

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)/injuries.

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 during the 3-day admission assessment period.
Code diseases or conditions that have a physician-documented diagnosis 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.

- The patient’s active diagnoses must be documented 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).
- 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 documents in the medical record may include, but are not limited to, progress notes, admission history and physical, transfer of health information notes, and the acute care 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 confirmed that the medication regimen needed to be modified.

- For the purposes of completing Section I of the IRF-PAI, providers should consider only the *documented* active diagnoses. A diagnosis should not be inferred by association with other conditions.
- If there is documentation in the medical record that a patient has diabetes mellitus, check the item I2900, Diabetes Mellitus. Item I2900, Diabetes Mellitus also includes patients who have diabetes with complications such as diabetic retinopathy, nephropathy, and neuropathy. Provided there is documentation that the patient has diabetes mellitus, Item I2900 should be checked regardless of if the patient has diabetes mellitus or if the complication is linked to diabetes. If there is only documentation in the medical record of a complication such as nephropathy or neuropathy and there is no documentation that the patient has diabetes, it should not be assumed the complication is linked to diabetes and the item I2900, Diabetes Mellitus should not be checked.

Examples of Active Diagnoses

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

Coding: I2900, Diabetes Mellitus (DM) would be checked.

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

2. A patient underwent a below-the-knee amputation due to gangrene associated with peripheral vascular disease and requires dressing changes to the incision site and monitoring for wound healing. In addition, assessment of circulation, sensation, and motion 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.