Tender Touch
REHAB SERVICES

I0020B PDPM CODING PRINCIPLES AND TIPS

- Indicate resident's primary medical condition that best describes primary reason for Skilled SNF Med A stay
- Diagnosis must be a documented diagnosis by an MD
- Must be an active diagnosis that has a direct relationship on current functional, cog/mood/ behavior status, medical treatment, nursing monitoring, or risk of death in 7 day lookback
- May *or may not* be same as the primary diagnosis for prior hosp. May be a secondary condition that arose in hosp Do not code diagnoses that were resolved in hosp and no longer have impact on SNF care, eg, pneumonia, sepsis
- May *or may not* be the same as the primary reason for rehab
- ICD10 codes should be coded to the highest level of specificity
- Any code with laterality – ie Right/Left – will trigger "*Return to Provider*" if R/L is not clearly specified in ICD10
- Codes for injuries or external causes require a **7th digit**:
    - **A: initial encounter:** SNF's DO NOT use these codes. They are meant for Hospital
    - **D: subsequent encounter:** Most often used by SNF
    - **S: sequela (late effects):** conditions arising directly from injury, eg scar from a burn
    - **Fractures have additional 7th digit letters (A-S), to indicate TYPE of fracture, (eg, open, closed, etc)**
  - ✓ **NOTE:** the 7th digit of a diagnosis can change the Clinical Category; ie the same numerical ICD10 code can fall into different categories when different alpha characters are used for the 7th digit
- **Aftercare Z-codes**: May be used as primary in I0020B when "*initial tx is completed and resid requires cont care in healing / recovery phase*"; eg after CABG, amputation, transplant, etc. *HOWEVER*, Z codes are NOT used for aftercare of *injury or fracture*. Instead use 7th character "D" to identify "subsequent"
- Most Z codes are "Return to Provider" or "Medical Management". Only a handful of Z-codes trigger "Other Ortho" or "Major Joint Repl" *(see list below):*
- **Fractures**:
    - **Traumatic fx**: Z-codes are not used for traumatic fractures. Even if a Major Joint Repl is done to fix a fx after a fall, the major jt repl Z-code (Z47.1-aftercare of jt repl) is NOT used. Instead, code the traumatic fx code w/ 7th character "**D**" to indicate subsequent
    - **Pathological Fx**: If a resid w/known osteoporosis suffers a fx, do NOT use the traumatic fx codes. Instead use a code from categ M80: "Osteoporosis w/current pathologic fx
    - **Elective Joint Replacement**: (eg. OA, and **not** fx), YES code the jt repl aftercare code Z47.1
    - Fracture codes have additional 7th digit characters which represent type of fracture (ie open, closed, malunion, nonunion, etc.): eg: A,B,C,D,E,F,G,H,J,K,M,N,P,Q,R,S. These can affect Clinical Category
    - Only UPPER femur fractures (ie, femoral head, neck, etc) trigger Major Jt Repl if coded in section J. IC10 codes for fx of LOWER parts of femur (ie, femur condyles) w/NOT, even if Maj Jt Repl occurred
- **MDS sxn J**: "other" surgery will NOT crosswalk to a surgic category, ie, *J2499, J2599, J2699, J2799, J2899, J5000*
- Codes with less detail or including the words "other" or "unspecified" often trigger either "Return to Provider" or a lower clinical category than its more detailed counterpart. Use as much detail as possible, including specific body part, type of CVA, laterality, TYPE of diabetes, CAUSE of infection, etc
- Don't use a sign or symptom code if a detailed diagnosis or underlying medical diagnosis is available
- Many common therapy treatment diagnoses come up as "**Return to Provider**" as they represent signs & symptoms. There are several alternative therapy treatment diagnoses that can be selected when appropriate. Choose these only in the absence of a more specific medical cause *(see below)*
- Verify clinical category mapping after entering ICD10 in I0020B by projecting the Clinical Category before entering and see if it matches your projection
- If Clinical Category is not what you expect, look up **"ICD10 Clinical Category Mapping"** to see if there's a more appropriate ICD10 code. Look at other ICD10 codes in same family (above and below)
- All diagnoses must be diagnosed by an MD
- ***Be very comfortable using the ICD10 Clinical Category mapping***