The Role of Underlying Impairments in Selection of ICD-10 Treatment Diagnosis Codes

The identification of all active diagnoses is vital to appropriate coding under PDPM which will be implemented on October 1, 2019. It is important to work with the MDS Coordinator in your facilities to assure all appropriate diagnoses are captured on the MDS. As therapists, we are responsible for identifying and treating an individual's functional, cognitive and/or cognitive linguistic impairments. Comprehensive assessments and documentation of a patient's underlying impairments are important components in the evaluation process which allow the therapist to develop a treatment plan that is clinically appropriate based on the evaluation findings. These impairments allow the clinician to support why the patient is experiencing a functional deficit, which in turn support the established goals and the identification of appropriate treatment diagnoses codes for the patient's plan of care.

Underlying impairments may include the following:

- Gait disturbance
- Hemiplegia
- Incoordination
- Pain
- Positioning
- Sensation
- Edema (different than lymphedema)
- Visual Impairment
- Respiratory Impairment
- Contracture
- Stiffness of Joint
- Muscle Weakness
- Apraxia
- Cognitive-Linguistic Impairment
- Dysphagia
- Stroke Related Dysphasia
- Voice Impairment
- Language Impairment
- Motor Speech Impairment

Documentation of underlying impairments should be objective and measureable so that clinically appropriate functional goals may be established and re-assessed to document the patient's response to the skilled interventions provided.

Objective and measurable documentation of functional impairment

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Functional Goal to address impairment and deficit

= Treatment Diagnosis

Please refer to Knect for Common ICD-10 treatment diagnosis codes for OT, PT and ST.
Knect-Kindred Rehab Services-Clinical Services-Skilled Nursing (RHB)-Coding

Case Study: 70 year old male referred to SNF following 10 day hospitalization due to a fall with resultant right patella fracture that was surgically repaired with an ORIF and exacerbation of COPD. While hospitalized patient received PT, OT and ST services. He is admitted to SNF to improve his functional abilities with goal of returning to his ALF where he received assistance with meal prep, laundry and cleaning. Medical history is significant for Parkinson's disease with dysarthria, as well as macular degeneration in the right eye per the hospital records. Precautions included partial weight-bearing (50%) on RLE.

PT underlying impairments: Edema – girth of the right mid-patella is 60 cm; left mid-patella 40cm
Right knee extension lacks 30 degrees (-30); left knee extension 0 degrees; right knee pain 6/10 with activity; Berg balance test score 5/56, indicating high risk for falls

STG: 1. Patient will decrease edema in right mid-patella by 10 cm in order to improve right knee extension to -15 degrees in preparation for stance phase of gait, while maintaining PWB.
Treatment diagnoses: R60.0 (localized edema) & M25.661 (right knee stiffness)
STG: 2. Patient will complete sit to stand transfers with minimum assist to maintain balance requiring minimum verbal and tactile cues to maintain PWB with reports of right knee pain <3/10.
Treatment diagnoses: M25.561 (right knee pain) & R26.81 (unsteadiness on feet)

OT underlying impairments: Right knee pain 6/10 with activity; Barthel score of 25 indicating moderate/maximum dependence for ADLs; Macular Scotoma Assessment right eye only, patient reports the information in the center of the clock card is missing. Macular Scotoma Assessment left eye only, patient reports they are able to visualize all information on the clock card. This is indicative of central vision loss in the right eye.

STG: 1. Patient will perform lower body dressing with moderate assistance, with reports of right knee pain < 3/10 utilizing adaptive equipment as needed.
Treatment diagnosis: right knee pain (M25.561)
STG: 2. Patient will perform grooming and hygiene while seated at sink with minimum assist utilizing compensatory strategies to address loss of central vision in right eye.
Treatment diagnosis: H35.30 (unspecified macular degeneration) – if obtain more specific code from physician, please use more specific code. We should avoid use of unspecified codes where possible.

ST underlying impairments: initial voice volume 35 decibels with decrease to 25 decibels at 15 seconds; incoordination of tongue musculature and weak oral motor structures impacting speech intelligibility; Tikofsky's 50-word Intelligibility Test score of 60 out of 100

STG: 1. Patient will utilize the Lee Silverman Voice Treatment (LSVT) LOUD technique to improve voice volume to 40 decibels and maintain for 15 seconds so listener can understand 8 out of 10 short phrases.
Treatment diagnosis: R49.8 (other voice and resonance disorders)
STG: 2. Patient will utilize compensatory strategies, including over-articulation and slow rate, to improve speech intelligibility with short phrases with conversing partner 8 out of 10 times.
Treatment diagnosis: R47.1 (dysarthria and anarthria)

If you have case specific questions about documentation and ICD-10 treatment diagnosis codes, please contact RehabCare Clinical Support at RehabcareClinicalSupport@RehabCare.com