

## ICD-10 Medical Complexity, Classification Criteria, and Common Documentation Gaps

*The following information may or may not be appropriate to your clinical setting. Please review the information and determine the appropriateness of the content prior to sharing with your staff.*

**Eligible for LMS Credit:  Yes**

Capturing the correct etiologic diagnosis is a critical success factor to ensure the patients we serve get the rehabilitation services that they need to achieve their optimal outcome – improved function and discharge to the community. To ensure that the appropriate ICD-10 code is used for the etiologic condition – we must document details and this starts with pre-admission screening as resource for MD documentation on H&P/PAPE. Document these key areas on PAS:

**LATERALITY** - left/right/bilateral, dominance, upper/lower

**PRECISE ANATOMICAL SITE/LOCATION OF AREA INVOLVED** – especially fractures, hemorrhages

**SPECIFY SEVERITY DETAILS** - acute/chronic, exacerbation, degree, late effects of, morbidity

**SPECIFY DURATION** - loss of consciousness duration

**SPECIFY TYPE** - traumatic/nontraumatic/pathologic, dislocated/ comminuted/ disruption, systolic/ diastolic

**ADDRESS SUPPORTING/ RESULTING ONGOING DEFICITS** - hemi/para/quadri-paresis/plegia, myopathy, myelopathy – motor, sensory, functional, dysphagia

**LINK EFFECTS/MANIFESTATIONSTO CAUSAL CONDITION** -

(ex: polyneuropathy related to \_\_\_\_\_, other \_\_\_\_\_)

Examples - **ICD-10-CM and Preadmission Screening:**

**Stroke** – exact location, type (occlusion/ischemic/hemorrhage/embolic/thrombotic), side affected, **ARTERY INVOLVED**, with dominance.

**Etiologic:** Subarachnoid hemorrhage, with left hemiparesis

HPI: 68 year old right handed male.... ( = *non-dominant side will be reported*)

**Etiologic:** Left intracerebral embolic infarction, with right hemiparesis

HPI: 68 year old right handed male.... ( = *dominant side will be reported*)

**Fracture** – exact anatomical location

**Etiologic:** Left intertrochanteric femur fracture (displaced/nondisplaced, open/closed)

**SCI** – diagnosis, **specific injury**, and primary deficit

**Etiologic:** C5 SCI with central cord syndrome, with incomplete quadriparesis

**TBI** – traumatic diagnosis and **loss of consciousness duration**

**Etiologic:** Traumatic Subarachnoid hemorrhage with < 1 hour loss of consciousness

**TAKE-AWAYS: ICD-10 impacts: IRF 60% presumptive compliance, IRF PPS comorbid tier reporting (MCR reimbursement and est. LOS), reporting of severity of illness and burden of care, supports justification of admission, quality reporting.**

**SPECIFICITY IS CRITICAL, DOCUMENT DETAILS OF CONDITIONS ON PAS AND IN PHYSICIAN AND TEAM DOCUMENTATION. QUERY PHYSICIAN WHEN NEEDED.**