ICD-10-CM Training
Occupational and Physical Therapy
Objectives

- Will understand the ICD-10 terminology and coding guidelines
- Will review the most commonly used PT and OT treatment diagnosis
- Will know how to access Local Coverage Determinations
- Demonstrate the ability to assign correct ICD-10 medical and treatment diagnosis codes within therapy specific case studies.
Rehab Optima

• HTS will begin using ICD.10 codes as early as July 4th
  o 90 day certifications will require both ICD.9 & ICD.10 codes
• All certification periods including dates of service on or before September 30th and on or after October 1st will require both ICD.9 and ICD.10 codes

<table>
<thead>
<tr>
<th>Document Date Range</th>
<th>ICD.9</th>
<th>ICD.10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current – September 30th</td>
<td>Required</td>
<td></td>
</tr>
<tr>
<td>Current – October 1st or after</td>
<td>Required</td>
<td>Required</td>
</tr>
<tr>
<td>On or after October 1st</td>
<td>Required</td>
<td>Required</td>
</tr>
</tbody>
</table>
Example of Structure

- S52 - Fracture of forearm
- S52.5 – Fracture of lower end of radius
- S52.52 – Torus fracture of lower end of radius
- S52.521 – Torus fracture of lower end of Right radius
- S52.521D – Torus fracture of lower end of R radius, subsequent care
Episode of Care

7\textsuperscript{th} Character used for Injuries and certain other consequences of external causes

- **“A” - Initial encounter:** used in the hospital (surgery, emergency room visit/observation)
- **“D” - Subsequent encounter:** used after the patient has received active treatment of the condition and is receiving routine care during the healing or recovery phase
- **“S” - Sequela:** used to indicate conditions after the acute phase of illness has ended
CVA

- Sequela of cerebrovascular disease (I69) – residual effects after the acute phase of illness has ended
- Types of CVA’s:
  - Nontraumatic subarachnoid hemorrhage
  - Nontraumatic intracerebral hemorrhage
  - Nontraumatic intracranial hemorrhage
  - Cerebral infarction
  - Other cerebrovascular disease
  - Unspecified cerebrovascular disease
Dominant vs. Non-dominant

• Hemiplegia – “Should the affected side be documented, but not specified as dominant or nondominant then left side is always nondominant.”
Myocardial Infarction

- Acute myocardial infarction – 4 weeks or less (I21) even if transferred to a post-acute setting, as long as receiving continued care for the MI
- If receiving care r/t MI after 4 week time frame, use most appropriate aftercare code
- For MI > 4 weeks old not requiring further care use 125.2- Old MI
Fractures

Should not use aftercare codes and instead code the fracture and then use the appropriate 7th character describing the episode of care (usually subsequent care)

**Example:** Patient admitted for rehab following a nondisplaced greenstick fracture of the shaft of the left humerus due to a fall at home one month ago when she tripped over her cat. She has pain in the shoulder and now has muscle weakness and shoulder joint stiffness.

- S42.312D - D in 7th character indicates subsequent care for routine healing of traumatic fracture
- Would also code the joint stiffness M25.612, shoulder pain M25.512, and muscle weakness/atrophy M62.512
Fracture Specificity Rules

• A fracture not indicated as displaced or nondisplaced should be coded to displaced
• A fracture not designated as open or closed should be coded to closed
• Pathological fracture must describe the underlying disease
• Traumatic fracture s/p ORIF surgery, code the fracture first and then the presence of the artificial joint
• No fracture, just joint replacement surgery, code aftercare (Z47.1) and the presence of the artificial joint (Z96.6-)
## Joint Replacements

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>ICD-9</th>
<th>ICD-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right shoulder joint replacement</td>
<td>V43.61</td>
<td>Z96.611, presence of right artificial shoulder joint</td>
</tr>
<tr>
<td>Left shoulder joint replacement</td>
<td>V43.61</td>
<td>Z96.612, presence of left artificial shoulder joint</td>
</tr>
<tr>
<td>Right THA</td>
<td>V43.62</td>
<td>Z96.641, presence of right artificial hip joint</td>
</tr>
<tr>
<td>Left THA</td>
<td>V43.62</td>
<td>Z96.642, presence of left artificial hip joint</td>
</tr>
<tr>
<td>Bilateral THA</td>
<td>V43.64</td>
<td>Z96.643, presence of artificial hip joints, bilateral</td>
</tr>
<tr>
<td>Right TKA</td>
<td>V43.65</td>
<td>Z96.651, presence of right artificial knee joint</td>
</tr>
<tr>
<td>Left TKA</td>
<td>V43.65</td>
<td>Z96.652, presence of left artificial knee joint</td>
</tr>
<tr>
<td>Bilateral TKA</td>
<td>V43.65</td>
<td>Z96.653, presence of artificial knee joint, bilateral</td>
</tr>
<tr>
<td>Fracture Specificity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Type of fracture</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Anatomical Site</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Displaced vs. nondisplaced</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Laterality</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Routine vs delayed healing</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Nonunion vs malunion</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Type of encounter</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Laterality

- Right
- Left
- Bilateral
- Unspecified
- If bilateral is not available, assign code for right and left
Arthritis – Increased Specificity

ICD-10 provides more options for the coding of osteoarthritis related encounters, including:

- Generalized forms of osteoarthritis or arthritis where multiple joints are involved.
- Localized forms of osteoarthritis with more specificity that includes primary versus secondary types, subtypes, laterality, and joint involvement.
# Arthritis – ICD-10 Coding Examples

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>M19.041</td>
<td>Primary osteoarthritis right hand</td>
</tr>
<tr>
<td>M19.241</td>
<td>Secondary osteoarthritis, right hand</td>
</tr>
<tr>
<td>M05.432</td>
<td>Rheumatoid myopathy with rheumatoid arthritis of left wrist</td>
</tr>
</tbody>
</table>
Other specified vs. Unspecified

- Other specified - you know what specific type it is, but it is not listed for you to choose.

- Unspecified - you do not know the specific type, so you are using a “general” code.
Admission/Encounters for Rehab

• No equivalent code for V57 therapy codes
  o V57.89 Multiple therapies
  o V57.1 Care involving PT
  o V57.21 Care involving OT
  o V57.3 Care involving ST

• When reason for admission is for rehabilitation, sequence first code for condition for which the service is being performed

  Example: Admitted for therapy for right sided dominant hemiplegia following a CVA.
  o Code I69.351-Hemiplegia & hemiparesis following cerebral infarction affecting right dominant side
Diagnosis Management

- Only the provider can determine a diagnosis
- Only code what is documented in the medical record by the provider

**Example:** It is not appropriate for the coder to interpret if the patient had a minor fall or trauma that would not usually break a normal, healthy bone. The physician provides a connection between the fall and fracture due to osteoporosis.

- Always code to the highest level of specificity
- Inconsistent, missing, or conflicting documentation must be resolved by the provider
# Local Coverage Determinations

**WPS Indiana**
- LCD Dysphagia (L34438)
- LCD Wound Care (L34587)

**CGS Kentucky**
- LCD Speech-language pathology (L34046)
- LCD Outpatient PT and OT services (L34049)

[www.wpsmedicare.com](http://www.wpsmedicare.com)  [www.cgsmedicare.com](http://www.cgsmedicare.com)
Most Commonly Used Treatment Diagnosis Codes:

- Physical Therapy
- Occupational Therapy
- Speech Therapy
Do not use ultrasound (97035) as a modality for the listed diagnosis below as these do not support medical necessity:

- **277.00 cystic fibrosis** without meconium ileus, 277.02 cystic fibrosis with pulmonary manifestations, 454.0 varicose veins, 459.11 postphlebetic syndrome with ulcer, 459.13, 459.31 chronic venous hypertension with ulcer, 459.32, 459.33

- **490 bronchitis**: 491.0, 491.1, 491.20, 491.21, 491.22, 491.8, 491.9, 492.0 emphysematous bleb, 492.8 other emphysema

- **493.00 extrinsic asthma**: 493.01, 493.02, 493.10, 493.11, 493.12, 493.20, 493.21, 493.22, 493.81, 493.82, 493.90, 493.91, 493.92, 494.0, 494.1, 495.0, 495.1, 495.2, 495.3, 495.4, 495.5, 495.6, 495.7, 495.8, 495.9, 496, 500, 501, 502, 503, 504, 505, 518.2, 518.3, 518.4
Do not use ultrasound (97035) as a modality for the listed diagnosis:

- **707.00 pressure ulcer** unspecified site, 707.01, 707.02, 707.03, 707.04, 707.05, 707.06, 707.07, 707.09, 707.12, 707.13, 707.14, 707.15, 707.19, 707.20, 707.21, 707.22, 707.23, 707.24, 707.25

- **879.7 open wound** unspecified parts of trunk, 890.0 open wound of hip and thigh without complication

- **941.20 Blisters with epidermal loss due to burn:**
  941.21, 941.24, 941.25, 941.26, 941.27, 941.28, 941.29, 942.20, 942.21, 942.22, 942.23, 942.24, 942.25, 942.29, 943.20, 943.21, 943.22, 943.23, 943.24, 943.25, 943.26, 943.29, 944.20, 944.21, 944.22, 944.23, 944.24, 944.25, 944.26, 944.27, 944.28, 945.20, 945.21, 945.22, 945.23, 945.24, 945.25, 945.26, 945.29, 946.2
Do not use ultrasound (97035) as a modality for the listed diagnosis:

- **948.00 Burn (any degree)** involving <10% of body surface with third degree burn of <10% or unspecified amount: 948.10, 948.11, 948.20, 948.21, 948.22, 948.30, 948.31, 948.32, 948.33, 948.40, 948.41, 948.42, 948.43, 948.44, 948.50, 948.51, 948.52, 948.53, 948.54, 948.55, 948.60, 948.61, 948.62, 948.63, 948.64, 948.65, 948.66, 948.70, 948.71, 948.72, 948.73, 948.74, 948.75, 948.76, 948.77, 948.80, 948.81, 948.82, 948.83, 948.84, 948.85, 948.86, 948.87, 948.88, 948.90, 948.91, 948.92, 948.93, 948.94, 948.95, 948.96, 948.97, 948.98, 948.99, 949.2

- **998.30 disruption of wound**, 998.32 disruption of external surgical wound, 998.33 disruption of traumatic injury wound repair, 998.83 non-healing surgical wound
ICD-10-CM Tabular List of Diseases & Injuries

1. Certain Infectious and Parasitic Diseases (A00-B99)
2. Neoplasms (C00-D49)
3. Diseases if the Blood and Blood-forming organs (D50-D89)
4. Endocrine, Nutritional, and Metabolic diseases (E00-E89)
5. Mental, Behavioral, and Neurodevelopmental disorders (F01-99)
6. Diseases of the Nervous System (G00-G99)
7. Diseases of the Eye and Adnexa (H00-H59)
8. Diseases of the Ear and Mastoid Process (H60-H95)
9. Diseases of the Circulatory System (I00-I99)
10. Diseases of the Respiratory System (J00-J99)
ICD-10-CM Tabular List of Diseases & Injuries

11. Diseases of the Digestive System (K00-K95)
12. Diseases of the Skin and Subcutaneous Tissue (L00-L99)
13. Diseases of the Musculoskeletal System & Connective Tissue (M00-M99)
14. Diseases of the Genitourinary System (N00-N99)
15. Pregnancy & Childbirth (O00-O9A)
16. Certain conditions originating in the Perinatal Period (P00-P96)
17. Congenital Malformations, Deformities, and Chromosomal Abnormalities (Q00-Q99)
18. Symptoms, Signs and Abnormal Clinical and Laboratory Findings (R00-R99)
19. Injury, Poisoning, and certain other consequences of external causes (S00-T88)
20. External Causes of Morbidity (V00-Y99)
21. Factors influencing health status and contact with health services (Z00-Z99)
Rehab Optima
Searching for ICD-10 Codes

• Keywords
  o If keywords results in over 1,000 results, there will be a prompt to enter in additional words

• Code
  o Enter full ICD.10 code or ICD.10 codes up to the last two places

• Mapping from ICD-9
  o General Equivalence Mappings (GEM) from ICD.9 codes
Case Study #1

81-year-old long term resident due to CHF and atrial fibrillation was transferred to hospital following a fall from the bed. She was re-admitted to nursing facility to resume care and add PT/OT following open reduction and pinning of left comminuted subcapital femoral neck fracture.

What diagnosis codes are assigned?
Case Study #1

Answers

I50.9  Heart failure, unspecified
I48.91 Unspecified atrial fibrillation
S72.012D Unspecified intracapsular fracture of left femur (subcapital fracture of femur)
R26.2  Difficulty in Walking, NEC
M25.552 Pain in left hip
R27.8  Other lack of coordination
Case Study #1
Rationale

• Intracapsular is found in the tabular as subcapital femur fracture. The sixth character 2 for the left hip is specified. The seventh character D is used for the subsequent encounter with routine healing.

• The reason for the readmission is the CHF and atrial fibrillation; there is no further documentation of specificity for these diagnoses.

• Therapy treatment codes are mapped easily using Map from ICD-9 function, but we must identify the laterality for pain in hip.
Case Study #2

This gentleman suffered a cerebrovascular infarction 6 months ago which left him with aphasia and left sided hemiparesis on his nondominant side. He is being referred to outpatient rehabilitation for speech, physical, and occupational therapy.

What diagnosis codes are assigned?
Case Study #2
Answers & Rationale

I69.354  Hemiplegia following cerebral infarction affecting left non-dominant side
I69.320  Aphasia following cerebral infarction
R26.89   Other abnormalities of gait & mobility
M24.542  Contracture, left hand
R27.8    Other lack of coordination

**Rationale:** Category I69 is used to indicate neurological deficits that persist after initial onset of CVA. The left is specified as the side of the hemiparesis. This is a specific cerebrovascular disease (infarction), so we must select the appropriate subcategory I69.35. We must also specify the contracture is in the left hand.
Case Study #3

68-year-old admitted for PT and OT related to his Parkinson’s disease. He required continued monitoring and is not able to live alone. He also has type 1 diabetes and COPD. During the evaluations evidence of ataxia is noted with declines in self feeding. What diagnosis codes are assigned?
Case Study #3
Answers & Rationale

G20  Disease, Parkinson’s
E10.9  Diabetes, Type 1 without complications
J44.9  Chronic obstructive pulmonary disease, unspecified
Z60.2  Problems related to living alone
R26.0  Ataxic gait
R27.0  Ataxia, unspecified
R63.3  Feeding difficulties

Rationale: The reason for the admission or encounter is the Parkinson’s disease (always G20 except when Secondary Parkinsonism). In addition, the patient has type 1 diabetes and COPD, coded as secondary diagnoses. Code Z60.2 is added (only with appropriate documentation) to show that this patient is not able to live alone.
85-year-old man admitted following hospitalization for pneumonia. Admitted for PT & OT due to weakness. He will complete antibiotics in the facility for Pseudomonas pneumonia. He also has progressive dementia resulting from Parkinson’s. Past medical history includes: type 2 diabetes.

What diagnosis codes are assigned?
## Case Study #4

### Answers

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>J15.1</td>
<td>Pneumonia due to <em>Pseudomonas</em></td>
</tr>
<tr>
<td>G20</td>
<td>Parkinson’s Disease</td>
</tr>
<tr>
<td>F02.80</td>
<td>Dementia in other diseases classified elsewhere w/o behavioral disturbance</td>
</tr>
<tr>
<td>E11.9</td>
<td>Type 2 diabetes mellitus without complications</td>
</tr>
<tr>
<td>R26.2</td>
<td>Difficulty in walking, NEC</td>
</tr>
<tr>
<td>M62.81</td>
<td>Generalized muscle weakness</td>
</tr>
<tr>
<td>R27.8</td>
<td>Other lack of coordination</td>
</tr>
<tr>
<td>R06.02</td>
<td>Shortness of breath</td>
</tr>
</tbody>
</table>
Case Study #4
Rationale

ICD-10-CM does not classify therapies. Acute conditions are coded, or if resolved, limited aftercare codes are available for other conditions excluding injuries. In reviewing the Index for Dementia due to Parkinson’s, note that the nonessential modifier, (Parkinsonism), listed with Parkinson’s disease is incorrect. Parkinsonism is not synonymous with Parkinson’s disease. Parkinsonism dementia (G31.83) and dementia due to Parkinson’s disease (G20) describe different conditions.
Case Study #5

Admitted to facility following foot amputation due to diabetic PVD. PT & OT ordered with plans to return home. Other diagnosis include: diabetes type II, osteoarthritis (generalized degenerative joint disease), and COPD.

What diagnosis codes are assigned?
Case Study #5
Answers

Z47.81  Encounter for orthopedic aftercare following surgical amputation

E11.51  Diabetes type 2 mellitus with diabetic angiopathy without gangrene

M15.9   Disease, diseased joint, degenerative - see Osteoarthritis. Osteoarthritis, generalized

Polyosteoarthritis, unspecified

J44.9   Chronic obstructive pulmonary disease, unspecified

Z89.439 Acquired absence of unspecified foot
Case Study #5

Rationale: The documentation does not specify which foot was amputated; therefore, the 6th character of 9 (unspecified) is assigned. PVD is due to type 2 diabetes. This prompts a combination code. Code Z89.439 for acquired absence of the foot is assigned to identify the level of the amputation. Also, there is a use additional code note under code Z47.81 to identify the limb amputated (Z89.-)
Resources

  - ICD-10-CM Tabular List of Diseases and Injuries – lists the 21 chapters of the Code Book by National Center for Health Statistics (NCHS)
  - ICD-10-CM Index to Diseases and Injuries – alphabetical index

- NCHS ICD-10 Guidelines:  [http://www.cdc.gov/nchs/icd10cm.htm](http://www.cdc.gov/nchs/icd10cm.htm)
- Proactive SNF Diagnosis Documentation Guidance
- Proactive Table of Commonly used Primary/Medical and Therapy Treatment diagnosis in SNF
- PT, OT, SLP ICD-10 Quick Reference
Questions?

• Thank you

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