

Acute Diagnosis Codes & Expected Resolution Windows

A Quick Reference for Clinicians

Key Principle

ICD-10 does not set a hard expiration on diagnosis codes, but payers and auditors treat many acute illnesses as having “expected resolution windows.” Using acute codes beyond these windows without proper documentation can trigger denials and audit issues.

Why This Matters

- Payers (Humana, Medicare Advantage, etc.) enforce “active vs. resolved” coding.
- Acute codes are intended for **conditions currently active or under active treatment**.
- Once a condition resolves, switch to: **History codes (Z-codes), Sequela codes, or Chronic disease codes**

Common Acute Illnesses & Expected Coding Windows

Condition	ICD-10 Examples	Expected Window	Documentation Guidance
Acute MI	I21.x	~28 days from event	After 4 weeks → I25.2 (old MI)
Stroke (CVA)	I63.x, I61.x	When the CVA occurs	After acute → I69.xxx (sequela) or Z86.73 (history)
Acute Respiratory Failure	J96.00–J96.02	Days–weeks	Transition to chronic (J96.1x) or underlying disease
Acute Kidney Injury	N17.x	7–14 days (varies)	If resolved → Z87.448 (history) or CKD codes
Acute CHF Exacerbation	I50.21, I50.23	Days–weeks	Document repeated decompensation if still acute

Tip: Auditors focus on whether the condition is still “actively affecting care today.” If not, using the acute code is inappropriate.

Example: A patient is admitted to the hospital with an acute ischemic stroke and receives definitive treatment there. When they are discharged to the skilled nursing facility, the acute stroke is no longer active. What the SNF is treating are the sequelae of the stroke, such as:

- **Left-sided weakness/hemiplegia:** I69.354 – Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side
- **Aphasia:** I69.320 – Aphasia following cerebral infarction

Best Practices



Review patient status at each encounter.



Document ongoing acute symptoms, lab/diagnostic support, and treatment



Transition to history or chronic codes once the acute phase ends.



Avoid coding acute conditions months later “out of habit.”



Use this approach for risk-adjusted plans to protect HCC scores and avoid denials.

PALTmed Pearl:

Acute diagnosis codes should be discontinued once the clinical urgency is resolved. Accurately updating diagnoses to reflect the patient’s status protects residents, supports clinicians, and ensures organizational compliance.



POST-ACUTE AND LONG-TERM CARE
MEDICAL ASSOCIATION

References:

- [ICD-10-CM Official Guidelines for Coding and Reporting: FY 2026 -- Updated October 1, 2025: \(October 1, 2025 - September 30, 2026\)](#)
- [MLN006764 - Evaluation and Management Services](#)