A. Are there any arthritis conditions recorded in items #21, #22, or #24 that meet all of the regulatory requirements for DRF classification (as 42 CFR 412.24(b)(2)(i), (ii), and (iii))? _____	
7. Social Security Number _____	35. DELETED	
8. Gender (1 - Male; 2 - Female)	36. DELETED	
9. Race/Ethnicity (Check all that apply) American Indian or Alaska Native A. _____ Asian B. _____ Black or African American C. _____ Hispanic or Latino D. _____ Native Hawaiian or Other Pacific Islander E. _____ White F. _____	37. Height and Weight (If the measuring of the number is I, I.1, I.1.4 round down, I.1.1 or greater round up) 37A. Height on admission (in inches) _____ 37B. Weight on admission (in pounds) _____ Measure weight consistently, according to standard facility practice (e.g., in a.m. after voiding with clean, dry etc.)	
10. Marital Status 1 - Never Married; 2 - Married; 3 - Widowed; 4 - Separated; 5 - Divorced	38. DELETED	
11. Zip Code of Patient's Pre-Hospital Residence _____	39. Swallowing Status Admission _____ Discharge _____ 3 - Regular Food: solids and liquids swallowed safely without supervision or modified food consistency 2 - Modified Food Consistency: supervision; subject requires modified food consistency and he needs supervision for safety 1 - Tube/Parenteral Feeding: tube/parenteral feeding used wholly or partially as a means of sustenance.	
12. Admission Date MM/DD/YYYY		
13. Assessment Reference Date MM/DD/YYYY		
14. Admission Class 1 - Initial Rehab; 2 - Evaluation; 3 - Rehabilitation; 4 - Discharge/Discharge; 5 - Continuing Rehabilitation		
15A. Admit From 01 - Home private home/care; board/care; assisted living; group home; transitional living; 02 - Short-term General Hospital; 03 - Skilled Nursing Facility (SNF); 04 - Intermediate care; 05 - Home under care of organized home health services organization; 06 - Hospice Home; 11 - Hospice (institutional facility); 61 - Swing bed; 62 - Another Inpatient Rehabilitation Facility; 63 - Long-Term Care Hospital (LTC); 64 - Medical Nursing Facility; 65 - Inpatient Psychiatric Facility; 66 - Critical Access Hospital; 99 - Not Listed		
16A. Pre-hospital Living Setting Use codes from 15A, admit from		
17. Pre-hospital Living With (Code only if item 15A is 0) - Home; Code using 01 - Alone; 02 - Family/Relative; 03 - Friends; 04 - Attendant; 05 - Other		
18. DELETED		
19. DELETED		

IRF-PAI CHANGES p3

Discharge Information*	Therapy Information
<p>40. Discharge Date MM/DD/YYYY</p> <p>41. Patient discharged against medical advice? (Y - No, 1 - Yes)</p> <p>42. Program Interruption(s) (Y - No, 1 - Yes)</p> <p>43. Program Interruption Dates (Code only if new 42 is 1 - Yes) A. 1st Interruption Date MM/DD/YYYY B. 1st Return Date MM/DD/YYYY C. 2nd Interruption Date MM/DD/YYYY D. 2nd Return Date MM/DD/YYYY E. 3rd Interruption Date MM/DD/YYYY F. 3rd Return Date MM/DD/YYYY</p> <p>44C. Was the patient discharged alive? (Y - No, 1 - Yes)</p> <p>44D. Patient's discharge destination/setting using codes below: (answer only if 44C = 1; if 44C = 0, skip to item 46) (01 - Home (private homecare, Assisted care, assisted living, group home, transitional living); 02 - Skilled nursing General Hospital; 03 - Skilled Nursing Facility (SNF); 04 - Intermediate care; 05 - Home under care of organized home health service organization; 50 - Hospice (Home); 51 - Hospice (institutional facility); 61 - Long-term care; 62 - Another Inpatient Rehabilitation Facility; 63 - Long-Term Care Hospital (LTC); 64 - Medical Nursing Facility; 65 - Inpatient Psychiatric Facility; 66 - Critical Access Hospital; 99 - Not Listed)</p> <p>45. Discharge to Living With (Code only if new 44C is 1. For old 44D is 01 - Home; Code using 1 - Alone, 2 - Family, Relative(s), 3 - Friends, 4 - Assisted)</p> <p>46. Diagnosis for Interruption or Death (Code using ICD codes)</p> <p>47. Complications during rehabilitation (Use ICD codes to specify up to 4 conditions that began with this rehabilitation stay) A. _____ B. _____ C. _____ D. _____ E. _____ F. _____</p>	<p>00401. Week 1: Total Number of Minutes Provided</p> <p>00401A. Physical Therapy a. Total minutes of individual therapy _____ b. Total minutes of concurrent therapy _____ c. Total minutes of group therapy _____ d. Total minutes of co-treatment therapy _____</p> <p>00401B. Occupational Therapy a. Total minutes of individual therapy _____ b. Total minutes of concurrent therapy _____ c. Total minutes of group therapy _____ d. Total minutes of co-treatment therapy _____</p> <p>00401C. Speech-Language Pathology a. Total minutes of individual therapy _____ b. Total minutes of concurrent therapy _____ c. Total minutes of group therapy _____ d. Total minutes of co-treatment therapy _____</p> <p>00402. Week 2: Total Number of Minutes Provided</p> <p>00402A. Physical Therapy a. Total minutes of individual therapy _____ b. Total minutes of concurrent therapy _____ c. Total minutes of group therapy _____ d. Total minutes of co-treatment therapy _____</p> <p>00402B. Occupational Therapy a. Total minutes of individual therapy _____ b. Total minutes of concurrent therapy _____ c. Total minutes of group therapy _____ d. Total minutes of co-treatment therapy _____</p> <p>00402C. Speech-Language Pathology a. Total minutes of individual therapy _____ b. Total minutes of concurrent therapy _____ c. Total minutes of group therapy _____ d. Total minutes of co-treatment therapy _____</p>

NEW

IMPORTANT
FOCUS AREAS

* The FIM item set, measurement scale and impairment codes incorporated on referenced forms are the property of UB Foundation Activities, Inc. © 1993, 2001 UB Foundation Activities, Inc. The FIM mark is owned by UBFA, Inc.

IRF-PAI CHANGES p7


Quality Indicator- Admission Assessment, Continued		Quality Indicator-Discharge Assessment, Continued	
I0900. Pressure Ulcer Risk Conditions- Admission Indicate below if the patient has any of the following pressure ulcer risk conditions: (NOTE: You must also document the appropriate ICD code for any pressure ulcer risk conditions documented below in Item 24 "Comorbid Conditions" above.)		M0900. Healed Pressure Ulcers- Discharge Indicate the number of pressure ulcers that were (a) present on Admission, and (b) have completely closed (rehealed with epithelium) upon Discharge. If there are no healed pressure ulcers noted at a given stage, enter 0.	
Enter Number	<input type="checkbox"/> I0900A. Peripheral Vascular Disease (PVD) 0: No 1: Yes	Enter Number	M0900A. Stage 1
Enter Number	<input type="checkbox"/> I0900B. Peripheral Arterial Disease(PAD) 0: No 1: Yes	Enter Number	M0900B. Stage 2
Enter Number	<input type="checkbox"/> I2900A. Diabetic Mellitus (DM) I2900A = 0, skip I2900B-D 0: No 1: Yes	Enter Number	M0900C. Stage 3
Enter Number	<input type="checkbox"/> I2900B. Diabetic Retinopathy 0: No 1: Yes	Enter Number	M0900D. Stage 4
Enter Number	<input type="checkbox"/> I2900C. Diabetic Nephropathy 0: No 1: Yes		
Enter Number	<input type="checkbox"/> I2900D. Diabetic Neuropathy 0: No 1: Yes		
O0250. Influenza Vaccine - Discharge - Refer to current version of IRF-PAI Training Manual for current influenza vaccination season and reporting period.			
Enter Code	<input type="checkbox"/> O0250A. Did the patient receive the influenza vaccine in this facility for this year's influenza vaccination season? 0: No → Skip to O0250C. If influenza vaccine not received, state reason 1: Yes → Continue to O0250B. Date influenza vaccine received		
	O0250B. Date influenza vaccine received → Complete date and skip to O0400A, Signature of Person Completing the Assessment MM DD YYYY		
Enter Code	<input type="checkbox"/> O0250C. If influenza vaccine not received, state reason: 1. Patient not in this facility during this year's influenza vaccination season 2. Received outside of this facility 3. Not eligible - medical contraindication 4. Offered and declined 5. Not offered 6. Inability to obtain influenza vaccine due to a declared shortage 9. None of the above		

IMPORTANT FOCUS AREAS

AQC **Achieving Presumption – Same Logic – Different Codes** ★

- IGC Alone**
 - Achieves or Doesn't
- IGC + Etiologic**
 - May Make or Break
- Comorbidity/Complication may impact**

Unilateral HIP Fracture

- IGC 8.11 
- Fails if
 - 820.8 } Unspecified Part of Neck, Open/Closed
 - 820.9 }
 - S72.001A, B or C } Unspecified Part of Femur Neck,
 - Right or Left,
 - Open Type I, II, IIIA, IIIB, IIIC (or) Closed,
 - Initial Encounter
 - S72.002A, B or C }
 - S27.009A, B or C }

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***IRF Patients – Changes to all Categories
(60% Rule – Presumptive Diagnoses)***



- Stroke
- Congenital Deformity
- Spinal Cord Injury
- Amputation
- Brain Injury
- Major Multiple Trauma
- Hip Fracture
- Neurological Disorders
- Burns
- Polyarthritis (including Rheumatoid)
- Severe or Advanced Osteoarthritis
- Certain Knee or Hip Replacements
- Systemic Vasculidities with Joint Inflammation

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Presumptive List Changes (60%)

In anticipation of ICD-10

- **Unspecified Codes Removed as Qualifiers**
 - **Exception Stroke**
- **Arthritis Removed (*Well Maybe?*)**
 - **Some may be approved on review.**
 - **Will unspecified CCs be removed?"**



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Presumptive Compliance IGC and Diagnoses

UNTIL 10/1/15

- IGCs w/o Etiologic Dx Exclusions
 - Stroke **01.1- 01.9**
 - Brain Dysfunction **02.21 and 02.22 ONLY**
 - Neuro **03.1, 03.2, 03.5 and 03.8 ONLY**
 - Amputation **05.1, 05.3, 05.5, 05.6, and 05.7 ONLY**
 - Arthritis **06.1 ONLY**
 - Ortho **08.11, 08.12, 08.51*, 08.52, 08.61*, 08.62, 08.71*, 08.72 ONLY**
 - Burns **11**
 - Congenital Deformities **12.1 and 12.9**

* Age must be 85+

ON/AFTER 10/1/15

- IGCs w/o Etiologic Dx Exclusions
 - Stroke **01.1- 01.4 ONLY (NOT 1.9)**
 - Neuro **03.1, 03.2 ONLY (NOT 03.5 & 03.8)**
 - Amputation **05.3, 05.5, 05.6, and 05.7 ONLY (NOT 05.1,)**
 - Ortho **08.51*, 08.52, 08.61*, 08.62, 08.71*, 08.72 ONLY**

Presumptive Compliance IGC and Diagnoses

ON/AFTER 10/1/15

- IGCs w/o Etiologic Dx Exclusions

- Stroke **01.1- 01.4 ONLY (NOT 1.9)**
- Neuro **03.1, 03.2 ONLY (NOT 03.5 & 03.8)**
- Amputation **05.3, 05.5, 05.6, and 05.7 ONLY (NOT 05.1)**
- Ortho **08.51*, 08.52, 08.61*, 08.62, 08.71*, 08.72 ONLY**

- Age must be 85+

NEVER MEET w/o Qualifying Diagnosis
2.9, 3.3, 3.4, 3.9, 5.1, 5.2, 5.9, 6.1-6.9, 7.1-7.9, 8.2, 8.3, 8.4, 8.9, 09, 10.1-10.9, 13, 15, 16, 17.1-17.9

- IGCs w/ Etiologic Dx Exclusions

- Brain Dysfunction **02.1**
- TBI **02.21 - 02.22**
- Cerebral Palsy **03.5**
- Neuromuscular **03.8**
- NTSC Dysfunction **04.110 -04.130 (ALL)**
- Traumatic SCI **04.210 – 04.230 (ALL)**
- Amputation **05.4 (BKA)**
- Unilateral/Bilateral Hip Fx **08.11, 08.12**
- Burns **11**
- Congenital **12.1 & 12.9**
- Brain/Spine **14.1, 14.2, 14.3, 14.9**

Presumptive Compliance 7th Character Extensions

Clarification on Use of Seventh Character Extensions in ICD-10-CM under the IRF PPS

As indicated in the FY 2015 IRF PPS final rule (79 FR 45872), effective with discharges occurring on or after October 1, 2015, ICD-10-CM codes with the seventh character extension of “D” are not included in the ICD-10-CM versions of the “List of Comorbidities,” “ICD-10-CM Codes That Meet Presumptive Compliance Criteria,” or “Impairment Group Codes That Meet Presumptive Compliance Criteria.” Thus, ICD -10-CM diagnosis codes with the seventh character extension of “D”, if used on the IRF-PAI, will not identify a case as meeting the IRF 60 percent rule requirements under the presumptive methodology. The instructions outlined in the FY 2015 IRF PPS final rule regarding use of the seventh character in the IRF setting apply to reporting on the **IRF-PAI only**.

<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/InpatientRehabFacPPS/Downloads/IRF-clarification-coding-use-of-seventh-character.pdf>

7th Character Rules for Injuries (including Fractures)/Complications

- Most 7th Characters (Exception Fractures – more options):
 - A - Initial Encounter = “Active Treatment”
 - D - Subsequent Encounter
 - S - Sequela

“While a patient may be seen by a new or different provider over the course of treatment for an injury, assignment of the 7th character is based on whether the patient is undergoing active treatment and not whether the provider is seeing the patient for the first time.” ICD-10 Guidelines

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Specificity & Presumption (Hip Fracture)

I-9

- 820.8 Fracture Femur (closed), NOS (HIP, NOS)
- 18 codes to report various fractures of the femur neck
- Unspecified not 60%

I-10

- S72.009D Unspecified Part of the Neck of the Femur, Unspecified Leg, Subsequent encounter for closed fracture with routine healing.
- 80 codes to report various femur neck fractures based on:
 - Location (Bone - Femur/Part of Bone – base, midcervical, subtrochanteric....)
 - Laterality (Side of the Body)
 - Type of fracture (Traumatic/Pathologic/Stress, Open/Closed..)
 - Type of Healing
 - Type of visit/encounter
 - Association to other conditions (Osteoporosis/Neoplasm....)
 - Sequela/Residuals
- Unspecified Codes not on Presumptive List for – FY2016.

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Coding Hip Fractures in ICD-10 (Presumption)

CATEGORIES (Examples):

S72.011A, B, C

S72.012A, B, C

S72.019A, B, C

Unsp Intracapsular Fractures,
R/L/Unsp, Open (Type I, II, IIIA,
IIIB, IIIC)/Closed, Initial
Encounter

S72.021A, B, C

S72.022A, B, C

S72.023A, B, C

Displaced Epiphysis Fractures
(separation/upper) R/L/Unsp,
Open (Type I, II, IIIA, IIIB,
IIIC)/Closed, Initial Encounter

S72.021A, B, C

S72.022A, B, C

S72.023A, B, C

NONdisplaced Epiphysis
Fractures (separation/upper)
R/L/Unsp, Open (Type I, II, IIIA,
IIIB, IIIC)/Closed, Initial
Encounter

NOT PRESUMPTIVE

•S72.001A, B or C

- **Unspecified Part of the Neck of the RIGHT Femur, Initial encounter** for:

- (A) closed fracture
- (B) Open Type I or II
- (C) Open Type IIIA, IIIB, IIIC

•S72.002A, B or C

- **Unspecified Part of the Neck of the LEFT Femur.....**

•S72.009A, B or C

- **Unspecified Part of the Neck of UNSPECIFIED Femur.....**

How Will ICD-10 Affect Clinical Documentation?

- *"Concepts that are new to ICD-10 are not new to clinicians, who are already documenting a patient's chart with more clinical information than an ICD-9 codes can capture."*

-CMS

Don't worry about the codes, CONTINUE to paint the story with your words!

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Can You Just Tell Me What to Say? Why Yes, State the Obvious!

Coders rules:

- No clinical decisions;
- No leading to an answer;
- No guessing conditions based on symptoms or treatment/medications;
- Must use only **PHYSICIAN** documentation and physician validated diagnoses.



– Labs, x-rays, therapy, nursing not utilized.

We & the Payers Are Detail Junkies!

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Tier Opportunities

ICD9	FY 2014 ICD9CM Label	Tier	RIC Exclusion
478.31	Vocal paral unilat part	1	15
478.32	Vocal paral unilat total	1	15
478.33	Vocal paral bilat part	1	15
478.34	Vocal paral bilat total	1	15
478.6	Edema of larynx	1	15
V44.0	Tracheostomy status	1	
V45.11	Renal dialysis status	1	
V55.0	Atten to tracheostomy	1	
008.42	Pseudomonas enteritis	2	
008.45	Int inf clostridium difficile	2	
041.7	Pseudomonas infect NOS	2	
438.82	Late eff CV dis dysphagia	2	01
579.3	Intest postop nonabsorb	2	
787.20	Dysphagia NOS	2	01
787.21	Dysphagia, oral phase	2	01
787.22	Dysphagia, oropharyngeal	2	01
787.23	Dysphagia, pharyngeal	2	01
787.24	Dysphagia, pharyngoesoph	2	01
787.29	Dysphagia NEC	2	01
011.00	TB lung infiltr-unspec	3	15

ICD-10	FY 2015 ICD10CM Label	Tier	RIC Exclusion
J38.01	Paralysis of vocal cords and larynx, unilateral	1	15
J38.02	Paralysis of vocal cords and larynx, bilateral	1	15
J38.4	Edema of larynx	1	15
Z43.0	Encounter for attention to tracheostomy	1	
Z93.0	Tracheostomy status	1	
Z99.2	Dependence on renal dialysis	1	
A04.7	Enterocolitis due to Clostridium difficile	2	
A04.8	Other specified bacterial intestinal infections	2	
B96.5	Pseudomonas (aeruginosa) (mallei) (pseudomallei) as cause of disease classified elsewhere	2	
I69.091	Dysphagia following nontraumatic subarachnoid hemorrhage	2	01
I69.191	Dysphagia following nontraumatic intracerebral hemorrhage	2	01
I69.291	Dysphagia following other nontraumatic intracranial hemorrhage	2	01
I69.391	Dysphagia following cerebral infarction	2	01
I69.891	Dysphagia following other cerebrovascular disease	2	01
I69.991	Dysphagia following unspecified cerebrovascular disease	2	01
K91.2	Postsurgical malabsorption, not elsewhere classified	2	
R13.0	Aphagia	2	01
R13.10	Dysphagia, unspecified	2	01
R13.11	Dysphagia, oral phase	2	01
R13.12	Dysphagia, oropharyngeal phase	2	01
R13.13	Dysphagia, pharyngeal phase	2	01
R13.14	Dysphagia, pharyngoesophageal phase	2	01
R13.19	Other dysphagia	2	01
A02.1	Salmonella sepsis	3	
A15.0	Tuberculosis of lung	3	15

Appendix C – List of Comorbidities
 (Unchanged From the List That Was Updated August 20, 2011)
 (Effective for Discharges Occurring on or After October 1, 2014)

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All Diagnoses are Not the Same



A Look at our MOST Common Diagnoses

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ICD-9	ICD-10
682.6- Cellulitis and abscess of leg, except foot	L02.415- Cutaneous abscess of right lower limb
	L02.416- Cutaneous abscess of left lower limb
	L02.419 Cutaneous abscess of limb, unspecified
	L03.115- Cellulitis of right lower limb
	L03.116- Cellulitis of left lower limb
	L03.119- Cellulitis of unspecified part of limb
	L03.125- Acute lymphangitis of right lower limb
	L03.126- Acute lymphangitis of left lower limb
	L03.129- Acute lymphangitis of unspecified part of limb


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 **CVA/TBI: ICD-10 Code Logic Tree Example**
IMPORTANT: Cause and association of residuals to condition should always be stated for brain injuries and strokes.

- Concussion or Traumatic Cerebral Edema
 - Loss of consciousness/duration if known
 - Greater than 24 hours did patient return to pre-existing level of consciousness?
- TBI (State if Diffuse or Focal)
 - Type of Injury – Contusion/Laceration/Hemorrhage or Combination
 - Location – Right/Left Cerebrum; Subdural; Subarachnoid; Intracerebral (Right/Left Internal Carotid; Extradural/Epidural; Cerebellum; Brainstem)
 - Loss of consciousness/duration if known
 - Greater than 24 hours did patient return to pre-existing level of consciousness?
 - GCS, if known speak to (required for trauma registries):
 - eyes open;
 - never, to pain, to sound or spontaneous
 - best verbal response;
 - incomprehensible words, inappropriate words, confused conversation, none or oriented
 - best motor response
 - extension, abnormal, flexion withdrawal, localizes pain, obeys commands or none
- Non-Traumatic Subarachnoid Hemorrhage
 - Location (Vessel)
 - From Carotid Siphon and Bifurcation (Right or Left); Middle Cerebral Artery (Right or Left); Anterior or Posterior Communicating Artery (Right or Left); Vertebral (Right or Left); Basilar
- Non-Traumatic Subdural Hemorrhage
 - Severity (Acute; Subacute; Chronic)
- Non-Traumatic Intracerebral Hemorrhage
 - Location:
 - Hemisphere; Cortical/Subcortical; Brainstem; Cerebellum; Intraventricular; Multiple Localized

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 **Reimbursement Accuracy and Viable Programs *DEPEND* on the *TEAM!***

Cram Time! Don't Forget ANYONE!



- Intake/Liaisons
- PPS Coordinators
- Physicians
- Case Managers/Utilization Review
- DC Planners
- Nurses
- Therapists
- Other Clinicians and support staff
 - Radiology, Cardiology, Neurology, Orthopedics ALL KEY!
- Financial Services Staff
 - Registration/Admissions
 - CDI/Coders
 - Billers

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Cramming Tips

- 1. Teach** your referral coordinators, admission screeners, physicians, case managers and others who document the patient encounter **to be THAT Southern Gossip!**
 - Don't forget **ALL** those key players.
- 2. Identify your high risk problem diagnoses.**
 - Focus education there first!
- 3. Ensure open lines of communication** with Health Information Management Coders/Clinical Documentation Improvement Staff.



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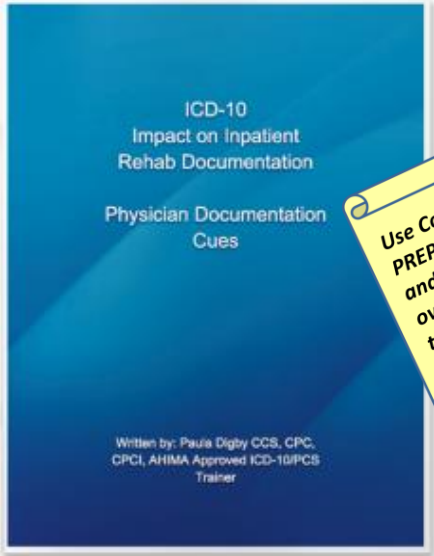
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