AAVBC

AMERICAN ACADEMY OF VALUE BASED CARE

Rheumatoid Arthritis

Quick Reference Guide

2026

1 CLINICAL SNAPSHOT

Acute Ischemic Stroke, Initial Encounter — Patient presents with sudden onset of right hemiparesis, dysarthria, and facial droop. Last seen normal 2 hours ago. Initial encounter for acute ischemic stroke secondary to atrial fibrillation. Documentation includes NIHSS score, CT/MRI results, and tPA administration. Coding must capture stroke etiology, laterality, and severity for accurate DRG assignment and quality reporting.

ICD-10-CM Diagnosis	ICD-10-PCS	DRG	Clinical Significance
I63.9 Cerebral infarction, unspecified	3E03317 Introduction of other thrombolytic substance, peripheral vein, percutaneous	065 Intracranial Stroke w/ Ischemic Stroke or Precerebral Occlusion w/ MCC	Initial encounter for acute ischemic stroke secondary to atrial fibrillation. Documentation includes NIHSS score, CT/MRI results, and tPA administration. Coding must capture stroke etiology, laterality, and severity for accurate DRG assignment and quality reporting.

Sepsis, Acute Kidney Injury, Mechanical Ventilation — Patient presents with fever, tachycardia, and altered mental status. Blood cultures positive for E. coli. Developed acute kidney injury requiring dialysis and mechanical ventilation for respiratory failure. Documentation must capture sepsis, organ dysfunction, and interventions for accurate DRG assignment and quality reporting.

ICD-10-CM Diagnosis	ICD-10-PCS	DRG	Clinical Significance
A41.9 Sepsis, unspecified organism N17.9 Acute kidney failure, unspecified J96.00 Acute respiratory failure, unspecified with hypoxia	5A1935Z Respiratory ventilation, less 96 hours consecutive 5A1D00Z Continuous low blood flow renal dialysis, unspecified duration	871 Septicemia or Severe Sepsis w/ MCC	Documentation must capture sepsis, organ dysfunction, and interventions for accurate DRG assignment and quality reporting.

Type 2 Diabetes Mellitus, Poorly Controlled, Initial Encounter — Patient presents with polyuria, polydipsia, and fatigue. Last A1C 9.2%. Initial encounter for type 2 diabetes mellitus, poorly controlled, with hyperglycemia. Documentation must capture laterality, severity, and complications for accurate DRG assignment and quality reporting.

ICD-10-CM Diagnosis	ICD-10-PCS	DRG	Clinical Significance
E11.65 Type 2 diabetes mellitus with hyperglycemia	3E0234Z Introduction of blood-brain barrier disruption substance, peripheral vein, percutaneous	637 Diabetes w/ MCC	Initial encounter for type 2 diabetes mellitus, poorly controlled, with hyperglycemia. Documentation must capture laterality, severity, and complications for accurate DRG assignment and quality reporting.

2 RECAPITULATION AND DIAGNOSIS

Diagnostic Statements

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3 HEAT DOCUMENTATION ESSENTIALS

Critical Documentation Elements

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4 TREATMENT AND REFERRAL QUICK GUIDE

Evidence-Based Treatment

Condition	Treatment	Evidence Level
Acute ischemic stroke, less than 4.5 hours from symptom onset	Intravenous tissue plasminogen activator (tPA) administration	Class I, Level A
Sepsis with organ dysfunction	Early goal-directed therapy: fluid resuscitation, vasopressors, antibiotics within 1 hour	Class I, Level B
Type 2 diabetes mellitus with hyperglycemia	Metformin as first-line therapy, lifestyle modification	Class I, Level A

Therapy Escalation Criteria [1]

Trigger	Escalation Response
Acute ischemic stroke, less than 4.5 hours from symptom onset	Immediate tPA administration, stroke team activation, neurology consult
Sepsis with organ dysfunction	Early goal-directed therapy: fluid resuscitation, vasopressors, antibiotics within 1 hour
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Referral Criteria

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5 CODING REFINEMENTS AND CASE EXAMPLES

Coding Specificity

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Stroke laterality	Acute ischemic stroke, less than 4.5 hours from symptom onset	Acute ischemic stroke, less than 4.5 hours from symptom onset
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Case Example

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Diagnosis	Procedure	DRG
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