The ABC's of ICD-10 for Physical Therapy

2016 Combined Sections Meeting

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Session Level: Intermediate

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ICD-10 Beyond the Basics: 7th Character, External Cause Codes, Activity Codes & Aftercare Codes

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Objectives

• Understand when an ICD-10 code requires a 7th character
• Define initial encounter, subsequent encounter and sequela
• Be able to append the appropriate 7th character to an ICD-10 code, when applicable
• Describe when an external cause code could be reported on the claim form
• Understand when to use place of occurrence, activity, and/or aftercare ICD-10 codes
Objectives

- Describe coding differences between a traumatic brain injury and non-traumatic CVA
- Understand the coding differences between traumatic and pathological fractures
- Recite what the default option is between an open vs closed and displaced vs non-displaced fracture
- Recite what the default option is when hemiparesis/hemiplegia is present in an extremity

ICD-10
Who Does It Apply To?

- ICD-10-CM and ICD-10-PCS was implemented by all entities covered under HIPAA for dates of service on or after October 1, 2015
- Some workers compensation and auto no-fault are not HIPAA covered entities
- Therefore, it’s possible you may use ICD-10 DX codes with majority of insurance carriers covered under HIPAA and ICD-9 DX codes with entities not covered under HIPAA that did not transition to ICD-10-CM on or after October 1, 2015
# ICD-10

## Benefits of Switching for Therapy?

- Allows for greater detail of:
  - Laterality (right or left)
  - Traumatic versus non-traumatic injury
  - Dominant side versus non-dominant side
  - Single condition or bilateral condition
  - Cause of traumatic injury, place of occurrence of injury and activity patient was performing when injury occurred
  - Initial encounter versus subsequent encounter versus sequela

<table>
<thead>
<tr>
<th></th>
<th>ICD-9</th>
<th>ICD-10</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3–5 Characters</strong></td>
<td>3–7 Characters</td>
<td></td>
</tr>
<tr>
<td><strong>1st Character</strong></td>
<td>1st Character is numeric or alpha</td>
<td>1st Character is always alpha</td>
</tr>
<tr>
<td><strong>2nd – 5th characters</strong></td>
<td>2nd character is always numeric</td>
<td>2nd – 5th characters are always numeric</td>
</tr>
<tr>
<td><strong>Decimal occurs</strong></td>
<td>3rd – 7th characters are alpha or numeric</td>
<td>Decimal occurs after 3rd character</td>
</tr>
<tr>
<td><strong>No laterality</strong></td>
<td>No laterality of side affected</td>
<td></td>
</tr>
<tr>
<td><strong>Just over 14,000 DX codes</strong></td>
<td>Has laterality of side affected</td>
<td></td>
</tr>
<tr>
<td><strong>No place holders</strong></td>
<td>No place holders used</td>
<td></td>
</tr>
<tr>
<td><strong>May use placeholder (i.e. X)</strong></td>
<td>Over 69,000 DX codes</td>
<td></td>
</tr>
</tbody>
</table>
ICD-10
Placeholder?

- ICD-10-CM uses a placeholder character, which is always the letter “X” and it has two uses:
  - Allows for future expansion of the code set
  - When a code has less than 6 characters and 7th character extension is required. The “X” is assigned for all characters less than six in order to meet the requirements of coding to the highest level of specificity.

ICD-10
7th Character?

- Outpatient therapists will primarily use 1 of 3 7th characters when providing an ICD-10-CM code(s)
  - “A” – Initial encounter
  - “D” – Subsequent encounter
  - “S” – Sequela

7th character primarily used for injuries and certain other consequences of external causes found in Chapter 19 – Injury, Poisoning and Certain Other Consequences of External Causes and Chapter 15 – Pregnancy, Childbirth and the Puerperium
ICD-10-CM
7th Character – “A”

• 7th character “A”, initial encounter is used while the patient is receiving active treatment for the condition. Examples of active treatment are: surgical treatment, emergency department encounter, and evaluation and treatment by a new physician
• Will be rare for therapists to use this 7th character. May see it used in a direct access state where the patient is evaluated by a therapist prior to any other medical profession and the therapist is providing the active treatment

ICD-10-CM
7th Character – “D”

• 7th character “D” subsequent encounter is used for encounters after the patient has received active treatment of the condition and is receiving routine care for the condition during the healing or recovery phase. Examples of subsequent care are: cast change or removal, removal of external or internal fixation device, medication adjustment, other aftercare and follow up visits following treatment of the injury or condition.
ICD-10-CM
7th Character – “S”

• 7th character “S”, sequela, is for use for complications or conditions that arise as a direct result of a condition, such as scar formation after a burn. The scars are sequelae of the burn. When using 7th character “S”, it is necessary to use both the injury code that precipitated the sequela and the code for the sequela itself. The “S” is added only to the injury code, not the sequela code. The 7th character “S” identifies the injury responsible for the sequela. The specific type of sequela (e.g. scar) is sequenced first, followed by the injury code.

Chapter 20: External Causes of Morbidity (V00-Y99)

• Intended to provide data for injury research and evaluation of injury prevention strategies
• These codes capture how the injury or health condition happened (cause), the intent (unintentional or accidental; or intentional, such as suicide or assault), the place where the event occurred the activity of the patient at the time of the event, and the person’s status (e.g., civilian, military).
Chapter 20: External Causes of Morbidity (V00-Y99)

• No national requirement for mandatory ICD-10-CM external cause code reporting
• May be required by some State-based external cause code reporting mandate or some private insurance carriers
• In the absence of a mandatory reporting requirement, you are encouraged to **voluntarily report** external cause codes, as they provide valuable data for injury research and evaluation of injury prevention strategies.

Chapter 20: External Causes of Morbidity (V00-Y99)

• An external cause code may be used with any code in the range of A00.0-T88.9, Z00-Z99, classification that is a health condition due to an external cause
• Most applicable to injuries found in Chapter 19
• May also be used with some ICD-10 codes found in Chapter 13 (Diseases of the Musculoskeletal System and Connective Tissue) and Chapter 15 (Pregnancy, Childbirth and the Puerperium) as well as infections or diseases due to an external source
**Chapter 20: External Causes of Morbidity (V00-Y99)**

- Chapter includes pedestrian accidents, transportation accidents (motorcycle, car, bus, truck, van, air, space, water, animal, etc.), slipping, tripping, stumbling, and falls, exposure to smoke fire and flames, contact with animals, and exposure to forces of nature
- Also includes assault, exposure to inanimate and animate mechanical forces, and complications of medical and surgical care

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**Place of Occurrence Codes**

- Category Y92
- Are secondary codes for use after other external cause codes to identify the location of the patient at the time of injury or other condition
- Generally, a place of occurrence code is assigned only once, at the initial encounter for treatment
- No 7th characters are used for category Y92
Activity Codes

- Category Y93
- Describes the activity of the patient at the time the injury or other health condition occurred
- An activity code is used only once, at the initial encounter for treatment
- No 7th characters are used for category Y93

Example – Knee Contusion

- Patient is a 16 year old high school junior who suffered a right knee injury last week during a high school soccer game when his knee contacted an opposing player’s leg. Patient presents with pain and edema in his right knee, is using crutches for ambulation and has pain with walking. Patient rates his right knee pain as 5/10. He presents with noticeable bruising around his right knee as well as right knee joint effusion upon objective examination. ROM and MMT testing of right knee reveals no deficits.
- He came straight to PT without seeing a physician or other medical professional first.
Example – Knee Contusion

• Would code reasons for therapy as:
  1. R26.2 for difficulty in walking
  2. M25.561 for right knee pain
  3. M25.461 for right knee effusion

• Would also code:
  1. S80.01XA – Contusion of right knee
  2. W51.XXXA for the external cause of accidental striking or bumped into by another person
  3. Y92.322 for place of occurrence – soccer field
  4. Y93.66 for the activity, soccer

Example – Knee Contusion

• Patient is a 16 year old high school junior who suffered a right knee injury last week during a high school soccer game when his knee contacted an opposing player’s leg. Patient saw his physician who referred him to PT due to a right knee contusion. Patient presents with pain and edema in his right knee, is using crutches for ambulation and has pain with walking. Patient rates his right knee pain as 5/10. He presents with noticeable bruising around his right knee as well as right knee joint effusion upon objective examination. ROM and MMT testing of right knee reveals no deficits.
Example – Knee Contusion

• Would code reasons for therapy as:
  1. R26.2 for difficulty in walking
  2. M25.561 for right knee pain
  3. M25.461 for right knee effusion

• Would also code:
  1. S80.01XD for the right knee contusion
  2. W51 XXXD for the external cause of accidental striking or bumped into by another person

Example – Knee Pain

• Patient is a 16 year old high school senior who is referred to PT with a DX of right knee pain. Patient sustained a right knee contusion 3 months ago when his knee struck an opposing player’s leg while playing soccer. Patient had 8 visits of PT after that injury. Today, patient subjectively rates his pain as 5/10 and presents with effusion in his right knee compared to his left knee. No deficits noted in right knee ROM and patient exhibits 5/5 strength of right hip and knee. Patient exhibits an antalgic gait pattern and decreased stance time on right L/E.
Example – Knee Contusion

• Would code reasons for therapy as:
  1. M25.561 for right knee pain
  2. M25.461 for right knee effusion
  3. R26.2 for difficulty in walking

• Would also code:
  1. S80.01xS for the right knee contusion
  2. W51.XXXS for the external cause of accidental striking or bumped into by another person

Example – RTC Strain

• Patient is a 45-year old female who stumbled while going down the stairs and grabbed the rail with her left hand to prevent her from falling and states she overstretched her left arm.
• Patient complains of left shoulder pain at the top and outside of her shoulder that she rates as 6/10. Patient states she can’t raise her arm up all the way above her head.
• Patient states she can’t sleep on her left side and is awakened by the pain 2-3 times per night.
• She came straight to PT without seeing a physician or other medical professional first
Example – RTC Strain

• Objective data is as follows:
  1. Shoulder AROM: flexion AROM: 143°, abduction: 97°, ER: 57°, IR: 64°


  3. Tenderness and increased pain with palpation and MMT at and near rotator cuff insertion

Example - RTC Strain

• Would code reasons for therapy as:
  1. M25.512 for left shoulder pain
  2. M25.612 for left shoulder stiffness
  3. M62.81 – Muscle weakness (generalized)

• Would also code:
  1. S46.012A for the strain of RTC of left shoulder
  2. W18.43XA for the external cause of slipping, tripping, and stumbling without falling due to stepping from one level to another
  3. Y92.018 other place in single-family (private) house as place of occurrence of the external cause
Example – RTC Strain

- Patient is a 45-year old female who stumbled while going down the stairs and grabbed the rail with her left hand to prevent her from falling and states she overstretched her arm.
- Patient complains of left shoulder pain at the top and outside of her shoulder that she rates as 6/10. Patient states she can’t raise her arm up all the way above her head.
- Patient states she can’t sleep on her left side and is awakened by the pain 2-3 times per night.
- Patient saw physician who diagnosed her with a RTC strain and referred her to physical therapy.

Example – RTC Strain

- Objective data is as follows:
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• Would also code:
  1. S46.012D for the strain of RTC of left shoulder
  2. W18.43XD for the external cause of slipping, tripping, and stumbling without falling due to stepping from one level to another

Shoulder Adhesive Capsulitis

• Patient is a 57 year-old female who is referred to physical therapy due to adhesive capsulitis of her right shoulder. Patient tore her right rotator cuff 7 months ago when she slipped on ice while going up her front porch steps and fell. Patient had surgery followed by therapy for 15 treatment sessions. Patient complains of shoulder pain and rates it as 4/10

• Objective exam reveals shoulder ROM as follows: flexion 112°, abduction 105°, internal rotation 47° and external rotation 52°. MMT of shoulder strength is F+. 
Shoulder Adhesive Capsulitis

- Codes for Therapy Would Be:
  1. M62.81 – Muscle weakness
  2. M25.611- Stiffness of right shoulder
  3. M25.511 – Pain in right shoulder

- Codes for Injury Would Be:
  1. M75.01 – Adhesive capsulitis of right shoulder
  2. S46.011S – Strain of muscle(s) and tendon(s) of right rotator cuff
  3. W00.1XXS – Fall from stairs and steps due to ice and snow

Example
Pathological Fracture

- Patient is an 82 year old female with a known history of osteoporosis who is referred to outpatient therapy for a pathological fracture of the shaft of her left humerus that occurred 1 month ago with subsequent surgery. She has pain in the left shoulder rated as 6/10, muscle weakness of left shoulder and upper arm and left shoulder joint stiffness. Shoulder AROM is as follows: flexion 97°, abduction 88°, ER 37° and IR 43°. MMT of left shoulder is grossly P+ and elbow flexion and extension is G-. The fracture is healing as expected during her recovery phase.
Example
Pathological Fracture

- Since patient has a known history of osteoporosis that caused the fracture and she is still in the routine healing phase, I would code the fracture as M80.022D
- Would code reasons for therapy as:
  1. M25.612 for left shoulder joint stiffness
  2. M25.512 for left shoulder joint pain
  3. M62.81 for left shoulder muscle weakness

Example
Pathological Fracture - Index
### Example

#### Pathological Fracture - Tabular

<table>
<thead>
<tr>
<th>Excludes:</th>
<th>personal history of (healed) osteoporosis fracture (Z87.310)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A</strong></td>
<td>initial encounter for fracture</td>
</tr>
<tr>
<td><strong>D</strong></td>
<td>subsequent encounter for fracture with routine healing</td>
</tr>
<tr>
<td><strong>G</strong></td>
<td>subsequent encounter for fracture with delayed healing</td>
</tr>
<tr>
<td><strong>K</strong></td>
<td>subsequent encounter for fracture with nonunion</td>
</tr>
<tr>
<td><strong>P</strong></td>
<td>subsequent encounter for fracture with malunion</td>
</tr>
<tr>
<td><strong>S</strong></td>
<td>sequelae</td>
</tr>
</tbody>
</table>

**M80.0** Age-related osteoporosis with current pathological fracture

- Involuntary osteoporosis with current pathological fracture
- Osteoporosis NOS with current pathological fracture
- Postmenopausal osteoporosis with current pathological fracture

**M80.00** Age-related osteoporosis with current pathological fracture, unspecified site

**M80.01** Age-related osteoporosis with current pathological fracture, shoulder

- **M80.011** Age-related osteoporosis with current pathological fracture, right shoulder
- **M80.012** Age-related osteoporosis with current pathological fracture, left shoulder
- **M80.019** Age-related osteoporosis with current pathological fracture, unspecified shoulder

**M80.02** Age-related osteoporosis with current pathological fracture, humerus

- **M80.021** Age-related osteoporosis with current pathological fracture, right humerus
- **M80.022** Age-related osteoporosis with current pathological fracture, left humerus

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### Example

#### Traumatic Humerus Fracture

- Patient is an 82 year old female who is referred to outpatient therapy for a greenstick fracture of the shaft of the **left humerus** due to a fall at home one month ago when **she tripped over her cat**. She has pain in the left shoulder rated as 6/10, muscle weakness of left shoulder and upper arm and left shoulder joint stiffness. Shoulder AROM is as follows: flexion 97°, abduction 88°, ER 37° and IR 43°. MMT of left shoulder is grossly P+ and elbow flexion and extension is G-. The fracture is healing as expected during her recovery phase post surgical repair.
Example
Traumatic Humerus Fracture

- Since the fracture is a result of a fall and not osteoporosis and the fracture is still healing (i.e. routine healing), I would code this as S42.312D

- Would code reasons for therapy as:
  1. M25.612 for left shoulder joint stiffness
  2. M25.512 for left shoulder joint pain
  3. M62.81 for left shoulder muscle weakness
  4. W01.0XXD for falling over animal

ICD-10 Index
Traumatic Humerus Fracture
ICD-10 Index
Traumatic Humerus Fracture

<table>
<thead>
<tr>
<th>Humerus S42.20:</th>
</tr>
</thead>
<tbody>
<tr>
<td>anatomical neck — see Fracture, humerus, upper end</td>
</tr>
<tr>
<td>articular process — see Fracture, humerus, lower end</td>
</tr>
<tr>
<td>capitulum — see Fracture, humerus, lower end, conoid, lateral</td>
</tr>
<tr>
<td>distal end — see Fracture, humerus, lower end</td>
</tr>
<tr>
<td>epiphysis</td>
</tr>
<tr>
<td>lower — see Fracture, humerus, lower end, physisal</td>
</tr>
<tr>
<td>upper — see Fracture, humerus, upper end, physisal</td>
</tr>
<tr>
<td>external conoid — see Fracture, humerus, lower end, conoid, lateral</td>
</tr>
<tr>
<td>following insertion of implant, prosthesis or plate M96.62-</td>
</tr>
<tr>
<td>great tuberosity — see Fracture, humerus, upper end, greater tuberosity</td>
</tr>
<tr>
<td>intercondylar — see Fracture, humerus, lower end</td>
</tr>
<tr>
<td>internal conoid — see Fracture, humerus, lower end, conoid, medial</td>
</tr>
<tr>
<td>lesser tuberosity — see Fracture, humerus, upper end, lesser tuberosity</td>
</tr>
<tr>
<td>lower end S42.40-</td>
</tr>
<tr>
<td>-condyle</td>
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<tr>
<td>lateral (displaced) S42.45-</td>
</tr>
<tr>
<td>nondisplaced S42.46-</td>
</tr>
<tr>
<td>medial (displaced) S42.46-</td>
</tr>
<tr>
<td>nondisplaced S42.46-</td>
</tr>
<tr>
<td>epicondyle</td>
</tr>
<tr>
<td>lateral (displaced) S42.43-</td>
</tr>
<tr>
<td>nondisplaced S42.43-</td>
</tr>
<tr>
<td>medial (displaced) S42.44-</td>
</tr>
<tr>
<td>nondisplaced S42.44-</td>
</tr>
<tr>
<td>physal S49.10-</td>
</tr>
<tr>
<td>- Colles fracture</td>
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Traumatic Humerus Fracture

<table>
<thead>
<tr>
<th>Humerus S42.30:</th>
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</thead>
<tbody>
<tr>
<td>comminuted (displaced) S42.35-</td>
</tr>
<tr>
<td>nondisplaced S42.35-</td>
</tr>
<tr>
<td>greenstick S42.31-</td>
</tr>
<tr>
<td>oblique (displaced) S42.33-</td>
</tr>
<tr>
<td>nondisplaced S42.33-</td>
</tr>
<tr>
<td>segmental (displaced) S42.36-</td>
</tr>
<tr>
<td>nondisplaced S42.36-</td>
</tr>
<tr>
<td>specified NEC S42.39-</td>
</tr>
<tr>
<td>- spiral (displaced) S42.34-</td>
</tr>
<tr>
<td>- transverse (displaced) S42.32-</td>
</tr>
<tr>
<td>nondisplaced S42.32-</td>
</tr>
<tr>
<td>suprascapular — see Fracture, humerus, lower end</td>
</tr>
<tr>
<td>- surgical neck — see Fracture, humerus, upper end, surgical neck</td>
</tr>
<tr>
<td>trochanter — see Fracture, humerus, lower end, conoid, medial</td>
</tr>
<tr>
<td>- tuberosity — see Fracture, humerus, upper end</td>
</tr>
<tr>
<td>- upper end S42.25-</td>
</tr>
<tr>
<td>- anatomical neck — see Fracture, humerus, upper end, specified NEC</td>
</tr>
<tr>
<td>- articular head — see Fracture, humerus, upper end, specified NEC</td>
</tr>
<tr>
<td>- epiphysis — see Fracture, humerus, upper end, physal</td>
</tr>
<tr>
<td>- physisal S49.10-</td>
</tr>
</tbody>
</table>

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ICD-10 Tabular
Traumatic Humerus Fracture

**W01** Fall on same level from slipping, tripping and stumbling

*Includes:* fall on moving sidewalk
*Excludes:* fall due to tumbling (striking) against object (W18.0-)
- fall in shower or bathtub (W18.2)
- fall on same level NOS (W18.30)
- fall on same level from slipping, tripping and stumbling due to ice or snow (W00.0)
- fall off or from toilet (W18.1)
- slipping, tripping and stumbling NOS (W18.40)
- slipping, tripping and stumbling without falling (W18.4)

The appropriate 7th character is to be added to each code from category W01
- A - initial encounter
- D - subsequent encounter
- S - sequel

**W01.0** Fall on same level from slipping, tripping and stumbling without subsequent striking against object
**W01.1** Fall on same level from slipping, tripping and stumbling with subsequent striking against object
**W01.10** Fall on same level from slipping, tripping and stumbling with subsequent striking against unspecified object

Traumatic Subdural Hematoma

- 57 year old female was **driving a car** and was involved in a **MVA** when she struck an **oncoming pick-up truck** and sustained a **subdural hematoma**. **Pt was unconscious for 45 minutes.** Patient presents with right spastic hemiplegia and an ataxic gait pattern.
Traumatic Subdural Hematoma

• ICD-10 codes would be:
  1. S06.5X2S for traumatic subdural hemorrhage with loss of consciousness of 31-59 minutes
  2. V43.53XS for the external cause of morbidity

• ICD-10 codes for therapy would be:
  1. R26.0 for ataxic gait
  2. G81.11 for spastic hemiplegia affecting right dominant side

Traumatic Subdural Hematoma

Index List

• Hematoma
### Traumatic Subdural Hematoma Index List

- **Injury**

  - uterus — see Injury, uterus
  - vas deferens — see Injury, pelvis, organ, specified site NEC
  - subarachnoid hemorrhage, traumatic — see Injury, intracranial, focal
  - cerebral edema, traumatic S06.1x

### Traumatic Subdural Hematoma Tabular List

#### S06. Intracranial injury

Includes: traumatic brain injury

**Code also:**
- any associated:
  - open wound of head (S01.1)
  - skull fracture (S02.1)

**Excludes:**
- head injury NOS (S09.90)

| S06.0 Concussion | Concussion of brain
|------------------|----------------------|
| **Excludes:** | concussion with other intracranial injuries classified in category S06- code to specified intracranial injury

**S06.0X Concussion**

- **S06.00X** Concussion without loss of consciousness
- **S06.01X** Concussion with loss of consciousness of 30 minutes or less
- **S06.02X** Concussion with loss of consciousness of 31 minutes to 59 minutes
- **S06.03X** Concussion with loss of consciousness of 1 hour to 5 hours 59 minutes
- **S06.04X** Concussion with loss of consciousness of 6 hours to 24 hours
- **S06.05X** Concussion with loss of consciousness greater than 24 hours with return to pre-existing conscious level

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Traumatic Subdural Hematoma
Tabular List

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>S06.5</td>
<td>Traumatic subdural hemorrhage</td>
</tr>
<tr>
<td>S06.5X</td>
<td>Traumatic subdural hemorrhage with loss of consciousness</td>
</tr>
<tr>
<td>S06.5X0</td>
<td>Traumatic subdural hemorrhage without loss of consciousness</td>
</tr>
<tr>
<td>S06.5X1</td>
<td>Traumatic subdural hemorrhage with loss of consciousness of 30 minutes or less</td>
</tr>
<tr>
<td>S06.5X2</td>
<td>Traumatic subdural hemorrhage with loss of consciousness of 31 minutes to 59 minutes</td>
</tr>
<tr>
<td>S06.5X3</td>
<td>Traumatic subdural hemorrhage with loss of consciousness of 1 hour to 5 hours 59 minutes</td>
</tr>
<tr>
<td>S06.5X4</td>
<td>Traumatic subdural hemorrhage with loss of consciousness of 6 hour to 24 hours</td>
</tr>
<tr>
<td>S06.5X5</td>
<td>Traumatic subdural hemorrhage with loss of consciousness greater than 24 hours with return to pre-existing conscious level</td>
</tr>
<tr>
<td>S06.5X6</td>
<td>Traumatic subdural hemorrhage with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving</td>
</tr>
<tr>
<td>S06.5X7</td>
<td>Traumatic subdural hemorrhage with loss of consciousness of any duration with death due to brain injury before regaining consciousness</td>
</tr>
<tr>
<td>S06.5X8</td>
<td>Traumatic subdural hemorrhage with loss of consciousness of any duration with death due to other cause before regaining consciousness</td>
</tr>
<tr>
<td>S06.5X9</td>
<td>Traumatic subdural hemorrhage with loss of consciousness of unspecified duration</td>
</tr>
</tbody>
</table>

Ataxic Gait - Index List

- Ataxia R26.0
- Ataxic R26.6
- Hysterical (ataxic) staggering F44.4
- Paralytic R26.1
- Spastic R26.1
- Specified type NEC R26.89
- Staggering R26.0
- Unsteadiness R26.81
- Walking difficulty NEC R26.2
- Galactosemia (breast) N54.89
- Puerperal, postpartum O92.79
- Galactokinase deficiency E74.29
- Galactosemia N51.6
- Gestational, puerperal, postpartum O91.2-
- Galactorrhea O92.6
- Not associated with childbirth N84.3
- Galactosaemia (classic) congenital E74.21
- Galactosuria E74.29
- Galacturia R12.0
- Schizismemia (bilharziasis) B65.0
- Gallezzi's fracture S02.37
### Ataxic Gait - Tabular List

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>R26</td>
<td>Abnormalities of gait and mobility</td>
</tr>
<tr>
<td></td>
<td>Excludes: ataxia NOS (R27.0)</td>
</tr>
</tbody>
</table>

#### R26.0 Ataxic gait
- Slurring gait
- R26.1 Paralytic gait
- Spastic gait
- R26.2 Difficulty in walking, not elsewhere classified
  - Excludes: falling (R26.6)
  - Unsteadiness on feet (R26.81)
- R26.8 Other abnormalities of gait and mobility
  - R26.81 Unsteadiness on feet
  - R26.89 Other abnormalities of gait and mobility
- R26.9 Unspecified abnormalities of gait and mobility

### Spastic Hemiplegia - Index List

- Hemiplegia G81.5
  - alternans facialis G83.89
  - ascending NEC G81.90
  - spastic G80.3
  - congenital (cerebral) G80.8
  - convulsion (current episode) E634
  - flaccid G81.6
  - following
    - cerebrovascular disease I69.959
    - cerebral infarction I69.93
    - intracerebral hemorrage I69.15
    - nontraumatic intracranial hemorrage NEC I69.25
    - specified disease NEC I69.95
    - stroke NEC I69.35
    - subarachnoid hemorrage I69.65

- Hysterical F44.4
- Newborn NEC P91.8
- Birth injury P11.9
- Spastic G81.1
- Congenital G80.2
### Spastic Hemiplegia - Tabular List

**G81 Hemiplegia and hemiparesis**

Note: This category is to be used only when hemiplegia (complete/incomplete) is reported without further specification, or is stated to be old or longstanding but of unspecified cause. The category is also for use in multiple coding to identify these types of hemiplegia resulting from any cause.

**Excludes:**
- Congenital cerebral palsy (G80.2)
- Hemiplegia and hemiparesis due to sequel of cerebrovascular disease (I69.05, I69.15, I69.25, I69.35, I69.85, I69.95)

#### G81.0 Flaccid hemiplegia
- G81.00 Flaccid hemiplegia affecting unspecified side
- G81.01 Flaccid hemiplegia affecting right dominant side
- G81.02 Flaccid hemiplegia affecting left dominant side
- G81.03 Flaccid hemiplegia affecting right nondominant side
- G81.04 Flaccid hemiplegia affecting left nondominant side

#### G81.1 Spastic hemiplegia
- G81.10 Spastic hemiplegia affecting unspecified side
- G81.11 Spastic hemiplegia affecting right dominant side
- G81.12 Spastic hemiplegia affecting left dominant side
- G81.13 Spastic hemiplegia affecting right nondominant side
- G81.14 Spastic hemiplegia affecting left nondominant side

#### G81.9 Hemiplegia, unspecified

### Traumatic Subdural Hematoma - Tabular List

#### V43 Car occupant injured in collision with car, pick-up truck or van

The appropriate 7th character is to be added to each code from category V43.

- A - initial encounter
- D - subsequent encounter
- S - sequela

#### V43.0 Car driver injured in collision with car, pick-up truck or van in nontraffic accident
- V43.01 Car driver injured in collision with sport utility vehicle in nontraffic accident
- V43.02 Car driver injured in collision with other type car in nontraffic accident
- V43.03 Car driver injured in collision with pick-up truck in nontraffic accident
- V43.04 Car driver injured in collision with van in nontraffic accident

#### V43.1 Car passenger injured in collision with car, pick-up truck or van in nontraffic accident
- V43.11 Car passenger injured in collision with sport utility vehicle in nontraffic accident
- V43.12 Car passenger injured in collision with other type car in nontraffic accident
- V43.13 Car passenger injured in collision with pick-up truck in nontraffic accident
- V43.14 Car passenger injured in collision with van in nontraffic accident

#### V43.2 Person on outside of car injured in collision with car, pick-up truck or van in nontraffic accident
- V43.21 Person on outside of car injured in collision with sport utility vehicle in nontraffic accident
- V43.22 Person on outside of car injured in collision with other type car in nontraffic accident
- V43.23 Person on outside of car injured in collision with pick-up truck in nontraffic accident

### (continues on next page)
Traumatic Subdural Hematoma
External Cause - Tabular List

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>V43.1</td>
<td>Car driver injured in collision with car, pick-up truck or van in traffic accident</td>
</tr>
<tr>
<td>V43.41</td>
<td>Person boarding or alighting a car injured in collision with car, pick-up truck or van</td>
</tr>
<tr>
<td>V43.1</td>
<td>Car driver injured in collision with sport utility vehicle in traffic accident</td>
</tr>
<tr>
<td>V43.42</td>
<td>Person boarding or alighting a car injured in collision with other type car</td>
</tr>
<tr>
<td>V43.43</td>
<td>Person boarding or alighting a car injured in collision with pick-up truck</td>
</tr>
<tr>
<td>V43.44</td>
<td>Person boarding or alighting a car injured in collision with van</td>
</tr>
</tbody>
</table>

Nontraumatic Subdural Hemorrhage

- 57 year old right hand dominant female suffered a **nontraumatic subdural hemorrhage 5 weeks ago**. Patient presents with right spastic hemiplegia and an ataxic gait pattern.
- ICD-10 codes for therapy would be:
  1. R26.0 for ataxic gait
  2. I69.251 for hemiplegia following other nontraumatic intracranial hemorrhage affecting right dominant side
Ataxic Gait - Index List

- Ataxic gait R26.0
  - Falling R29.6
  - Hysteric (ataxic) staggering R44.4
  - Paralytic R26.1
  - Spastic R20.1
  - Specified type NEC R26.89
  - Stepping R26.6
  - Unsteadiness R26.81
  - Walking difficulty NEC R26.2
Galactosemia (congenital) M94.89
Puerperal, postpartum O52.70
- Galactokinase deficiency E74.29
Galactophoria N61
- Gestational, puerperal, postpartum O51.2.
Galactorrhea O52.6
- Not associated with childbirth N64.3
Galactosemia (congenital) E74.21
Galactosuria E74.29
Galacturia R12.0
- Sclerocornea (bilateral) B65.0
Galassi's fracture S03.97.

Ataxic Gait - Tabular List

<table>
<thead>
<tr>
<th>R26 Abnormalities of gait and mobility</th>
<th>Excludes: ataxia NOS (R27.0)</th>
</tr>
</thead>
</table>

- Inherited ataxia (D11,2)
- Locomotor (syphilitic) ataxia (A52.11)
- Immobility syndrome (paraplegic) (M02.3)

R26.0 Ataxic gait
  - Stepping gait
R26.1 Paralytic gait
  - Spastic gait
R26.2 Difficulty in walking, not elsewhere classified
  - Excludes: falling (R26.6)
  - Unsteadiness on feet (R26.81)
R26.8 Other abnormalities of gait and mobility
  - Unsteadiness on feet
R26.89 Other abnormalities of gait and mobility
R26.99 Unclassified abnormalities of gait and mobility
Hemiplegia Non-Traumatic Intracranial Hemorrhage - Index List

Hemiplegia G81.5:
- ataxia facialis G80.89
- ascending NEC G81.90
- spinal G85.89
- congenital (cerebral) G80.8
- spastic G81.2
- embolic (current episode) I63.4
- flaccid G81.8
- following:
  - cerebrovascular disease I61.0-7
  - cerebral infarction I61.35
  - intracerebral hemorrhage I61.15
  - nontraumatic intracranial hemorrhage NEC I69.2-
  - unspecified disease NEC I69.85
  - stroke NOS I69.35
  - subarachnoid hemorrhage I69.05

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Hemiplegia Non-Traumatic Intracranial Hemorrhage - Tabular List

I69.25 Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>I69.251</td>
<td>Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right dominant side</td>
</tr>
<tr>
<td>I69.252</td>
<td>Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left dominant side</td>
</tr>
<tr>
<td>I69.253</td>
<td>Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right non-dominant side</td>
</tr>
<tr>
<td>I69.254</td>
<td>Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left non-dominant side</td>
</tr>
<tr>
<td>I69.259</td>
<td>Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting unspecified side</td>
</tr>
</tbody>
</table>

I69.26 Other paralytic syndrome following other nontraumatic intracranial hemorrhage

Use additional code to identify type of paralytic syndrome, such as:
- locked-in state (G83.5)
- quadriplegia (G82.5)

Excludes: 1. Hemiplegia/hemiparesis following other nontraumatic intracranial hemorrhage (I69.25-)
- monoplegia of lower limb following other nontraumatic intracranial hemorrhage (I69.24-)
- monoplegia of upper limb following other nontraumatic intracranial hemorrhage (I69.23-)
- I69.261 Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting right dominant side
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>I69.261</td>
<td>Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting right dominant side</td>
</tr>
</tbody>
</table>

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Non-Traumatic Intracranial Hemorrhage
Why not Coded?

- **I62.0** Nontraumatic subdural hemorrhage
- **I62.00** Nontraumatic subdural hemorrhage, unspecified
- **I62.01** Nontraumatic acute subdural hemorrhage
- **I62.02** Nontraumatic subacute subdural hemorrhage
- **I62.03** Nontraumatic chronic subdural hemorrhage
- **I62.1** Nontraumatic extradural hemorrhage
- **I62.2** Nontraumatic intracranial hemorrhage, unspecified

**Cerebral infarction**

Includes: occlusion and stenosis of cerebral and precerebral arteries, resulting in cerebral infarction

Use additional code, if applicable, to identify status post administration of tPA (tPA) in a different facility within the last 24 hours prior to admission to current facility (Z09.82)

Excludes1: sequelae of cerebral infarction (I69.3)

Aftercare Codes (Z40-Z53)

- Aftercare visit codes cover situations when the initial treatment of a disease has been performed and the patient requires continued care during the healing or recovery phase.
- Most common use for therapy would be after a joint replacement surgery, other orthopedic surgery, and external prosthetic devices.
- Aftercare Z codes should not be used for aftercare for injuries. For aftercare of an injury, assign the acute injury code with the appropriate 7th character (for subsequent encounter).
Example
Left Knee Joint Replacement

• Patient is a 74 year old male who underwent a **left total knee replacement** one week ago. Patient is WBAT using a walker and states has pain with walking, complains of 6/10 pain in the left knee and presents with left knee joint effusion. MMT reveals knee extension and flexion strength to be F+ and hip flexion strength is G-. Knee extension AROM is -7° and knee flexion is 87°. Patient exhibits decreased stance time on left L/E and requires assistance ascending and descending stairs. Muscle atrophy noted left thigh compared to right thigh.

Left Knee Joint Replacement

• Reasons for therapy would be coded as:
  1. R26.2 for difficulty in walking
  2. M25.562 for left knee pain
  3. M25.462 for left knee effusion
  4. M25.662 for left knee stiffness
  5. M62.552 for muscle wasting & atrophy, left thigh
  6. M62.81 for muscle weakness

• Would also code
  1. Z96.652 for presence of left artificial knee joint
  2. Z47.1 for aftercare following joint replacement surgery
Excludes Notes

- Excludes 1 – A type 1 Excludes note is a pure excludes note. It means “NOT CODED HERE!” An Excludes 1 note indicates that the code excluded should never be used at the same time as the code above the Excludes 1 note. An Excludes 1 is used when two conditions cannot occur together.

Excludes 1 Example
Excludes 1 Example

H81: Disorders of vestibular function

Excludes: epidemic vertigo (A88.1)
Vertigo: NOS (R42)

H81.0 Ménière’s disease
- Labyrinthine hydrops
- Ménière’s syndrome or vertigo
- H81.01 Ménière’s disease, right ear
- H81.02 Ménière’s disease, left ear
- H81.03 Ménière’s disease, bilateral
- H81.09 Ménière’s disease, unspecified ear

H81.1 Benign paroxysmal vertigo
- H81.10 Benign paroxysmal vertigo, unspecified ear
- H81.11 Benign paroxysmal vertigo, right ear
- H81.12 Benign paroxysmal vertigo, left ear
- H81.13 Benign paroxysmal vertigo, bilateral

H81.2 Vestibular neuritis
- H81.20 Vestibular neuritis, unspecified ear
- H81.21 Vestibular neuritis, right ear
- H81.22 Vestibular neuritis, left ear
- H81.23 Vestibular neuritis, bilateral

Excludes Notes

- Excludes 2 – A type 2 Excludes note represents “Not included here”. An Excludes 2 note indicates that the condition excluded is not part of the condition represented by the code, but a patient may have both conditions at the same time. When an Excludes 2 note appears under a code, it is acceptable to use both the code and excluded code together, when appropriate.
## Excludes 2 Example

**M25.5 Pain in joint**

- Excludes: pain in hand (M19.64-)
- pain in fingers (M19.64-)
- pain in foot (M19.67)
- pain in limb (M19.6)
- pain in toes (M19.67)

- M25.50 Pain in unspecified joint
- M25.51 Pain in shoulder
  - M25.511 Pain in right shoulder
  - M25.512 Pain in left shoulder
  - M25.519 Pain in unspecified shoulder
- M25.52 Pain in elbow
  - M25.521 Pain in right elbow
  - M25.522 Pain in left elbow
  - M25.529 Pain in unspecified elbow
- M25.53 Pain in wrist
  - M25.531 Pain in right wrist
  - M25.532 Pain in left wrist
  - M25.539 Pain in unspecified wrist

## Excludes 2 Example

**M79.6 Pain in limb, hand, foot, fingers and toes**

- Excludes: pain in joint (M25.5)

- M79.60 Pain in limb, unspecified
  - M79.601 Pain in right arm
    - Pain in right upper limb NOS
  - M79.602 Pain in left arm
    - Pain in left upper limb NOS
  - M79.603 Pain in arm, unspecified
    - Pain in upper limb NOS
  - M79.604 Pain in right leg
    - Pain in right lower limb NOS
  - M79.605 Pain in left leg
    - Pain in left lower limb NOS
  - M79.606 Pain in leg, unspecified
    - Pain in lower limb NOS
  - M79.609 Pain in unspecified limb
    - Pain in limb NOS
- M79.62 Pain in upper arm
  - Pain in axillary region
- M79.621 Pain in right upper arm
- M79.622 Pain in left upper arm
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<td>Access to Your Medicare Contractors Therapy Policies</td>
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<td>Access to Major Private Insurance Therapy Policies and News Bulletins &amp; Newsletters</td>
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</tr>
</tbody>
</table>

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