Optum

2025 coding guidelines included

Expert

ICD-10-CM Expert for Skilled Nursing Facilities and Inpatient Rehabilitation Facilities

The complete official code set

Codes valid from October 1, 2024 through September 30, 2025

2025

optumcoding.com

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How to Use ICD-10-CM Expert for Skilled Nursing Facilities and Inpatient Rehabilitation Facilities 2025

Introduction

ICD-10-CM for Skilled Nursing Facilities and Inpatient Rehabilitation Facilities: The Complete Official Code Set is your definitive coding resource, combining the work of the National Center for Health Statistics (NCHS), Centers for Medicare and Medicaid Services (CMS), American Hospital Association (AHA), and Optum experts to provide the information you need for coding accuracy.

The International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), is an adaptation of ICD-10, copyrighted by the World Health Organization (WHO). The development and maintenance of this clinical modification (CM) is the responsibility of the NCHS as authorized by WHO. Any new concepts added to ICD-10-CM are based on an established update process through the collaboration of WHO's Update and Revision Committee and the ICD-10-CM Coordination and Maintenance Committee.

In addition to the ICD-10-CM classification, other official government source information has been included in this manual. Depending on the source, updates to information may be annual or quarterly. This manual provides the most current information that was available at the time of publication. For updates to the source documents that may have occurred after this manual was published, please refer to the following:

- **NCHS, International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)**

  https://www.cms.gov/medicare/icd-10/2024-icd-10-cm
- **CMS Integrated Outpatient Code Editor (IOCE), version 24.2**

  https://www.cms.gov/Medicare/Coding/OutpatientCodeEdit/OCEQtrReleaseSpecs.html
- **CMS Skilled Nursing Facility Quality Reporting Program (SNF QRP)**

  https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Overview.html
- **CMS Skilled Nursing Facility Prospective Payment System (SNF PPS)**

  https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/index.html

  https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/PDPM.html
- **CMS Inpatient Rehabilitation Facility Prospective Payment System (IRF PPS)**

  https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/InpatientRehabFacPPS/index.html

  https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/InpatientRehabFacPPS/IRFPAI.html
- **AHA Coding Clinics**

  https://www.codingclinicadvisor.com/

The official NCHS ICD-10-CM classification includes three main sections: the guidelines, the indexes, and the tabular list, all of which make up the bulk of this coding manual. To complement the classification, Optum's coding experts have incorporated Medicare-related coding edits and proprietary features, such as supplementary notations, coding tools, and appendixes, into a comprehensive and easy-to-use reference. This publication is organized as follows:

What's New for 2025

This section provides a high-level overview of the code changes made for FY 2024. The list of codes provided identifies new, revised, and deleted codes. Asterisked codes identify prior midyear changes that were made to the classification, effective April 1, 2023. All changes are based on an official addendum, provided by the NCHS.

Conversion Table

The conversion table was developed by NCHS to help facilitate data retrieval as new codes are added to the ICD-10-CM classification. This table provides a crosswalk from each FY 2024 new code to the equivalent code(s) assigned, prior to October 1, 2023, for that diagnosis or condition. Asterisked codes identify prior midyear additions, effective April 1, 2023. For the full conversion table, refer to the Conversion Table zip file at https://www.cms.gov/medicare/icd-10/2024-icd-10-cm.

10 Steps to Correct Coding

This step-by-step tutorial walks the coder through the process of finding the correct code — from locating the code in the official indexes to verifying the code in the tabular section — while following applicable conventions, guidelines, and instructional notes. Specific examples are provided with detailed explanations of each coding step along with advice for proper sequencing.

Official ICD-10-CM Guidelines for Coding and Reporting

This section provides the full official conventions and guidelines regulating the appropriate assignment and reporting of ICD-10-CM codes. These conventions and guidelines are published by the U.S. Department of Health and Human Services (DHHS) and approved by the cooperating parties (American Health Information Management Association [AHIMA], NCHS, Centers for Disease Control and Prevention [CDC], and the American Hospital Association [AHA]).

Indexes

Index to Diseases and Injuries

The Index to Diseases and Injuries is arranged in alphabetic order by terms specific to a disease, condition, illness, injury, eponym, or abbreviation as well as terms that describe circumstances other than a disease or injury that may require attention from a health care professional.

Neoplasm Table

The Neoplasm Table is arranged in alphabetic order by anatomical site. Codes are then listed in individual columns based upon the histological behavior (malignant, in situ, benign, uncertain, or unspecified) of the neoplasm.

Table of Drugs and Chemicals

The Table of Drugs and Chemicals is arranged in alphabetic order by the specific drug or chemical name. Codes are listed in individual columns based upon the associated intent (poisoning, adverse effect, or underdosing). **Note:** Drugs with an asterisk identify substances added to the table by Optum subject matter experts.

Chapter-Level Notations

Chapter-specific Guidelines with Coding Examples
Each chapter begins with the Official Guidelines for Coding and Reporting specific to that chapter, where provided. Coding examples specific to post-acute care settings have been provided to illustrate the coding and/or sequencing guidance in these guidelines.

Muscle and Tendon Table
ICD-10-CM categorizes certain muscles and tendons in the upper and lower extremities by their action (e.g., extension or flexion) as well as their anatomical location. The Muscle/Tendon table is provided at the beginning of chapter 13 and chapter 19 to help users when code selection depends on the action of the muscle and/or tendon.

Note: This table is not all-inclusive, and proper code assignment should be based on the provider's documentation.

Appendixes

The additional resources described below have been included as appendixes for this book. These resources further instruct the professional coder on the appropriate application of the ICD-10-CM code set.

Appendix A: Valid 3-character ICD-10-CM Codes
The user may consult this table to confirm that no further specificity, such as the use of 4th, 5th, 6th, or 7th characters or placeholders (X), is necessary. All ICD-10-CM codes that are valid at the three-character level are listed.

Appendix B: Pharmacology List 2025
This reference is a comprehensive but not all-inclusive list of pharmacological agents used to treat acute and/or chronic conditions. Drugs are listed in alphabetical order by their brand and/or generic names along with their drug action and indications for which they may commonly be prescribed. Some drugs have also been mapped to their appropriate Z code for long-term drug use.

Appendix C: Z Codes for Long-Term Drug Use with Associated Drugs
This resource correlates Z codes that are used to identify current long-term drug use with a list of drugs that are typically categorized to that class of drug.

Note: These tables are not all-inclusive but list some of the more commonly used drugs.

Appendix D: Skilled Nursing Facility Prospective Payment System Overview
To better classify residents for payment purposes and to ensure that residents' care needs are addressed, Medicare developed the Patient-Driven Payment Model (PDPM), which replaced the RUG-IV classification system. Payments are predominantly based on clinical characteristics instead of service provision. This resource describes the PDPM and its elements, as well as how this classification system is used within the skilled nursing facility prospective payment system (SNF PPS).

Appendix E: PDPM Comorbid Conditions
This resource provides a comprehensive list of the ICD-10-CM codes that are considered comorbid conditions for the non-therapy ancillary (NTA) and the speech-language pathology (SLP) components of the PDPM.

Appendix F: PDPM Return-to-Provider Code List
This resource provides a comprehensive list of the ICD-10-CM codes that are *not* acceptable as the primary reason for SNF care. When one of these codes is listed as the primary diagnosis code on the minimum data set (MDS), the MDS should be returned to the provider to select an appropriate ICD-10-CM diagnosis code.

Appendix G: Skilled Nursing Facility Active Diagnosis List
This resource includes the minimum data set (MDS) data elements that capture the relevant diagnostic or surgical information needed to calculate one or more of the components in PDPM.

Appendix H: Inpatient Rehabilitation Facility Prospective Payment System (PPS)
The inpatient rehabilitation facility prospective payment system (IRF PPS) provides payment rates for rehabilitation facilities providing post-acute care for patients that require additional services to restore the patient's ability to live and work after a disabling injury or illness. This resource provides the CMS website that addresses changes to IRF-PAI, IRF Quality Reporting Program (QRP), and IRF PPS for FY 2024.

Appendix I: IRF Impairment Group Codes *(Formerly Rehabilitation Impairment Categories (RIC))*
This resource provides a list of all impairment group codes to which an etiologic diagnosis may be assigned.

Appendix J: IRF Comorbid Conditions *(Formerly RIC Comorbid Conditions)*
Certain conditions when listed as a secondary diagnosis during a rehabilitation admission may qualify that stay for payment adjustment. All diagnoses that are considered comorbid conditions are identified in this resource in addition to the payment tier associated with that diagnosis and any rehabilitation categories from which the comorbid condition would be exempt.

Appendix K: Coding Issues for Long-Term Care (LTC)
This resource identifies coding and reporting issues that may be encountered in the long-term (post-acute) care setting. Specific case scenarios along with the applicable ICD-10-CM code(s) and rationales are provided.

Illustrations

This section includes illustrations of normal anatomy with ICD-10-CM-specific terminology.

10 Steps to Correct Coding

Follow the 10 steps below to correctly code encounters for health care services.

Step 1: Identify the reason for the visit or encounter (i.e., a sign, symptom, diagnosis and/or condition).

The medical record documentation should accurately reflect the patient's condition, using terminology that includes specific diagnoses and symptoms or clearly states the reasons for the encounter.

Choosing the main term that best describes the reason chiefly responsible for the service provided is the most important step in coding. If symptoms are present and documented but a definitive diagnosis has not yet been determined, code the symptoms. *For outpatient cases, do not code conditions that are referred to as "rule out," "suspected," "probable," or "questionable."* Diagnoses often are not established at the time of the initial encounter/visit and may require two or more visits to be established. Code only what is documented in the available outpatient records and only to the highest degree of certainty known at the time of the patient's visit. For inpatient medical records, uncertain diagnoses may be reported if documented at the time of discharge.

Step 2: After selecting the reason for the encounter, consult the alphabetic index.

The most critical rule is to begin code selection in the alphabetic index. Never turn first to the tabular list. The index provides cross-references, essential and nonessential modifiers, and other instructional notations that may not be found in the tabular list.

Step 3: Locate the main term entry.

The alphabetic index lists conditions, which may be expressed as nouns or eponyms, with critical use of adjectives. Some conditions known by several names have multiple main entries. Reasons for encounters may be located under general terms such as admission, encounter, and examination. Other general terms such as history, status (post), or presence (of) can be used to locate other factors influencing health.

Step 4: Scan subterm entries.

Scan the subterm entries, as appropriate, being sure to review continued lines and additional subterms that may appear in the next column or on the next page. Shaded vertical guidelines in the index indicate the indentation level for each subterm in relation to the main terms.

Step 5: Pay close attention to index instructions.

- Parentheses ( ) enclose nonessential modifiers, terms that are supplementary words or explanatory information that may or may not appear in the diagnostic statement and do not affect code selection.
- Brackets [ ] enclose manifestation codes that can be used only as secondary codes to the underlying condition code immediately preceding it. If used, manifestation codes must be reported with the appropriate etiology codes.
- Default codes are listed next to the main term and represent the condition most commonly associated with the main term or the unspecified code for the main term.
- "*See*" cross-references, identified by italicized type and "code by" cross-references indicate that another term *must be referenced* to locate the correct code.
- "*See also*" cross-references, identified by italicized type, provide alternative terms that may be useful to look up but *are not mandatory*.
- "Omit code" cross-references identify instances when a code is not applicable depending on the condition being coded.
- "With" subterms are listed out of alphabetic order and identify a presumed causal relationship between the two conditions they link.
- "Due to" subterms identify a relationship between the two conditions they link.
- "NEC," abbreviation for "not elsewhere classified," follows some main terms or subterms and indicates that there is no specific code for the condition even though the medical documentation may be very specific.
- "NOS," abbreviation for "not otherwise specified," follows some main terms or subterms and is the equivalent of unspecified; NOS signifies that the information in the medical record is insufficient for assigning a more specific code.
- *Following* references help coders locate alphanumeric codes that are out of sequence in the tabular section.
- Check-additional-character symbols flag codes that require additional characters to make the code valid; the characters available to complete the code should be verified in the tabular section.

Step 6: Choose a potential code and locate it in the tabular list.

To prevent coding errors, always use both the alphabetic index (to identify a code) and the tabular list (to verify a code), as the index does not include the important instructional notes found in the tabular list. An added benefit of using the tabular list, which groups like things together, is that while looking at one code in the list, a coder might see a more specific one that would have been missed had the coder relied solely on the alphabetic index. Additionally, many of the codes require a fourth, fifth, sixth, or seventh character to be valid, and many of these characters can be found only in the tabular list.

Step 7: Read all instructional material in the tabular section.

The coder must follow any Includes, Excludes 1 and Excludes 2 notes, and other instructional notes, such as "Code first" and "Use additional code," listed in the tabular list for the chapter, category, subcategory, and subclassification levels of code selection that direct the coder to use a different or additional code. Any codes in the tabular range A00.0–T88.9, Z00–Z99.8, and U00–U85 may be used to identify the diagnostic reason for the encounter. The tabular list encompasses many codes describing disease and injury classifications (e.g., infectious and parasitic diseases, neoplasms, symptoms, nervous and circulatory system, etc.).

Codes that describe symptoms and signs, as opposed to definitive diagnoses, should be reported when an established diagnosis has not been made (confirmed) by the physician. Chapter 18 of the ICD-10-CM code book, "Symptoms, Signs, and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified" (codes R00–R99), contains many, but not all, codes for symptoms.

ICD-10-CM classifies encounters with health care providers for circumstances other than a disease or injury in chapter 21, "Factors Influencing Health Status and Contact with Health Services" (codes Z00–Z99). Circumstances other than a disease or injury often are recorded as chiefly responsible for the encounter.

A code is invalid if it does not include the full number of characters (greatest level of specificity) required. Codes in ICD-10-CM can contain from three to seven alphanumeric characters. A three-character code is to be used only if the category is not further subdivided into four-, five-, six-, or seven-character codes. Placeholder character X is used as part of an alphanumeric code to allow for future expansion and as a placeholder for empty characters in a code that requires a seventh character but has no fourth, fifth, or sixth character. Note that certain categories require seventh characters that apply to all codes in that category. Always check the category level for applicable seventh characters for that category.

Disorder — *continued*
- binocular — *continued*
  - movement — *continued*
    - convergence
      - excess H51.12
      - insufficiency H51.11
    - internuclear ophthalmoplegia — *see* Ophthalmoplegia, internuclear
    - palsy of conjugate gaze H51.Ø
    - specified type NEC H51.8
  - vision NEC — *see* Disorder, vision, binocular
- bipolar (I) seasonal) (type I) F31.9
  - and related due to a known physiological condition
    - with
      - manic features FØ6.33
      - manic- or hypomanic-like episodes FØ6.33
      - mixed features FØ6.34
  - current (or most recent) episode
    - depressed F31.9
      - with psychotic features F31.5
      - without psychotic features F31.3Ø
        - mild F31.31
        - moderate F31.32
        - severe (without psychotic features) F31.4
          - with psychotic features F31.5
    - hypomanic F31.Ø
    - manic F31.9
      - with psychotic features F31.2
      - without psychotic features F31.1Ø
        - mild F31.11
        - moderate F31.12
        - severe (without psychotic features) F31.13
          - with psychotic features F31.2
    - mixed F31.6Ø
      - mild F31.61
      - moderate F31.62
      - severe (without psychotic features) F31.63
        - with psychotic features F31.64
    - severe depression (without psychotic features) F31.4
      - with psychotic features F31.5
  - II (type 2) F31.81
  - in remission (currently) F31.7Ø
    - in full remission
      - most recent episode
        - depressed F31.76
        - hypomanic F31.72
        - manic F31.74
        - mixed F31.78
    - in partial remission
      - most recent episode
        - depressed F31.75
        - hypomanic F31.71
        - manic F31.73
        - mixed F31.77
  - organic FØ6.3Ø
  - single manic episode F30.9
    - mild F3Ø.11
    - moderate F3Ø.12
    - severe (without psychotic symptoms) F3Ø.13
      - with psychotic symptoms F3Ø.2
  - specified NEC F31.89
- bladder N32.9
  - functional NEC N31.9
  - in schistosomiasis B65.Ø *[N33]*
  - specified NEC N32.89
- bleeding D68.9
- blood D75.9
  - in congenital early syphilis A5Ø.Ø9 *[D77]*
- body dysmorphic F45.22
- bone M89.9
  - continuity M84.9
    - specified type NEC M84.8Ø
      - ankle M84.87- ☑
      - fibula M84.86- ☑
      - foot M84.87- ☑
      - hand M84.84- ☑
      - humerus M84.82- ☑
      - neck M84.88
      - pelvis M84.859
      - radius M84.83- ☑
      - rib M84.88
      - shoulder M84.81- ☑
      - skull M84.88
      - thigh M84.85- ☑
      - tibia M84.86- ☑
      - ulna M84.83- ☑

Disorder — *continued*
- bone — *continued*
  - continuity — *continued*
    - specified type — *continued*
      - vertebra M84.88
  - density and structure M85.9
    - cyst — *see also* Cyst, bone, specified type NEC
      - aneurysmal — *see* Cyst, bone, aneurysmal
      - solitary — *see* Cyst, bone, solitary
    - diffuse idiopathic skeletal hyperostosis — *see* Hyperostosis, ankylosing
    - fibrous dysplasia (monostotic) — *see* Dysplasia, fibrous, bone
    - fluorosis — *see* Fluorosis, skeletal
    - hyperostosis of skull M85.2
    - osteitis condensans — *see* Osteitis, condensans
    - specified type NEC M85.8- ☑
      - ankle M85.87- ☑
      - foot M85.87- ☑
      - forearm M85.83- ☑
      - hand M85.84- ☑
      - lower leg M85.86- ☑
      - multiple sites M85.89
      - neck M85.88
      - rib M85.88
      - shoulder M85.81- ☑
      - skull M85.88
      - thigh M85.85- ☑
      - upper arm M85.82- ☑
      - vertebra M85.88
  - development and growth NEC M89.2Ø
    - carpus M89.24- ☑
    - clavicle M89.21- ☑
    - femur M89.25- ☑
    - fibula M89.26- ☑
    - finger M89.24- ☑
    - humerus M89.22- ☑
    - ilium M89.28
    - ischium M89.28
    - metacarpus M89.24- ☑
    - metatarsus M89.27- ☑
    - multiple sites M89.29
    - neck M89.28
    - radius M89.23- ☑
    - rib M89.28
    - scapula M89.21- ☑
    - skull M89.28
    - tarsus M89.27- ☑
    - tibia M89.26- ☑
    - toe M89.27- ☑
    - ulna M89.23- ☑
    - vertebra M89.28
  - specified type NEC M89.8X- ☑
- brachial plexus G54.Ø
- branched-chain amino-acid metabolism E71.2
  - specified NEC E71.19
- breast N64.9
  - agalactia — *see* Agalactia
  - associated with
    - lactation O92.7Ø
      - specified NEC O92.79
    - pregnancy O92.2Ø
      - specified NEC O92.29
    - puerperium O92.2Ø
      - specified NEC O92.29
  - cracked nipple — *see* Cracked nipple
  - galactorrhea — *see* Galactorrhea
  - hypogalactia O92.4
  - lactation disorder NEC O92.79
  - mastitis — *see* Mastitis
  - nipple infection — *see* Infection, nipple
  - retracted nipple — *see* Retraction, nipple
  - specified type NEC N64.89
- Briquet's F45.Ø
- bullous, in diseases classified elsewhere L14
- caffeine use
  - mild
    - with
      - caffeine-induced
        - anxiety disorder F15.18Ø
        - sleep disorder F15.182
  - moderate or severe
    - with
      - caffeine-induced
        - anxiety disorder F15.28Ø
        - sleep disorder F15.282

Disorder — *continued*
- cannabis use
  - mild F12.1Ø
    - with
      - cannabis intoxication delirium F12.121
        - with perceptual disturbances F12.122
        - without perceptual disturbances F12.129
      - cannabis-induced
        - anxiety disorder F12.18Ø
        - psychotic disorder F12.159
        - sleep disorder F12.188
    - in remission (early) (sustained) F12.11
  - moderate or severe F12.2Ø
    - with
      - cannabis intoxication
        - with perceptual disturbances F12.222
        - without perceptual disturbances F12.229
      - cannabis-induced
        - anxiety disorder F12.28Ø
        - psychotic disorder F12.259
        - sleep disorder F12.288
        - delirium F12.221
    - in remission (early) (sustained) F12.21
- carbohydrate
  - absorption, intestinal NEC E74.39
  - metabolism (congenital) E74.9
    - specified NEC E74.89
- cardiac, functional I51.89
- carnitine metabolism E71.4Ø
- cartilage M94.9
  - articular NEC — *see* Derangement, joint, articular cartilage
  - chondrocalcinosis — *see* Chondrocalcinosis
  - specified type NEC M94.8X- ☑
    - articular — *see* Derangement, joint, articular cartilage
    - multiple sites M94.8XØ
- catatonia (due to known physiological condition) (with another mental disorder) FØ6.1
- catatonic
  - due to (secondary to) known physiological condition FØ6.1
  - organic FØ6.1
- central auditory processing H93.25
- cervical
  - region NEC M53.82
  - root (nerve) NEC G54.2
- character NOS F6Ø.9
- childhood disintegrative NEC F84.3
- cholesterol and bile acid metabolism E78.7Ø
  - Barth syndrome E78.71
  - other specified E78.79
  - Smith-Lemli-Opitz syndrome E78.72
- choroid H31.9
  - atrophy — *see* Atrophy, choroid
  - degeneration — *see* Degeneration, choroid
  - detachment — *see* Detachment, choroid
  - dystrophy — *see* Dystrophy, choroid
  - hemorrhage — *see* Hemorrhage, choroid
  - rupture — *see* Rupture, choroid
  - scar — *see* Scar, chorioretinal
  - solar retinopathy — *see* Retinopathy, solar
  - specified type NEC H31.8
- ciliary body — *see* Disorder, iris
  - degeneration — *see* Degeneration, ciliary body
- coagulation (factor) — *see also* Defect, coagulation D68.9
  - newborn, transient P61.6
- cocaine use
  - mild F14.1Ø
    - with
      - amphetamine, cocaine, or other stimulant intoxication
        - with perceptual disturbances F14.122
        - without perceptual disturbances F14.129
      - cocaine intoxication delirium F14.121
      - cocaine-induced
        - anxiety disorder F14.18Ø
        - bipolar and related disorder F14.14
        - depressive disorder F14.14
        - obsessive-compulsive and related disorder F14.188
        - psychotic disorder F14.159
        - sexual dysfunction F14.181
        - sleep disorder F14.182
    - in remission (early) (sustained) F14.11
  - moderate or severe F14.2Ø

Chapter 1. Certain Infectious and Parasitic Diseases (A00–B99), U07.1, U09.9

Chapter-specific Guidelines with Coding Examples

The chapter-specific guidelines from the ICD-10-CM Official Guidelines for Coding and Reporting have been provided below. Along with these guidelines are coding examples, contained in the shaded boxes, that have been developed to help illustrate the coding and/or sequencing guidance found in these guidelines.

a. Human immunodeficiency virus (HIV) infections

1) Code only confirmed cases

Code only confirmed cases of HIV infection/illness. This is an exception to the hospital inpatient guideline Section II, H.

In this context, "confirmation" does not require documentation of positive serology or culture for HIV; the provider's diagnostic statement that the patient is HIV positive or has an HIV-related illness is sufficient.

Patient admitted with anemia with possible HIV infection

D64.9 Anemia, unspecified

Explanation: Only the anemia is coded in this scenario because it has not been confirmed that an HIV infection is present.

2) Selection and sequencing of HIV codes

(a) Patient admitted for HIV-related condition

If a patient is admitted for an HIV-related condition, the principal diagnosis should be B20, Human immunodeficiency virus [HIV] disease followed by additional diagnosis codes for all reported HIV-related conditions.

An exception to this guideline is if the reason for admission is hemolytic-uremic syndrome associated with HIV disease. Assign code D59.31, Infection-associated hemolytic-uremic syndrome, followed by code B20, Human immunodeficiency virus [HIV] disease.

HIV with PCP

B20 Human immunodeficiency virus [HIV] disease

B59 Pneumocystosis

Explanation: Pneumonia due to *Pneumocystis carinii* is an HIV-related condition, so the HIV diagnosis code is reported first, followed by the code for the pneumonia.

(b) Patient with HIV disease admitted for unrelated condition

If a patient with HIV disease is admitted for an unrelated condition (such as a traumatic injury), the code for the unrelated condition (e.g., the nature of injury code) should be the principal diagnosis. Other diagnoses would be B20 followed by additional diagnosis codes for all reported HIV-related conditions.

Unstable angina, native coronary artery atherosclerosis, HIV

I25.110 Atherosclerotic heart disease of native coronary artery with unstable angina pectoris

B20 Human immunodeficiency virus [HIV] disease

Explanation: The arteriosclerotic coronary artery disease and the unstable angina are not related to HIV, so those conditions are reported first using a combination code, and HIV is reported secondarily.

(c) Whether the patient is newly diagnosed

Whether the patient is newly diagnosed or has had previous admissions/encounters for HIV conditions is irrelevant to the sequencing decision.

Newly diagnosed multiple cutaneous Kaposi's sarcoma lesions in previously diagnosed HIV disease

B20 Human immunodeficiency virus [HIV] disease

C46.0 Kaposi's sarcoma of skin

Explanation: Even though the HIV was diagnosed on a previous encounter, it is still sequenced first when coded with an HIV- related condition. Kaposi's sarcoma is an HIV-related condition.

(d) Asymptomatic human immunodeficiency virus

Z21, Asymptomatic human immunodeficiency virus [HIV] infection status, is to be applied when the patient without any documentation of symptoms is listed as being "HIV positive," "known HIV," "HIV test positive," or similar terminology. Do not use this code if the term "AIDS" or "HIV disease" is used or if the patient is treated for any HIV-related illness or is described as having any condition(s) resulting from his/her HIV positive status; use B20 in these cases.

(e) Patients with inconclusive HIV serology

Patients with inconclusive HIV serology, but no definitive diagnosis or manifestations of the illness, may be assigned code R75, Inconclusive laboratory evidence of human immunodeficiency virus [HIV].

(f) Previously diagnosed HIV-related illness

Patients with any known prior diagnosis of an HIV-related illness should be coded to B20. Once a patient has developed an HIV-related illness, the patient should always be assigned code B20 on every subsequent admission/encounter. Patients previously diagnosed with any HIV illness (B20) should never be assigned to R75 or Z21, Asymptomatic human immunodeficiency virus [HIV] infection status.

(g) HIV infection in pregnancy, childbirth and the puerperium

During pregnancy, childbirth or the puerperium, a patient admitted (or presenting for a health care encounter) because of an HIV-related illness should receive a principal diagnosis code of O98.7-, Human immunodeficiency [HIV] disease complicating pregnancy, childbirth and the puerperium, followed by B20 and the code(s) for the HIV-related illness(es). Codes from Chapter 15 always take sequencing priority.

Patients with asymptomatic HIV infection status admitted (or presenting for a health care encounter) during pregnancy, childbirth, or the puerperium should receive codes of O98.7- and Z21.

(h) Encounters for testing for HIV

If a patient is being seen to determine his/her HIV status, use code Z11.4, Encounter for screening for human immunodeficiency virus [HIV]. Use additional codes for any associated high-risk behavior, if applicable.

If a patient with signs or symptoms is being seen for HIV testing, code the signs and symptoms. An additional counseling code Z71.7, Human immunodeficiency virus [HIV] counseling, may be used if counseling is provided during the encounter for the test.

When a patient returns to be informed of his/her HIV test results and the test result is negative, use code Z71.7, Human immunodeficiency virus [HIV] counseling.

If the results are positive, see previous guidelines and assign codes as appropriate.

(i) HIV managed by antiretroviral medication

If a patient with documented HIV disease, HIV-related illness or AIDS is currently managed on antiretroviral medications, assign code B20, Human immunodeficiency virus [HIV] disease. Code Z79.899, Other long term (current) drug therapy, may be assigned as an additional code to identify the long-term (current) use of antiretroviral medications.

(j) Encounter for HIV Prophylaxis Measure

When a patient is seen for administration of pre-exposure prophylaxis medication for HIV, assign code Z29.81, Encounter for HIV pre-exposure prophylaxis. Pre-exposure prophylaxis (PrEP) is intended to prevent infection in people who are at risk for getting HIV through sex or injection drug use. Any risk factors for HIV should also be coded.

b. Infectious agents as the cause of diseases classified to other chapters

Certain infections are classified in chapters other than Chapter 1 and no organism is identified as part of the infection code. In these instances, it is necessary to use an additional code from Chapter 1 to identify the organism. A code from category B95, Streptococcus, Staphylococcus, and Enterococcus as the cause of diseases classified to other chapters, B96, Other bacterial agents as the cause of diseases classified to other chapters, or B97, Viral agents as the cause of diseases classified to other chapters, is to be used as an additional code to identify the organism. An instructional note will be found at the infection code advising that an additional organism code is required.

D89.8 Other specified disorders involving the immune mechanism, not elsewhere classified

D89.81 Graft-versus-host disease

Code first underlying cause, such as:
complications of blood transfusion (T80.89)
complications of transplanted organs and tissue (T86.-)
Use additional code to identify associated manifestations, such as:
desquamative dermatitis (L30.8)
diarrhea (R19.7)
elevated bilirubin (R17)
hair loss (L65.9)

D89.810 Acute graft-versus-host disease RP NA

D89.811 Chronic graft-versus-host disease RP NA

D89.812 Acute on chronic graft-versus-host disease RP NA

D89.813 Graft-versus-host disease, unspecified RP NA

D89.82 Autoimmune lymphoproliferative syndrome [ALPS] NA

DEF: Rare genetic alteration of the Fas protein that impairs normal cellular apoptosis (normal cell death), causing abnormal accumulation of lymphocytes in the lymph glands, liver, and spleen. Symptoms include neutropenia, anemia, and thrombocytopenia.

D89.83 Cytokine release syndrome

Code first underlying cause, such as:
complications following infusion, transfusion and therapeutic injection (T80.89-)
complications of transplanted organs and tissue (T86.-)
Use additional code to identify associated manifestations

AHA: 2020,4Q,12-15

DEF: Form of systemic inflammatory response syndrome (SIRS) in which immune substances (cytokines) are released rapidly and in large amounts from the affected immune cells into the blood. The severity of associated symptoms or manifestations varies based on the underlying cause. This syndrome occurs as a complication of a disease, infection, or drug (often an adverse effect of immunotherapy in the form of treatment receiving monoclonal antibodies or Chimeric Antigen Receptor T [CAR-T] cells).

D89.831 Cytokine release syndrome, grade 1 RP

D89.832 Cytokine release syndrome, grade 2 RP

D89.833 Cytokine release syndrome, grade 3 RP

D89.834 Cytokine release syndrome, grade 4 RP

D89.835 Cytokine release syndrome, grade 5 RP

D89.839 Cytokine release syndrome, grade unspecified RP

● **D89.84 IgG4-related disease**

Immunoglobulin G4-related disease

D89.89 Other specified disorders involving the immune mechanism, not elsewhere classified NA

EXCLUDES1 *human immunodeficiency virus disease (B20)*

AHA: 2017,4Q,109

D89.9 Disorder involving the immune mechanism, unspecified NA

Immune disease NOS

AHA: 2015,3Q,22

Chapter 5. Mental, Behavioral and Neurodevelopmental Disorders (F01-F99)

INCLUDES disorders of psychological development

EXCLUDES 2 *symptoms, signs and abnormal clinical laboratory findings, not elsewhere classified (RØØ-R99)*

This chapter contains the following blocks:

F01-F09 Mental disorders due to known physiological conditions
F10-F19 Mental and behavioral disorders due to psychoactive substance use
F20-F29 Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders
F30-F39 Mood [affective] disorders
F40-F48 Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders
F50-F59 Behavioral syndromes associated with physiological disturbances and physical factors
F60-F69 Disorders of adult personality and behavior
F70-F79 Intellectual disabilities
F80-F89 Pervasive and specific developmental disorders
F90-F98 Behavioral and emotional disorders with onset usually occurring in childhood and adolescence
F99 Unspecified mental disorder

Mental disorders due to known physiological conditions (F01-F09)

NOTE This block comprises a range of mental disorders grouped together on the basis of their having in common a demonstrable etiology in cerebral disease, brain injury, or other insult leading to cerebral dysfunction. The dysfunction may be primary, as in diseases, injuries, and insults that affect the brain directly and selectively; or secondary, as in systemic diseases and disorders that attack the brain only as one of the multiple organs or systems of the body that are involved.

F01 Vascular dementia

Vascular dementia as a result of infarction of the brain due to vascular disease, including hypertensive cerebrovascular disease.

INCLUDES arteriosclerotic dementia
major neurocognitive disorder due to vascular disease
multi-infarct dementia

Code first the underlying physiological condition or sequelae of cerebrovascular disease.

AHA: 2022,4Q,14-15

F01.5 Vascular dementia, unspecified severity

F01.50 Vascular dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety RP A
Major neurocognitive disorder due to vascular disease NOS
Vascular dementia NOS

AHA: 2021,2Q,4

F01.51 Vascular dementia, unspecified severity, with behavioral disturbance

F01.511 Vascular dementia, unspecified severity, with agitation RP A
Major neurocognitive disorder due to vascular disease, unspecified severity, with aberrant motor behavior such as restlessness, rocking, pacing, or exit-seeking
Major neurocognitive disorder due to vascular disease, unspecified severity, with verbal or physical behaviors such as profanity, shouting, threatening, anger, aggression, combativeness, or violence
Vascular dementia, unspecified severity, with aberrant motor behavior such as restlessness, rocking, pacing, or exit-seeking
Vascular dementia, unspecified severity, with verbal or physical behaviors such as profanity, shouting, threatening, anger, aggression, combativeness, or violence

F01.518 Vascular dementia, unspecified severity, with other behavioral disturbance RP A
Major neurocognitive disorder due to vascular disease, unspecified severity, with behavioral disturbances such as sleep disturbance, social disinhibition, or sexual disinhibition
Vascular dementia, unspecified severity, with behavioral disturbances such as sleep disturbance, social disinhibition, or sexual disinhibition
Use additional code, if applicable, to identify wandering in vascular dementia (Z91.83)

F01.52 Vascular dementia, unspecified severity, with psychotic disturbance RP A
Major neurocognitive disorder due to vascular disease, unspecified severity, with psychotic disturbance such as hallucinations, paranoia, suspiciousness, or delusional state
Vascular dementia, unspecified severity, with psychotic disturbance such as hallucinations, paranoia, suspiciousness, or delusional state

F01.53 Vascular dementia, unspecified severity, with mood disturbance RP A
Major neurocognitive disorder due to vascular disease, unspecified severity, with mood disturbance such as depression, apathy, or anhedonia
Vascular dementia, unspecified severity, with mood disturbance such as depression, apathy, or anhedonia

F01.54 Vascular dementia, unspecified severity, with anxiety RP A
Major neurocognitive disorder due to vascular disease, unspecified severity, with anxiety

F01.A Vascular dementia, mild

EXCLUDES 1 *mild neurocognitive disorder due to known physiological condition with or without behavioral disturbance (F06.7-)*

F01.A0 Vascular dementia, mild, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety RP A
Major neurocognitive disorder due to vascular disease, mild, NOS
Vascular dementia, mild, NOS

F01.A1 Vascular dementia, mild, with behavioral disturbance

F01.A11 Vascular dementia, mild, with agitation RP A
Major neurocognitive disorder due to vascular disease, mild, with aberrant motor behavior such as restlessness, rocking, pacing, or exit-seeking
Major neurocognitive disorder due to vascular disease, mild, with verbal or physical behaviors such as profanity, shouting, threatening, anger, aggression, combativeness, or violence
Vascular dementia, mild, with aberrant motor behavior such as restlessness, rocking, pacing, or exit-seeking
Vascular dementia, mild, with verbal or physical behaviors such as profanity, shouting, threatening, anger, aggression, combativeness, or violence

G56.1 Other lesions of median nerve
- **G56.10** Other lesions of median nerve, unspecified upper limb RP
- **G56.11** Other lesions of median nerve, right upper limb
- **G56.12** Other lesions of median nerve, left upper limb
- **G56.13** Other lesions of median nerve, bilateral upper limbs

G56.2 Lesion of ulnar nerve

Tardy ulnar nerve palsy
- **G56.20** Lesion of ulnar nerve, unspecified upper limb RP
- **G56.21** Lesion of ulnar nerve, right upper limb
- **G56.22** Lesion of ulnar nerve, left upper limb
- **G56.23** Lesion of ulnar nerve, bilateral upper limbs

G56.3 Lesion of radial nerve
- **G56.30** Lesion of radial nerve, unspecified upper limb RP
- **G56.31** Lesion of radial nerve, right upper limb
- **G56.32** Lesion of radial nerve, left upper limb
- **G56.33** Lesion of radial nerve, bilateral upper limbs

G56.4 Causalgia of upper limb

Complex regional pain syndrome II of upper limb

EXCLUDES 1 *complex regional pain syndrome I of lower limb (G90.52-)*
complex regional pain syndrome I of upper limb (G90.51-)
complex regional pain syndrome II of lower limb (G57.7-)
reflex sympathetic dystrophy of lower limb (G90.52-)
reflex sympathetic dystrophy of upper limb (G90.51-)
- **G56.40** Causalgia of unspecified upper limb RP
- **G56.41** Causalgia of right upper limb
- **G56.42** Causalgia of left upper limb
- **G56.43** Causalgia of bilateral upper limbs

G56.8 Other specified mononeuropathies of upper limb

Interdigital neuroma of upper limb
- **G56.80** Other specified mononeuropathies of unspecified upper limb RP
- **G56.81** Other specified mononeuropathies of right upper limb
- **G56.82** Other specified mononeuropathies of left upper limb
- **G56.83** Other specified mononeuropathies of bilateral upper limbs

G56.9 Unspecified mononeuropathy of upper limb
- **G56.90** Unspecified mononeuropathy of unspecified upper limb RP
- **G56.91** Unspecified mononeuropathy of right upper limb RP
- **G56.92** Unspecified mononeuropathy of left upper limb RP
- **G56.93** Unspecified mononeuropathy of bilateral upper limbs

G57 Mononeuropathies of lower limb

EXCLUDES 1 *current traumatic nerve disorder - see nerve injury by body region*

AHA: 2016,4Q,17-18

G57.0 Lesion of sciatic nerve

EXCLUDES 1 *sciatica NOS (M54.3-)*
EXCLUDES 2 *sciatica attributed to intervertebral disc disorder (M51.1.-)*
- **G57.00** Lesion of sciatic nerve, unspecified lower limb RP
- **G57.01** Lesion of sciatic nerve, right lower limb
- **G57.02** Lesion of sciatic nerve, left lower limb
- **G57.03** Lesion of sciatic nerve, bilateral lower limbs

G57.1 Meralgia paresthetica

Lateral cutaneous nerve of thigh syndrome
- **G57.10** Meralgia paresthetica, unspecified lower limb RP
- **G57.11** Meralgia paresthetica, right lower limb RP
- **G57.12** Meralgia paresthetica, left lower limb RP
- **G57.13** Meralgia paresthetica, bilateral lower limbs RP

G57.2 Lesion of femoral nerve
- **G57.20** Lesion of femoral nerve, unspecified lower limb RP
- **G57.21** Lesion of femoral nerve, right lower limb
- **G57.22** Lesion of femoral nerve, left lower limb
- **G57.23** Lesion of femoral nerve, bilateral lower limbs

G57.3 Lesion of lateral popliteal nerve

Peroneal nerve palsy

AHA: 2020,3Q,12
- **G57.30** Lesion of lateral popliteal nerve, unspecified lower limb RP
- **G57.31** Lesion of lateral popliteal nerve, right lower limb
- **G57.32** Lesion of lateral popliteal nerve, left lower limb
- **G57.33** Lesion of lateral popliteal nerve, bilateral lower limbs

G57.4 Lesion of medial popliteal nerve
- **G57.40** Lesion of medial popliteal nerve, unspecified lower limb RP
- **G57.41** Lesion of medial popliteal nerve, right lower limb
- **G57.42** Lesion of medial popliteal nerve, left lower limb
- **G57.43** Lesion of medial popliteal nerve, bilateral lower limbs

G57.5 Tarsal tunnel syndrome
- **G57.50** Tarsal tunnel syndrome, unspecified lower limb RP
- **G57.51** Tarsal tunnel syndrome, right lower limb
- **G57.52** Tarsal tunnel syndrome, left lower limb
- **G57.53** Tarsal tunnel syndrome, bilateral lower limbs

G57.6 Lesion of plantar nerve

Morton's metatarsalgia
- **G57.60** Lesion of plantar nerve, unspecified lower limb RP
- **G57.61** Lesion of plantar nerve, right lower limb
- **G57.62** Lesion of plantar nerve, left lower limb
- **G57.63** Lesion of plantar nerve, bilateral lower limbs

G57.7 Causalgia of lower limb

Complex regional pain syndrome II of lower limb

EXCLUDES 1 *complex regional pain syndrome I of lower limb (G90.52-)*
complex regional pain syndrome I of upper limb (G90.51-)
complex regional pain syndrome II of upper limb (G56.4-)
reflex sympathetic dystrophy of lower limb (G90.52-)
reflex sympathetic dystrophy of upper limb (G90.51-)
- **G57.70** Causalgia of unspecified lower limb RP
- **G57.71** Causalgia of right lower limb
- **G57.72** Causalgia of left lower limb
- **G57.73** Causalgia of bilateral lower limbs

G57.8 Other specified mononeuropathies of lower limb

Interdigital neuroma of lower limb
- **G57.80** Other specified mononeuropathies of unspecified lower limb RP
- **G57.81** Other specified mononeuropathies of right lower limb
- **G57.82** Other specified mononeuropathies of left lower limb
- **G57.83** Other specified mononeuropathies of bilateral lower limbs

G57.9 Unspecified mononeuropathy of lower limb
- **G57.90** Unspecified mononeuropathy of unspecified lower limb RP
- **G57.91** Unspecified mononeuropathy of right lower limb
- **G57.92** Unspecified mononeuropathy of left lower limb
- **G57.93** Unspecified mononeuropathy of bilateral lower limbs

G58 Other mononeuropathies
- **G58.0** Intercostal neuropathy
- **G58.7** Mononeuritis multiplex
- **G58.8** Other specified mononeuropathies
- **G58.9** Mononeuropathy, unspecified

G59 Mononeuropathy in diseases classified elsewhere RP

Code first underlying disease

EXCLUDES 1 *diabetic mononeuropathy (E08-E13 with .41)*
syphilitic nerve paralysis (A52.19)
syphilitic neuritis (A52.15)
tuberculous mononeuropathy (A17.83)

L97.512 Non-pressure chronic ulcer of other part of right foot with fat layer exposed ED
AHA: 2020,2Q,19
L97.513 Non-pressure chronic ulcer of other part of right foot with necrosis of muscle ED
L97.514 Non-pressure chronic ulcer of other part of right foot with necrosis of bone ED
L97.515 Non-pressure chronic ulcer of other part of right foot with muscle involvement without evidence of necrosis ED
L97.516 Non-pressure chronic ulcer of other part of right foot with bone involvement without evidence of necrosis ED
L97.518 Non-pressure chronic ulcer of other part of right foot with other specified severity ED
L97.519 Non-pressure chronic ulcer of other part of right foot with unspecified severity ED

√6th L97.52 Non-pressure chronic ulcer of other part of left foot
AHA: 2020,1Q,12
L97.521 Non-pressure chronic ulcer of other part of left foot limited to breakdown of skin ED
L97.522 Non-pressure chronic ulcer of other part of left foot with fat layer exposed ED
AHA: 2020,2Q,19
L97.523 Non-pressure chronic ulcer of other part of left foot with necrosis of muscle ED
L97.524 Non-pressure chronic ulcer of other part of left foot with necrosis of bone ED
L97.525 Non-pressure chronic ulcer of other part of left foot with muscle involvement without evidence of necrosis ED
L97.526 Non-pressure chronic ulcer of other part of left foot with bone involvement without evidence of necrosis ED
L97.528 Non-pressure chronic ulcer of other part of left foot with other specified severity ED
L97.529 Non-pressure chronic ulcer of other part of left foot with unspecified severity ED

√5th L97.8 Non-pressure chronic ulcer of other part of lower leg

√6th L97.80 Non-pressure chronic ulcer of other part of unspecified lower leg
L97.801 Non-pressure chronic ulcer of other part of unspecified lower leg limited to breakdown of skin RP ED
L97.802 Non-pressure chronic ulcer of other part of unspecified lower leg with fat layer exposed RP ED
L97.803 Non-pressure chronic ulcer of other part of unspecified lower leg with necrosis of muscle RP ED
L97.804 Non-pressure chronic ulcer of other part of unspecified lower leg with necrosis of bone RP ED
L97.805 Non-pressure chronic ulcer of other part of unspecified lower leg with muscle involvement without evidence of necrosis RP ED
L97.806 Non-pressure chronic ulcer of other part of unspecified lower leg with bone involvement without evidence of necrosis RP ED
L97.808 Non-pressure chronic ulcer of other part of unspecified lower leg with other specified severity RP ED
L97.809 Non-pressure chronic ulcer of other part of unspecified lower leg with unspecified severity RP ED

√6th L97.81 Non-pressure chronic ulcer of other part of right lower leg
L97.811 Non-pressure chronic ulcer of other part of right lower leg limited to breakdown of skin ED
L97.812 Non-pressure chronic ulcer of other part of right lower leg with fat layer exposed ED
L97.813 Non-pressure chronic ulcer of other part of right lower leg with necrosis of muscle ED
L97.814 Non-pressure chronic ulcer of other part of right lower leg with necrosis of bone ED
L97.815 Non-pressure chronic ulcer of other part of right lower leg with muscle involvement without evidence of necrosis ED
L97.816 Non-pressure chronic ulcer of other part of right lower leg with bone involvement without evidence of necrosis ED
L97.818 Non-pressure chronic ulcer of other part of right lower leg with other specified severity ED
L97.819 Non-pressure chronic ulcer of other part of right lower leg with unspecified severity ED

√6th L97.82 Non-pressure chronic ulcer of other part of left lower leg
L97.821 Non-pressure chronic ulcer of other part of left lower leg limited to breakdown of skin ED
L97.822 Non-pressure chronic ulcer of other part of left lower leg with fat layer exposed ED
L97.823 Non-pressure chronic ulcer of other part of left lower leg with necrosis of muscle ED
L97.824 Non-pressure chronic ulcer of other part of left lower leg with necrosis of bone ED
L97.825 Non-pressure chronic ulcer of other part of left lower leg with muscle involvement without evidence of necrosis ED
L97.826 Non-pressure chronic ulcer of other part of left lower leg with bone involvement without evidence of necrosis ED
L97.828 Non-pressure chronic ulcer of other part of left lower leg with other specified severity ED
L97.829 Non-pressure chronic ulcer of other part of left lower leg with unspecified severity ED

√5th L97.9 Non-pressure chronic ulcer of unspecified part of lower leg

√6th L97.90 Non-pressure chronic ulcer of unspecified part of unspecified lower leg
L97.901 Non-pressure chronic ulcer of unspecified part of unspecified lower leg limited to breakdown of skin RP ED
L97.902 Non-pressure chronic ulcer of unspecified part of unspecified lower leg with fat layer exposed RP ED
L97.903 Non-pressure chronic ulcer of unspecified part of unspecified lower leg with necrosis of muscle RP ED
L97.904 Non-pressure chronic ulcer of unspecified part of unspecified lower leg with necrosis of bone RP ED
L97.905 Non-pressure chronic ulcer of unspecified part of unspecified lower leg with muscle involvement without evidence of necrosis RP ED
L97.906 Non-pressure chronic ulcer of unspecified part of unspecified lower leg with bone involvement without evidence of necrosis RP ED
L97.908 Non-pressure chronic ulcer of unspecified part of unspecified lower leg with other specified severity RP ED
L97.909 Non-pressure chronic ulcer of unspecified part of unspecified lower leg with unspecified severity RP ED

√6th L97.91 Non-pressure chronic ulcer of unspecified part of right lower leg
L97.911 Non-pressure chronic ulcer of unspecified part of right lower leg limited to breakdown of skin ED
L97.912 Non-pressure chronic ulcer of unspecified part of right lower leg with fat layer exposed ED

S06 Intracranial injury

NOTE 7th characters D and S do not apply to codes in category S06 with 6th character 7 – death due to brain injury prior to regaining consciousness, or 8 – death due to other cause prior to regaining consciousness.

INCLUDES traumatic brain injury

Code also any associated:
open wound of head (S01.-)
skull fracture (S02.-)

Use additional code, if applicable, to identify mild neurocognitive disorders due to known physiological condition (F06.7-)

EXCLUDES 1 *head injury NOS (S09.9Ø)*

AHA: 2022,4Q,42-45; 2017,4Q,25; 2017,1Q,42; 2015,3Q,37

TIP: Do not assign Z87.820 Personal history of traumatic brain injury, when residual conditions persist after an intracranial injury. The codes for the residual conditions should be first listed, followed by a code from category S06 using seventh character S to identify sequelae.

The appropriate 7th character is to be added to each code from category S06.
A initial encounter
D subsequent encounter
S sequela

S06.Ø Concussion

Commotio cerebri

EXCLUDES 1 *concussion with other intracranial injuries classified in subcategories S06.1- to S06.6-, and S06.81- to S06.89-, code to specified intracranial injury*

AHA: 2016,4Q,67-68

S06.ØX Concussion

- **S06.ØX0 Concussion without loss of consciousness** RP ED
- **S06.ØX1 Concussion with loss of consciousness of 3Ø minutes or less** ED
  Concussion with brief loss of consciousness
- **S06.ØXA Concussion with loss of consciousness status unknown**
  Concussion NOS
- **S06.ØX9 Concussion with loss of consciousness of unspecified duration** ED

S06.1 Traumatic cerebral edema

Diffuse traumatic cerebral edema
Focal traumatic cerebral edema

AHA: 2019,3Q,35; 2015,1Q,12-13

S06.1X Traumatic cerebral edema

- **S06.1X0 Traumatic cerebral edema without loss of consciousness** ED
- **S06.1X1 Traumatic cerebral edema with loss of consciousness of 3Ø minutes or less** ED
  Traumatic cerebral edema with brief loss of consciousness
- **S06.1X2 Traumatic cerebral edema with loss of consciousness of 31 minutes to 59 minutes** ED
- **S06.1X3 Traumatic cerebral edema with loss of consciousness of 1 hour to 5 hours 59 minutes** ED
- **S06.1X4 Traumatic cerebral edema with loss of consciousness of 6 hours to 24 hours** ED
- **S06.1X5 Traumatic cerebral edema with loss of consciousness greater than 24 hours with return to pre-existing conscious level** ED
- **S06.1X6 Traumatic cerebral edema with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving** ED
- **S06.1X7 Traumatic cerebral edema with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness** ED
- **S06.1X8 Traumatic cerebral edema with loss of consciousness of any duration with death due to other cause prior to regaining consciousness** ED
- **S06.1XA Traumatic cerebral edema with loss of consciousness status unknown**
  Traumatic cerebral edema NOS
- **S06.1X9 Traumatic cerebral edema with loss of consciousness of unspecified duration** ED

S06.2 Diffuse traumatic brain injury

Diffuse axonal brain injury

Use additional code, if applicable, for traumatic brain compression or herniation (S06.A-)

EXCLUDES 1 *traumatic diffuse cerebral edema (S06.1X-)*

AHA: 2020,3Q,46

S06.2X Diffuse traumatic brain injury

- **S06.2XØ Diffuse traumatic brain injury without loss of consciousness** ED
- **S06.2X1 Diffuse traumatic brain injury with loss of consciousness of 3Ø minutes or less** ED
  Diffuse traumatic brain injury with brief loss of consciousness
- **S06.2X2 Diffuse traumatic brain injury with loss of consciousness of 31 minutes to 59 minutes** ED
- **S06.2X3 Diffuse traumatic brain injury with loss of consciousness of 1 hour to 5 hours 59 minutes** ED
- **S06.2X4 Diffuse traumatic brain injury with loss of consciousness of 6 hours to 24 hours** ED
- **S06.2X5 Diffuse traumatic brain injury with loss of consciousness greater than 24 hours with return to pre-existing conscious levels** ED
- **S06.2X6 Diffuse traumatic brain injury with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving** ED
- **S06.2X7 Diffuse traumatic brain injury with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness** ED
- **S06.2X8 Diffuse traumatic brain injury with loss of consciousness of any duration with death due to other cause prior to regaining consciousness** ED
- **S06.2XA Diffuse traumatic brain injury with loss of consciousness status unknown**
  Diffuse traumatic brain injury NOS
- **S06.2X9 Diffuse traumatic brain injury with loss of consciousness of unspecified duration** ED

S06.3 Focal traumatic brain injury

Use additional code, if applicable, for traumatic brain compression or herniation (S06.A-)

EXCLUDES 1 ~~*any condition classifiable to S06.4-S06.6*~~

EXCLUDES 2 ▶*any condition classifiable to S06.4-S06.6*◀
focal cerebral edema (S06.1)

AHA: 2020,3Q,46; 2019,3Q,35; 2015,1Q,12-13

S06.3Ø Unspecified focal traumatic brain injury

- **S06.3Ø0 Unspecified focal traumatic brain injury without loss of consciousness** ED
- **S06.3Ø1 Unspecified focal traumatic brain injury with loss of consciousness of 3Ø minutes or less** ED
  Unspecified focal traumatic brain injury with brief loss of consciousness
- **S06.3Ø2 Unspecified focal traumatic brain injury with loss of consciousness of 31 minutes to 59 minutes** ED
- **S06.3Ø3 Unspecified focal traumatic brain injury with loss of consciousness of 1 hour to 5 hours 59 minutes** ED
- **S06.3Ø4 Unspecified focal traumatic brain injury with loss of consciousness of 6 hours to 24 hours** ED
- **S06.3Ø5 Unspecified focal traumatic brain injury with loss of consciousness greater than 24 hours with return to pre-existing conscious level** ED
- **S06.3Ø6 Unspecified focal traumatic brain injury with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving** ED

Appendix D: Skilled Nursing Facility Patient-Driven Payment Mode

Skilled Nursing Facility Patient-Driven Payment Model

Payment Calculation Under PDPM

Payment under the Skilled Nursing Facility Patient-Driven Payment Model (PDPM) is based on the sum of six payment components. These include the following:

- Physical therapy
- Occupational therapy
- Speech-language pathology
- Nursing
- Nontherapy ancillary
- Noncase-mix

The first five components are case-mix adjusted to capture the varied needs and characteristics of a resident's care. The sixth component is a noncase-mix component that covers utilization of resources that do not fluctuate according to patient characteristics.

The payment for each component is calculated by multiplying the case-mix index (CMI) for the resident's group, first by the component federal base payment rate, then by the specific day in the variable per diem adjustment schedule, when applicable. Additionally, for residents with HIV/AIDS indicated on their claim, the nursing portion of payment is multiplied by 1.18. These payments are then added, along with the noncase-mix component payment rate, to create a resident's total SNF PPS per diem rate under the PDPM.

Functional and Cognitive Scoring Under PDPM

Functional status, the ability to conduct certain activities, and cognitive function, the presence or absence of any sort of impairment in cognition, are two important patient characteristics for assessing the care needs of a resident. In the PDPM, this information is calculated using data from section GG of the Minimum Data Set (MDS) 3.0 which offers standardized, comprehensive measures of functional status and therapy needs. Functional scores are calculated for the physical therapy, occupational therapy, and nursing components.

Cognitive scores are used in the calculation of the SLP component. The PDPM Cognitive Score is based on the Cognitive Function Scale (CFS), which combines scores from a Brief Interview for Mental Status (BIMS) score and Cognitive Performance Scale (CPS) score.

Physical Therapy and Occupational Therapy Components

Both the physical therapy (PT) and occupational therapy (OT) components use a resident's PDPM clinical category and the resident's functional status to assign a resident to a PT/OT case-mix group (CMG).

PDPM Clinical Categories

SNF residents are classified based on the primary diagnosis for the SNF stay, using item I0020 on the MDS 3.0. The clinical classification may then be adjusted when the resident received a surgical intervention during the preceding hospital stay associated with that diagnosis. The provider must indicate the type of surgical procedure performed by selecting, as necessary, a surgical procedure category within item J2100 on the MDS 3.0. If the resident did not receive a related surgical procedure during the prior hospital stay, the resident may be categorized into a nonsurgical clinical category. Based on the provisions outlined above, the resident is classified into one of the following 10 clinical categories:

Surgical category:

- Major Joint Replacement or Spinal Surgery
- Nonorthopaedic Surgery
- Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery)

Nonsurgical category:

- Acute Neurologic
- Nonsurgical Orthopedic/Musculoskeletal
- Medical Management
- Acute Infections
- Cancer
- Pulmonary
- Cardiovascular and Coagulations

Collapsed Clinical Categories for PT and OT

Once CMS identified the default clinical categories as those being generally predictive of resource utilization in a SNF, they then undertook the necessary work to identify those categories predictive of PT and OT costs specifically. CMS found that the 10 inpatient clinical categories could be collapsed into four clinical categories, which predict varying degrees of PT and OT costs (see table 1).

Table 1. Collapsed Clinical Categories for PT and OT Classification

PDPM Clinical Category	Collapsed PT and OT Clinical Category
Major Joint Replacement or Spinal Surgery	Major Joint Replacement or Spinal Surgery
Non-Orthopedic Surgery Acute Neurologic	Non-Orthopedic Surgery and Acute Neurologic
Non-Surgical Orthopedic/Musculoskeletal Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery)	Other Orthopedic
Medical Management Acute Infections Cancer Pulmonary Cardiovascular and Coagulations	Medical Management

Functional Score for PT and OT

Regression analyses demonstrated that the resident's functional status is also predictive of PT and OT costs in addition to the resident's initial clinical categorization. CMS constructed a new functional score for PT and OT payment based on the newer, IMPACT Act compliant items from section GG of the MDS 3.0 (see table 2).

Table 2. Section GG Items Included in PT and OT Functional Measure

Section GG Item Number	Section GG Item Description
GG0130A	Self-care: Eating
GG0130B	Self-care: Oral hygiene
GG0130C	Self-care: Toileting hygiene
GG0170B	Mobility: Sit to lying
GG0170C	Mobility: Lying to sitting on side of bed
GG0170D	Mobility: Sit to stand
GG0170E	Mobility: Chair/bed-to-chair transfer
GG1070F	Mobility: Toilet transfer
GG0170I	Mobility: Walk 10 feet
GG0170J	Mobility: Walk 50 feet with 2 turns
GG0170K	Mobility: Walk 150 feet

PT and OT Case-Mix Groups

Under the PDPM, all residents are classified into one and only one of the 16 PT and OT case-mix groups for each of the two components.

These groups classify residents based on the two resident characteristics shown to be most predictive of PT and OT utilization: Clinical category and function score. CMS believes that these PT and OT case-mix groups better reflect relative resource use of clinically relevant resident subpopulations and therefore provide for more appropriate payment under the SNF PPS.

PT and OT case-mix classification groups:

TA, TB, TC, TD, TE, TF, TG, TH, TI, TJ, TK, TL, TM, TN, TO, TP

Speech-Language Pathology Component

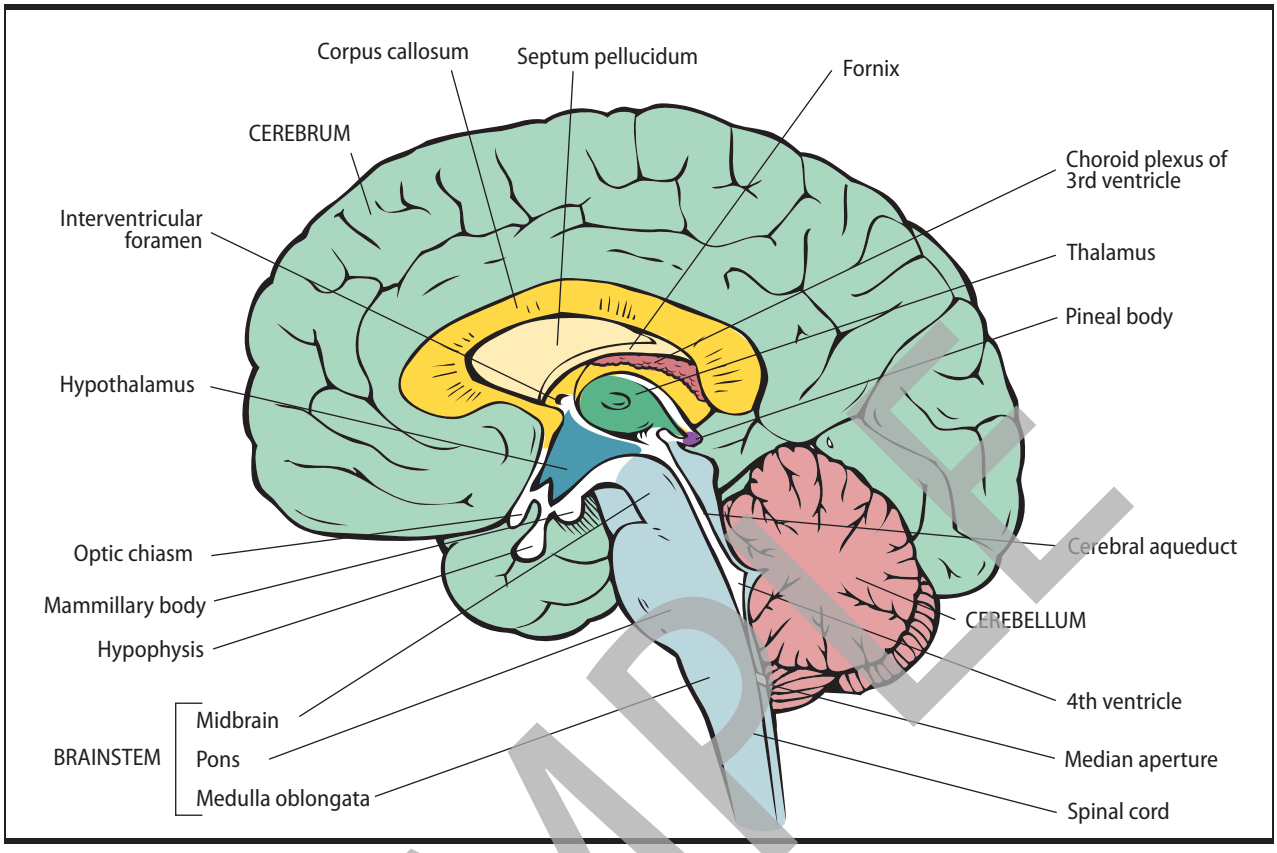
The speech-language pathology (SLP) component uses the resident's PDPM clinical category, cognitive function, the presence of an SLP-related comorbidity, and the presence of a swallowing disorder or mechanically altered diet to assign a resident to an SLP CMG.

PDPM Clinical Categories

CMS found only one clinical category predictive of increased SLP costs; the above criteria can be captured only if a resident is classified to the Acute Neurologic clinical category.

Chapter 6. Diseases of the Nervous System (GØØ–G99)

Brain



Cranial Nerves