

SECTION I: ACTIVE DIAGNOSES

Intent: The items included in this section are intended to indicate the presence of select diagnoses that influence a patient's risk for the development or worsening of pressure ulcer(s).

Comorbidities and Co-existing Conditions

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↓	Check all that apply
<input type="checkbox"/>	I0900. Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD)
<input type="checkbox"/>	I2900. Diabetes Mellitus (DM) (e.g., diabetic retinopathy, nephropathy, and neuropathy)
<input type="checkbox"/>	I7900. None of the above

Coding Instructions

Complete only at the time of admission

Code diseases or conditions that have a documented diagnosis at the time of assessment and are active (i.e., have a direct relationship to the patient's current functional, cognitive, mood or behavior status, medical treatments, nurse monitoring, or risk of death at the time of assessment).

Check all that apply.

- Check I0900, Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD), if the patient has an active diagnosis of peripheral vascular disease or peripheral arterial disease.
- Check I2900, Diabetes Mellitus (DM), if the patient has an active diagnosis of diabetes mellitus.
- Check I7900, None of the Above, if the patient does not have any of the active diagnoses listed above.

Coding Tips

The following tips may assist staff in determining whether a disease or condition should be coded as an active diagnosis.

- There must be specific documentation in the medical record by a physician (or nurse practitioner, physician assistant, clinical nurse specialist, or other authorized licensed staff if allowable under state licensure laws) of the disease or condition being an active diagnosis.
- The physician (nurse practitioner, physician assistant, clinical nurse specialist, or other authorized licensed staff if allowable under state licensure laws) may specifically indicate that a diagnosis is active. Specific documentation areas in the medical record may

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include, but are not limited to, progress notes, admission history and physical, transfer notes, and the hospital discharge summary.

- The physician (or nurse practitioner, physician assistant, clinical nurse specialist, or other authorized licensed staff if allowable under state licensure laws), for example, documents at the time of assessment that the patient has inadequately controlled diabetes and requires adjustment of the medication regimen. This would be sufficient documentation of an active diagnosis and would require no additional confirmation because the physician documented the diagnosis and also confirmed that the medication regimen needed to be modified.
- For the purposes of the completing Section I of the IRF-PAI, IRFs should consider only the *documented* active diagnoses. A diagnosis should not be inferred by association with other conditions.

Examples of Active Diagnoses

1. Mr. A is prescribed insulin for diabetes mellitus. He requires regular blood glucose monitoring to determine whether blood glucose goals are achieved by the current medication regimen. The physician progress note documents diabetes mellitus.

Coding: I2900, Diabetes Mellitus would be checked.

Rationale: This would be considered an active diagnosis because the physician progress note documents the diabetes mellitus diagnosis, and because there is ongoing medication management and glucose monitoring.

2. Mrs. I underwent a below the knee amputation due to gangrene associated with peripheral vascular disease. She requires dressing changes to the stump and monitoring for wound healing. In addition, peripheral pulse monitoring is ordered. The nurse practitioner's progress note documents peripheral vascular disease and left below the knee amputation.

Coding: I0900, Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD) would be checked.

Rationale: Item I0900 would be considered an active diagnosis because the nurse practitioner's note documents the peripheral vascular disease diagnosis with peripheral pulse monitoring.