The Recipe for Choosing the Correct ICD-10 Treatment Diagnosis Code(s)

Often times, therapists are not choosing the appropriate ICD-10 treatment diagnosis when they evaluate a patient which can lead to false information, lack of medical necessity, billing errors and a claim being denied. When following the guidelines and examples below, you will feel confident your diagnosis decision will be correct.

First: Remember these three key ingredients when choosing the correct treatment diagnosis

1. Assess impairment/s and document your findings
2. Establish and document related short and long term goals
3. Select the treatment code/s and check the definitions to ensure they match the impairments*  
*Make sure selected codes are MAC approved if applicable

Second:

• ICD-10 codes chosen must be medically necessary, appropriate and relate to the therapy discipline specific service.

Third:

• Distinguish between a medical diagnosis and a treatment diagnosis.

Medical Diagnoses

• Medicare A – The medical diagnosis code/s is the reason for which the patient was hospitalized. The code should be taken from the hospital transfer/discharge face sheet or discharge summary provided to the facility AND the medical diagnosis code/s should be the same for each discipline per episode of care. Often times the MDS coordinator will give direction on the appropriate medical diagnosis to document. Check with your facility on their procedure.

• Medicare B – The medical diagnosis code/s must be supported by the medical record documentation and relate to the therapy treatment diagnosis. It should be taken from the facility face sheet in the patient’s medical record or physician progress notes if recent physician visit prompted referral. If there isn’t a medical diagnosis that does not support a treatment diagnosis, ask the physician for a specific code. For outpatient IL/AL, diagnoses may be taken from physician’s order/script.

Treatment Diagnoses (All Payers)

• The treatment diagnosis code/s must be discipline specific and reflect the patient’s recent impairment/s that have been assessed and short and long term goal/s established to address the impairment/s.
Four:

Therapy documentation must support the following:

• Dominant side
• Anatomic detail
• Site specificity
• Specific body part
• Thorough assessment of functional deficits and impairments, barriers identified and POC including short and long term goals to support the treatment diagnoses
• Include information from the ICD-10 description

Five:

• Please check your Medicare Administrative Contractor’s therapy Local Coverage Determinations (LCDs) to see if they list specific ICD-10 codes they require you to use exclusively. The list can be found on Knect>Kindred Rehabilitation Services>Clinical Services>Skilled Nursing (RHB)>Coding>Medicare Administrative Contractor (MAC) Approved ICD-10 Code listings and links to their LCDs
• Code to the highest level of specificity, represent the current medical condition and/or co-morbidities impacting rehab
• Code ALL diagnoses that impact rehab.
• Sequence the codes in order of amount and complexity of care provided
• Try to avoid unspecified codes, if possible. Codes titled “unspecified” are for use when the information in the medical record is insufficient to assign a more specific code. For those categories for which an unspecified code is not provided, the “other specified” code may represent both other and unspecified
• Refer to the Common ICD-10 Treatment Diagnosis Codes for Physical Therapy, Occupational Therapy and Speech Language Pathology: Knect>Kindred Rehabilitation Services>Clinical Services>Skilled Nursing (RHB)>Coding>OT and PT Common ICD-10 Treatment Diagnosis Codes and SLP Common ICD-10 Treatment Diagnosis Codes

Common Examples and Definitions of Therapy Treatment Diagnoses with Required Supporting Documentation

• R26.2 - Difficulty Walking (Walking disability excludes falling R29.6 and unsteadiness on feet R26.81) Evaluate gait with inclusion of specific ROM/strength deficits, gait deviations as well as gait distance, level of assist and assistive device with goal for gait.

• M53.1 – Muscle Weakness (Arm weakness– right arm, left arm or BUEs, Asthenia, Leg weakness–right leg, left leg or BLEs, Weakness as late effects of stroke, Weakness as a late effect of cerebrovascular accident, Weakness of extremities as late effects of CVA, Weakness of extremities as late effects of stroke). Excludes age-related weakness (R54 ), generalized muscle weakness (M62.8- ), sarcopenia (M62.84 ), senile asthenia (R54 ). Remember muscle weakness is 3/-5 or below. Provide a detailed assessment of strength (MMT) in each joint of the extremities with relationship to functional deficits with goal for strengthening.
• M62.81 – Muscle Weakness (generalized) (A disorder characterized by a reduction in the strength of muscles in multiple anatomic sites). Excludes muscle weakness in sarcopenia. Two examples are myasthenic and quadriplegia. **Remember muscle weakness is 3-/5 or below.** Provide a detailed assessment of strength (MMT) in each joint of the extremities with relationship to functional deficits with goal for strengthening.

• R27.8 – Other Lack of Coordination
Include a detailed assessment fine motor/gross motor coordination in relation to a functional activity with a goal for coordination and an appropriate standardized test to support such as the Standard Finger to Nose (SFTN), Heel to Shin, Rapid Alternating Movements (RAMs), Point to Point Movement Evaluation.

• R26.89 – Other Abnormalities of Gait and Mobility (Cautious gait, Gait disorder due to weakness, Gait disorder-multifactorial, Gait disorder-painful gait, Gait disorder-postural instability, Gait disturbance-senile, Limp in childhood, Limp occurring during childhood, Limping, Toe-walking gait, Unsteady when walking).
Must include the gait deviations, ROM/strength deficits, balance, BOS, speed, cadence, antalgia, gait obstacles as well as level of assistance, assistive device and gait distance with goal for gait.

• R41.841 – Cognitive Communication Deficit (Cognitive deficit in communication skills)
Include a standardized cognitive / linguistic test, SLUMs or MOCA, statement of severity of impairments for attention, concentration, memory, receptive and expressive language, safety awareness, problem solving and new learning capability with a goal for communication and expression.

References:
• ICD-10-CM Official Guidelines for Coding and Reporting FY 2017 (October 1, 2016 - September 30, 2017)
• APTA web site
• ICD10 Data.com
• Chapter 18 of ICD-10-CM: Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified