

CLINICAL SUCCESS GUIDE



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PDPM: Common ICD-10 Questions- Answered!

ICD-10 diagnosis coding is the foundation for PT, OT, ST, and Nursing CMGs, and plays a significant role in the Non-Therapy Ancillary (NTA) and Nursing components of the PDPM reimbursement system. The diagnoses included in Section I of the MDS are a primary reimbursement determinant of PDPM. ICD-10 diagnosis coding is not a simple process but with education, team members can competently and confidently capture accurate ICD-10 diagnosis coding.

1. If a resident has both acute and chronic conditions for the same diagnosis, how do I code?

Answer from the ICD-10 Manual FY2021: If the same condition is described as both acute (subacute) and chronic, and separate subentries exist in the Alphabetic Index at the same indentation level, code both and sequence the acute [i.e. subacute] code first.

2. What is the accurate way to code a Sequela?

Answer: Coding of sequela generally requires two codes sequenced in the following order: the condition or nature of the sequela is sequenced first. The sequela code is sequenced second. Examples of sequela include: scar formation resulting from a burn, deviated septum due to a nasal fracture, and infertility due to tubal occlusion from old tuberculosis.

A sequela is the residual effect (condition produced) after the acute phase of an illness or injury has terminated. There is no time limit on when a sequela code can be used. The residual may be apparent early, such as in cerebral infarction, or it may occur months or years later, such as that due to a previous injury.



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3. Should I code diagnoses that are considered “unspecified”?

Answer: Unspecified codes should be reported when they are the codes that most accurately reflect what is known about the patient’s condition at the time of that particular encounter. It would be inappropriate to select an unspecified code that is not supported by the medical record documentation (e.g. a femur fracture unspecified when left femur fracture is most accurate) or conduct medically unnecessary diagnostic testing in order to determine a more specific code.

Secondly, Signs/symptoms and “unspecified” codes have acceptable, even necessary, uses. While specific diagnosis codes should be reported when they are supported by the available medical record documentation and clinical knowledge of the patient’s health condition, there are instances when signs/symptoms or unspecified codes are the best choices for accurately reflecting the healthcare encounter. Each healthcare encounter should be coded to the level of certainty known for that encounter.

4. Is the diagnosis code for Sepsis, Severe Sepsis, and Urosepsis the same?

Answer: No. ICD-10 diagnosis coding is different for each.

For a diagnosis of sepsis, assign the appropriate code for the underlying systemic infection. If the type of infection or causal organism is not further specified, assign code A41.9, Sepsis, unspecified organism.

The coding of severe sepsis requires a minimum of 2 codes: first, a code for the underlying systemic infection, followed by a code from subcategory R65.2, Severe sepsis. If the causal organism is not documented, assign code A41.9, Sepsis, unspecified organism, for the infection. Additional code(s) for the associated acute organ dysfunction is also required.

The term urosepsis is a nonspecific term. It is not to be considered synonymous with sepsis. It has no default code in the Alphabetic Index. Should a provider use this term, he/she must be queried for clarification.



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5. Is it accurate to use the Covid-19 diagnosis of U07.1 if it is suspected but not confirmed?

Answer: Code only a confirmed diagnosis of the 2019 novel coronavirus disease (COVID-19) as documented by the provider or documentation of a positive COVID-19 test result. For a confirmed diagnosis, assign code U07.1.

6. Is the Covid-19 diagnosis code used as the primary diagnosis if the resident is also diagnosed with pneumonia or another respiratory infection?

Answer: When COVID-19 meets the definition of principal diagnosis, code U07.1, COVID-19, should be sequenced first, followed by the appropriate codes for associated manifestations, except when another guideline requires that certain codes be sequenced first, such as obstetrics, sepsis, or transplant complications.

When the reason for the encounter/admission is a respiratory manifestation of COVID-19, assign code U07.1, COVID-19, as the principal/first-listed diagnosis and assign code(s) for the respiratory manifestation(s) as additional diagnoses. The following conditions are examples of common respiratory manifestations of COVID-19. For a patient with pneumonia confirmed as due to COVID-19, assign codes U07.1, COVID-19, and J12.82, Pneumonia due to coronavirus disease 2019.

For a patient with acute bronchitis confirmed as due to COVID-19, assign codes U07.1, and J20.8, Acute bronchitis due to other specified organisms. Bronchitis not otherwise specified (NOS) due to COVID-19 should be coded using codes U07.1 and J40, Bronchitis, not specified as acute or chronic.

If the COVID-19 is documented as being associated with a lower respiratory infection, not otherwise specified (NOS), or an acute respiratory infection, NOS, codes U07.1 and J22, Unspecified acute lower respiratory infection, should be assigned. If the COVID-19 is documented as being associated with a respiratory infection, NOS, codes U07.1 and J98.8, Other specified respiratory disorders, should be assigned.

For acute respiratory failure due to COVID-19, assign code U07.1, and code J96.0-, Acute respiratory failure.



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7. Are Diabetes Mellitus codes considered combination codes?

Answer: The diabetes mellitus codes are combination codes that include the type of diabetes mellitus, the body system affected, and the complications affecting that body system. Often, many codes within a particular category as are necessary to describe all of the complications of the disease may be used. They should be sequenced based on the reason for a particular encounter. Assign as many codes from categories E08 – E13 as needed to identify all the associated conditions of the patient.

8. When should the diagnosis of respiratory failure be used as the principal diagnosis versus the secondary diagnosis?

Answer: A code from subcategory J96.0, Acute respiratory failure, or subcategory J96.2, Acute and chronic respiratory failure may be assigned as a principal diagnosis when it is the condition established after study to be chiefly responsible for occasioning the admission to the SNF.

Respiratory failure may be listed as a secondary diagnosis if it occurs after admission, or if it is present on admission, but does not meet the definition of principal diagnosis.

9. What ICD-10 codes are used for traumatic fractures?

Answer: The principles of multiple coding of injuries should be followed in coding fractures. Fractures of specified sites are coded individually by the site in accordance with both the provisions within categories S02, S12, S22, S32, S42, S49, S52, S59, S62, S72, S79, S82, S89, S92 and the level of detail furnished by medical record content. A fracture not indicated as open or closed should be coded as closed.

A fracture not indicated whether displaced or not displaced should be coded to displaced.



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10. Are Z codes used for the aftercare of a traumatic fracture?

Answer: The aftercare Z codes should not be used for aftercare for traumatic fractures. For aftercare of a traumatic fracture, assign the acute fracture code with the appropriate 7th character.

Aftercare codes should be used in conjunction with other aftercare codes or diagnosis codes to provide better detail on the specifics of an aftercare encounter visit unless otherwise directed by the classification. The sequencing of multiple aftercare codes depends on the circumstances of the encounter.

Z Codes Appropriate for Primary Diagnosis

Z430	Encounter for attention to tracheostomy	Medical Management
Z431	Encounter for attention to gastrostomy	Medical Management
Z432	Encounter for attention to ileostomy	Medical Management
Z433	Encounter for attention to colostomy	Medical Management
Z434	Encounter for attention to other artificial openings of the digestive tract	Medical Management
Z435	Encounter for attention to cystostomy	Medical Management
Z436	Encounter for attention to other artificial openings of urinary tract	Medical Management
Z437	Encounter for attention to artificial vagina	Medical Management
Z438	Encounter for attention to other artificial openings	Medical Management
Z439	Encounter for attention to an unspecified artificial opening	Medical Management
Z471	Aftercare following joint replacement surgery	Major Joint Replacement or Spinal Surgery
Z472	Encounter for removal of the internal fixation device	Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery)
Z4731	Aftercare following explantation of shoulder joint prosthesis	Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery)
Z4732	Aftercare following explantation of hip joint prosthesis	Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery)
Z4733	Aftercare following explantation of knee joint prosthesis	Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery)
Z4781	Encounter for orthopedic aftercare following surgical amputation	Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery)



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Z4782	Encounter for orthopedic aftercare following scoliosis surgery	Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery)
Z4789	Encounter for other orthopedic aftercare	Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery)
Z4821	Encounter for aftercare following heart transplant	Medical Management
Z4822	Encounter for aftercare following kidney transplant	Medical Management
Z4823	Encounter for aftercare following liver transplant	Medical Management
Z4824	Encounter for aftercare following lung transplant	Medical Management
Z48280	Encounter for aftercare following heart-lung transplant	Medical Management
Z48288	Encounter for aftercare following multiple organ transplant	Medical Management
Z48290	Encounter for aftercare following bone marrow transplant	Medical Management
Z48298	Encounter for aftercare following other organ transplant(s)	Medical Management
Z483	Aftercare following surgery for neoplasm	Medical Management
Z48810	Encounter for surgical aftercare following surgery on the sense organs	Medical Management
Z48811	Encounter for surgical aftercare following surgery on the nervous system	Medical Management
Z48812	Encounter for surgical aftercare following surgery on the circulatory system	Medical Management
Z48813	Encounter for surgical aftercare following surgery on the respiratory system	Medical Management
Z48814	Encounter for surgical aftercare following surgery on the teeth or oral cavity	Medical Management
Z48815	Encounter for surgical aftercare following surgery on the digestive system	Medical Management
Z48816	Encounter for surgical aftercare following surgery on the genitourinary system	Medical Management
Z48817	Encounter for surgical aftercare following surgery on the skin and subcutaneous tissue	Medical Management
Z515	Encounter for palliative care	Medical Management
02	Acquired absence of lung [part of]	Medical Management



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