

Using this Manual

This manual was created to ease the translation of CMS regulations regarding ICD-10-CM coding for the etiologic diagnosis and IGC selection. In addition, presumptive eligibility and documentation strategies were also considered. The complete list of eligible codes is not included in this manual and this manual is meant to be used in addition to the ICD-10-CM coding manual and the CMS lists of presumptively eligible diagnoses for FY 2018. This manual is intended for use for the current year as the information provided herein will change 10/1/2018.

This manual is an exact translation of the codes provided in latest CMS publication of Section 6 of the CMS IRF-PAI Manual from 2016. During the writing of this manual, the author found information that was inconsistent with expectation and/or ICD-10-CM coding rules. That information is highlighted for the reader in the tables when it was appropriate. In addition, ICD-10-CM code changes are reflected, new codes are identified with a symbol ■ and deleted codes were not published.

This book used the CMS **Impairment Group Codes That Meet Presumptive Compliance Criteria-3 (ICD-10-CM)** and the current **Presumptive Compliance List 3** to identify non-compliance to 60% eligibility requirement for each diagnosis code. It is important to state, the entire list of diagnosis codes published in Section 6 of the IRF-PAI manual are included unless deleted in the current year; however, the entire list of codes in Presumptive Compliance List 3 are not included in this manual. Where conflicting information was published between the lists (i.e. the same code represents compliance and non-compliance) a special note was added in the tables.

Throughout this manual the words presumptive eligibility, presumptive compliance and 60% compliance or eligibility are synonymous.

Symbols and Colors

Color RED – The color red is used in two ways in this manual.

1. When an IGC is sometimes presumptively compliant and listed in Section 6 of the IRF-PAI manual, the etiologic diagnosis options which were included in Section 6 of the CMS IRF-PAI Manual that represent diagnosis codes that cause the case to be excluded are listed in **RED**.
2. When an IGC is Never compliant an additional step was taken to identify diagnoses in the CMS list of diagnoses that causes case presumption. The diagnoses which are not considered 60% qualifiers are listed in **RED**. As noted above, where conflicting information was published by CMS notations are made in the manual tables.

Color Grey and ** - On multiple occasions there were combination codes identified as potential etiologic diagnoses. On those occasions in order to assist the reader to clearly differentiate when one code reported with another is expected and when these codes reported together could impact presumptive eligibility the primary code is listed in a white box with the codes to be reported with in a grey box with the symbol ** next

to the diagnosis code(s). Just because the codes are listed in the particular order in this manual does not provide sequencing direction. Some of the codes reflect coding notes regarding sequencing but for correct sequencing the coder and/or ICD-10-CM manual should also be referenced.

General Coding and Documentation Notes

At the beginning of every section there is information relating to coding and/or documentation for the conditions in that section.

Tables

The individual IGC tables are formatted exactly as Section 6 of the IRF-PAI manual for recognition. In addition to the information published in the IRF-PAI manual, ICD-10-CM code descriptions; some coding directives; identification of diagnosis codes that meet, do not meet or cause a case to be excluded from presumptive eligibility; and, documentation needs for the specific diagnoses were included. For example:

UDSMR Impairment Group	UDSMR Impairment Group Code (Item 21)	RIC	Presumptive Compliance Exclusions	Etiologic Diagnosis	ICD-10	I-10 Description	What Should Be Documented
Stroke	01.1 Left Body/ Right Brain 01.2 Right Body/ Left Brain 01.3 Bilateral Involvement 01.4 No Paresis 01.9 Other Stroke	Stroke (01)	01.9 Not Presumptive without qualifying comorbidity if the etiologic diagnoses is listed above for compliance periods beginning AFTER 10/1/15.	Subarachnoid Hemorrhage, including ruptured cerebral aneurysm	I60.0-	Nontraumatic <u>SUBARACHNOID HEMMORRHAGE</u> from CAROTID SIPHON AND BIFURICATION Use 5th Character (0) UNSPECIFIED (1) RIGHT (2) LEFT	-Specify VESSEL / LATERALITY AND CAUSE of hemorrhage *carotid siphon and bifurcation *middle cerebral artery *anterior communicating artery *posterior communicating artery *basilar artery *vertebral artery *other intracranial arteries *other subarachnoid hemorrhage -DOCUMENT DOMINANT SIDE AND AFFECTED SIDE -ASSOCIATE RESIDUALS
					I60.1-	Nontraumatic <u>SUBARACHNOID HEMMORRHAGE</u> from MIDDLE CEREBRAL ARTERY Use 5th Character (0) UNSPECIFIED (1) RIGHT (2) LEFT	
					I60.2-	Nontraumatic <u>SUBARACHNOID HEMMORRHAGE</u> from ANTERIOR COMMUNICATING ARTERY	



Formatting of this manual mirrors the CMS Section 6 IRF-PAI Manual and therefore codes within IGC lists in the tables may not be in exact numerical order. Rather, they are grouped by diagnosis category. The documentation tips are meant to guide for the greatest specificity possible to achieve the most specific ICD-10-CM code. Often when the specificity noted is documented in the record, codes other than the ones listed may result as the best option for reporting. Remember best practice warrants the most detailed specificity known be documented as soon as known in the medical record for the most optimal code choice and to support the truest severity of illness for the patient.

If you have questions about this manual or recommendations for other information that could be included to improve usability and/or if you find an error in the manual, we welcome your comments. Thank you for your purchase. We hope you find this manual as useful as we did. For comments please call 1-877-976-6677 or email help@AQ-IQ.com



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