

Track Changes
from Chapter 3 Section I v1.14
to Chapter 3 Section I v1.15

Chapter	Section	Page	Change
3	I	I-4	<ul style="list-style-type: none"> If an individual is receiving aftercare following a hospitalization, a Z code may be assigned. Z codes cover situations where a patient requires continued care for healing, recovery, or long-term consequences of a disease when initial treatment for that disease has already been performed. When Z codes are used, another diagnosis for the related primary medical condition should be checked in items I0100–I7900 or entered in I8000. ICD-10-CM coding guidance with links to appendices can be found here: http://library.ahima.org/doc?oid=107574https://www.cms.gov/Medicare/Coding/ICD10/index.html.
3	I2300	I-8	<p>— Code only if all both of the following are met in the last 30 days:</p> <ol style="list-style-type: none"> It was determined that the resident had a UTI using evidence-based criteria such as McGeer, NHSN, or Loeb in the last 30 days, AND A Pphysician documented UTI diagnosis; (or by nurse practitioner, physician assistant, or clinical nurse specialist or other authorized licensed staff as permitted by if allowable under state licensure laws) diagnosis of a UTI in the last 30 days, Sign or symptom attributed to UTI, which may or may not include but not be limited to: fever, urinary symptoms (e.g., peri-urethral site burning sensation, frequent urination of small amounts), pain or tenderness in flank, confusion or change in mental status, change in character of urine (e.g., pyuria), “Significant laboratory findings” (The attending physician should determine the level of significant laboratory findings and whether or not a culture should be obtained), and Current medication or treatment for a UTI in the last 30 days.

Track Changes
from Chapter 3 Section I v1.14
to Chapter 3 Section I v1.15

Chapter	Section	Page	Change
3	I2300	I-9	<p>— In accordance with requirements at §483.80(a) Infection Prevention and Control Program, the facility must establish routine, ongoing and systematic collection, analysis, interpretation, and dissemination of surveillance data to identify infections. The facility's surveillance system must include a data collection tool and the use of nationally recognized surveillance criteria. Facilities are expected to use the same nationally recognized criteria chosen for use in their Infection Prevention and Control Program to determine the presence of a UTI in a resident.</p> <p>Example: if a facility chooses to use the Surveillance Definitions of Infections (updated McGeer criteria) as part of the facility's Infection Prevention and Control Program, then the facility should also use the same criteria to determine whether or not a resident has a UTI.</p>
3	I2300	I-9	<p>— Resources for evidence-based UTI criteria:</p> <ul style="list-style-type: none"> • Loeb criteria: https://www.researchgate.net/publication/12098745_Development_of_Minimum_Criteria_for_the_Initiation_of_Antibiotics_in_Residents_of_Long-Term-Care_Facilities_Results_of_a_Consensus_Conference • Surveillance Definitions of Infections in LTC (updated McGeer criteria): https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3538836/ • National Healthcare Safety Network (NHSN): https://www.cdc.gov/nhsn/ltc/uti/index.html
3	I	I-8–I-11	Page length changed due to revised content.