

ICD-10-CM	ICD-10-PCS	CMG Description (Nonspecific Average)	RIC/CMG VALUATION FY 2021							
			RV	PMT -1	AVO LOR	PMT -1	AVO LOR	PMT -1		
S10.0	01.01	Stroke M <=42.50 and M <=42.50	1,0114	\$ 17,995.29	10	2,8810	\$ 14,863.63	10	2,8810	\$ 17,995.29
		Stroke M <=42.50 and M <=42.50	1,0114	\$ 22,208.05	10	3,1202	\$ 18,053.23	10	3,1202	\$ 22,208.05
		Stroke M <=42.50 and M <=42.50	1,0114	\$ 26,395.83	10	3,4601	\$ 21,374.33	10	3,4601	\$ 26,395.83
		Stroke M <=42.50 and M <=42.50	2,0020	\$ 41,851.78	20	3,1225	\$ 35,778.55	20	3,1225	\$ 41,851.78
		Stroke M <=42.50 and M <=42.50	2,0020	\$ 46,061.74	20	3,4625	\$ 41,103.36	20	3,4625	\$ 46,061.74

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CENTER FOR MEDICARE & MEDICAID SERVICES

INPATIENT REHABILITATION FACILITY - PATIENT ASSESSMENT INSTRUMENT

OMB No. 0938-0842

20. Payment Source (02 - Medicare Fee For Service; 51 - Medicare-Medicare Advantage; 99 - Not Listed)
 A. Primary Source
 B. Secondary Source

21. Impairment Group

22. Date of admission to rehabilitation facility (MM/DD/YYYY)

23. Date of discharge (MM/DD/YYYY)

24. Considered Co-occurring Conditions (Use ICD codes as appropriate)

25A. Height on admission (in inches)

26A. Weight on admission (in pounds)



S22.049A or B Unspecified fracture open or closed T4, initial encounter

S22.059A or B Unspecified fracture open or closed T5-T6, initial encounter

S24.103A Unspecified cord Identify specific type of spinal

WITH

S22.089A or B Unspecified fracture T11 - T12 open or closed, initial encounter

Brown-Sequard syndrome) and specific type of fracture (wedge, stable burst, unstable burst) with spinal level and associated deficits supporting central cord damage

Class 6

Working with IGC's 03.-, 05.-, 06.- & 07.-

IGC/Etiologic Match – Neurologic Conditions

IGC – “the primary reason for admission to the rehabilitation program”

Etiologic – “The etiologic problem that led to the impairment for which the patient is receiving rehabilitation” CMS

03.1 MS

03.2 Parkinson's

03.3 Polyneuropathy

03.4 Guillain-Barre

03.5 Cerebral Palsy

03.8 Neuromuscular Disorders

03.9 Other Neurologic

- Neuro: Conditions that are nervous system related – Neuropathies (i.e. Chronic Inflammatory Demyelinating Polyneuritis; drug induced or critical illness neuropathy; idiopathic neuropathy)
- Postpolio syndrome; myasthenia gravis; spinal muscle atrophy; muscular dystrophy

IGCs By the Letter –Neurologic Conditions (G sometimes E)

Codes start with G, E, M

G35 MS

G20.- Parkinsons

G82.- to G85.- Polyneuropathies and
Sequela of polyneuropathy

Associated with DM **E08.- to E13.-**

Rheumatoid Polyneuropathy (by anatomic
location) **M05.5**

G81.- Guillain Barre'

G80 Cerebral Palsy

G72.- (Myopathies) Neuromuscular

Words Matter, It's a Clue –

- **Specificity may make or break 60%**
- **Other/Unspecified many times do not meet.**

Etiologic Diagnoses for Neurologic Cases

- **G72.81 Critical Illness Myopathy**
- **G20.- Parkinson's Disease**
- **M62.82 Rhabdomyolysis**
- **G80.0 Spastic quadriplegic cerebral palsy**
- **G62.81 Critical illness polyneuropathy**
- **G14 Post-polio syndrome**
- **G71.11 Myotonic muscular dystrophy**
- **G90.3 Multi-system degeneration of the autonomic nervous system**



Principal Diagnoses for Neurologic Cases

- **G72.81 Critical Illness Myopathy**
- **G20 Parkinson's Disease**
- **M62.82 Rhabdomyolysis**
- **G80.0 Spastic quadriplegic cerebral palsy**
- **G62.81 Critical illness polyneuropathy**
- **G14 Post-polio syndrome**
- **G71.11 Myotonic muscular dystrophy**
- **G90.3 Multi-system degeneration of the autonomic nervous system**
- **No Longer exist – report symptoms or aftercare as appropriate.**

Qualifying Neurologic Disorders



60 % IGCs for Neuro

- **03.1 Multiple sclerosis (Compliant)**
- **03.2 Parkinsonism (Compliant)**
- **03.3 Polyneuropathy (Not compliant)**
- **03.4 Guillain-Barre Syndrome (Not compliant)**
- **03.5 Cerebral palsy (Compliant with restrictions)**
- **03.8 Neuromuscular disorders (Compliant with restrictions)**
- **03.9 Other Neurogenic (Not compliant)**



How to Fail 3.5 Cerebral Palsy

Cases fail compliance if the etiologic diagnosis matches:

- G80.8-Other cerebral palsy

FAIL



How to Fail 3.8 Neuromuscular

3.8 fails if the following are reported as the etiologic diagnosis:

- **G12.9-Spinal muscular atrophy, unspecified**
- **G70.0-Myasthenia gravis**
- **G71.19-Other specified myotonic disorders**
- **G72.3-Periodic paralysis**

FAIL



POLYNEUROPATHIES

G61.8-	Use 5th Character to specify (1) Chronic inflammatory demyelinating polyneuritis (60% Diagnosis on CMS Presumptive Compliance List 1 and 2) (9) Other inflammatory polyneuropathies
G62.-	Use 4th Character (0) Drug induced polyneuropathy Use additional code for adverse effect, if applicable, to identify drug (T36-T50 with 5th or 6th Character 5) (1) Alcoholic polyneuropathy (2) Polyneuropathy due to other toxic agents code first T51-T65 to identify toxic agent. (60% Diagnoses on CMS Presumptive Compliance List 1 and 2)
G62.8-	Use 5th Character (1) Critical illness polyneuropathy (2) Radiation induced polyneuropathy (5th Character 1 & 2 60% Diagnoses on CMS Presumptive Compliance List 1 and 2) (9) Other specified polyneuropathies
G64	Other disorders of peripheral nervous system, Not otherwise specified.
G80.-	Cerebral Palsy Use 4th Character (0) Spastic quadriplegic cerebral palsy (1) Spastic diplegic cerebral palsy (2) Spastic hemiplegic cerebral palsy (4) Ataxic cerebral palsy (8) Other cerebral palsy

HEREDITARY ATAXIA

G11.-	Use 4th Character (0) Congenital nonprogressive ataxia (1) Early onset cerebellar ataxia (2) Late onset cerebellar ataxia (3) Cerebellar ataxia with defective DNA repair (4) Hereditary spastic paraplegia (8) Other hereditary ataxias (4th Character 0, 2, 3, 8 are not 60% Diagnoses on CMS Presumptive Compliance List 1 and 2)
G90.09	Other idiopathic peripheral autonomic neuropathy



Documenting Neurologic Conditions

Should be specified...

- Cause – Association of inter-related conditions
- Type/Specificity including location/laterality
- Residuals and Deficits

**Deficits should reflect the focus of rehab
include treatment of a neurological
diagnosis**



Putting it All Together #1 –

Do you agree with IGC/Etio?

Why?

PAS IGC: 3.9 Other Neurologic

Etiology: Metabolic encephalopathy **G93.41**, new onset seizure **G40.909**

47-year-old female with ESRD (**N18.6**) on hemodialysis (**Z99.2**) presented to the hospital with witnessed generalized tonic-clonic seizures (**G40.401**) x 2 with alteration in consciousness. She states that she recently had medication changes related to increase in copay. She has been worked up including an EEG. Rehab physician states metabolic encephalopathy (**G93.41**). Started on Keppra for seizure disorder. She was also found to have obstructive sleep apnea (**G47.33**) and is to undergo an outpatient workup when she is physically capable. Her confusion has slowly started to improve but she is still somnolent (**R40.0**). PT and SLP working with patient.

- Comorbidities: BMI of 52.5 (**Z68.43**), ESRD on hemodialysis (**N18.6, Z99.2**), chronic pain (**G89.29**), polyneuropathy (**G62.9**), pulmonary embolism (**I26.99**), thrombophilia, (**D68.59**) DVT s/p IVC filter, HTN (**I12.0** linked), morbid obesity (**E66.01**), depression (**F32.A**) chronic anemia (**D53.9**), GI bleed (**K92.2**).
- Motor Score: 34

What's Your Answer?

IRF-PAI

- IGC:
- Etiologic Diagnosis(es):
- Tier:
- Age:
- Motor Score:
- CMG:
- 60%, WHY:

UB04

- Principal:
- CC/MCC:
- DRG:

Putting it All Together #2

41-year-old female with Spinal Stenosis with neurogenic claudication (**M48.062**) at L3-L4 and radiculopathy (**M54.16**), new onset foot drop (**M21.379**), underwent Lumbar Laminectomy Sept 17, 2022. Patient with same symptoms prior to surgery and new onset urinary incontinence (**R32**). Continuing treatment for COVID 19 (**U07.1**)

Motor Score: 50

What's Your Answer?

IRF-PAI

- IGC:
- Etiologic Diagnosis(es):
- Tier:
- Age:
- Motor Score:
- CMG:
- 60%, WHY:

UB04

- Principal:
- CC/MCC:
- DRG:

Putting it All Together #3

42 y/o Right-handed male overall quite weak, amputation of all toes on the right foot, and second toe on the left foot, on peritoneal dialysis (**Z99.2**), cognitive difficulties (**R41.9**), atrophy of bilateral hands (**M62.541, M62.542**), generalized weakness, diabetic neuropathy (**E11.40**), ESRD (**N18.6**), HTN (**I12.0**), HLD (**E78.5**), GERD (**K21.9**).

Motor Score: 31

What's Your Answer?

IRF-PAI

- IGC:
- Etiologic Diagnosis(es):
- Tier:
- Age:
- Motor Score:
- CMG:
- 60%, WHY:

UB04

- Principal:
- CC/MCC:
- DRG:

Case Study 4 – Breakout

IRF-PAI

- IGC:
- Etiologic Diagnosis(es):
- Tier:
- Age:
- Motor Score:
- CMG:
- 60%, WHY:

UB04

- Principal:
- CC/MCC:
- DRG:



Session topics may change at the Instructor's discretion



IGC's: Amputation, Arthritis and Pain

Section XII

IGC/Etiologic Match –Amputation

IGC – “the primary reason for admission to the rehabilitation program”

Etiologic – “The etiologic problem that led to the impairment for which the patient is receiving rehabilitation” CMS

- **05.1 Unilateral UE Above Elbow**
- **05.2 Unilateral UE Below Elbow**
- **05.3 Unilateral LE AKA**
- **05.4 Unilateral LE BKA**
- **05.5 Bilateral LE AKA/AKA**
- **05.6 Bilateral LE AKA/BKA**
- **05.7 Bilateral LE BKA/BKA**
- **05.9 Other Amputation**

- **Amputation: Atherosclerosis/ PVD; Venous Insufficiencies; Gangrene; Osteomyelitis; Osteonecrosis; Raynaud's; Neoplasms; complete traumatic amputation**

Etiologic Diagnoses for Amputation

- **I96, Gangrene (IRF-PAI Only); E09.52-Drug or chemical induced DM with diabetic peripheral angiopathy with gangrene I87.091-Post thrombotic syndrome with other complications right lower extremity**
- **M86.451-Chronic osteomyelitis with draining sinus, right femur**
- **M87.831-Other osteonecrosis, radius, ulna or carpus, right radius**
- **I70.201-Atherosclerosis of native arteries of right leg with chronic total occlusion; I70.92 Chronic total occlusion**

Principal Diagnosis Example

- Surgery aftercare
 - Z47.81 Encounter for orthopedic aftercare following surgical amputation
 - 7th Character D

Qualifying Amputations



60 % IGCs for Amputations

- **05.1 Unilateral UE Above Elbow (Not compliant)**
- **05.2 Unilateral UE Below Elbow (Not compliant)**
- **05.3 Unilateral LE AKA (Compliant)**
- **05.4 Unilateral LE BKA (Restrictions)**
- **05.5 Bilateral LE AKA / AKA (Compliant)**
- **05.6 Bilateral LE AKA / BKA (Compliant)**
- **05.7 Bilateral LE BKA / BKA (Compliant)**
- **05.9 Other Amputation (Not compliant)**

Amputations Example

Impairment group codes: 05.1; 05.2; 05.3; 05.4; 05.5; 05.6; 05.7; 05.9

- 60% Automatic Qualifiers
 - 05.3 Unilateral AKA
 - 05.5 Bilateral AKA
 - 05.6 Bilateral AK/BK
 - 05.7 Bilateral AK/AK

- IGCs do NOT Qualify
 - 05.1 Unilateral Upper Ext AE
 - 05.2 Unilateral Upper Ext BE
 - 05.9 Amputation

IGC Meets with Exclusions

05.4 Unilateral BKA – Excludes Partial or complete amputations of foot at ankle; midfoot; toes; and unspecified level of amputations.

S98.01-A 7th character A	COMPLETE TRAUMATIC AMPUTATION of FOOT at ankle level USE 6th Character (1) RIGHT (2) LEFT (9) UNSPECIFIED Noncompliant with IGC 05.4
S98.02-A 7th character A	PARTIAL TRAUMATIC AMPUTATION of FOOT at ankle level USE 6th Character (1) RIGHT (2) LEFT (9) UNSPECIFIED Noncompliant with IGC 05.4
* S98.11-A 7th character A	COMPLETE TRAUMATIC AMPUTATION of GREAT TOE USE 6th Character (1) RIGHT (2) LEFT (9) UNSPECIFIED Noncompliant with IGC 05.4

E10.52	GANGRENE (Use additional code to identify underlying disease) TYPE 1 DM with DIABETIC PERIPHERAL ANGIOPATHY WITH GANGRENE *NOTE: This coding guidance is inconsistent with ICD-10-CM coding guidelines for the UB-04 claim form. This instruction indicates both the code for the Gangrene AND the underlying cause SHOULD BE REPORTED as the Etiologic Diagnosis.
E11.52	GANGRENE (Use additional code to identify underlying disease) TYPE 2 DM with DIABETIC PERIPHERAL ANGIOPATHY WITH GANGRENE *NOTE: This coding guidance is inconsistent with ICD-10-CM coding guidelines for the UB-04 claim form. This instruction indicates both the code for the Gangrene AND the underlying cause SHOULD BE REPORTED as the Etiologic Diagnosis.
E13.52	GANGRENE (Use additional code to identify underlying disease) OTHER SPECIFIED DM with DIABETIC PERIPHERAL ANGIOPATHY WITH GANGRENE *NOTE: This coding guidance is inconsistent with ICD-10-CM coding guidelines for the UB-04 claim form. This instruction indicates both the code for the Gangrene AND the underlying cause SHOULD BE REPORTED as the Etiologic Diagnosis.



Amputation 60% Example

Putting it All Together #5

Patient has severe PVD associated to diabetes type 2 with gangrene (**E11.52, I96**). Patient had a right AKA now to rehab. Comorbidities include COPD (**J44.9**), Chronic Systolic Heart Failure (**I50.22**), Morbid Obesity (**E66.01**) with a BMI of 33, (**Z68.33**) and acute blood loss anemia post op (**D62**).

Motor Score: 40

What's Your Answer?

IRF-PAI

- IGC:
- Etiologic Diagnosis(es):
- Tier:
- Age:
- Motor Score:
- CMG:
- 60%, WHY:

UB04

- Principal:
- CC/MCC:
- DRG:

IGC/Etiologic Match – Arthritis

IGC – “the primary reason for admission to the rehabilitation program”

Etiologic – “The etiologic problem that led to the impairment for which the patient is receiving rehabilitation” CMS

- **06.1 Rheumatoid Arthritis**
- **06.2 Osteoarthritis**
- **06.9 Other Arthritis**

- **Arthritis: Any an all arthritic conditions if another IGC is not more appropriate (i.e. ortho)**

Etiologic Diagnoses for Arthritis

- **M05.70 Rheumatoid Arthritis with rheumatoid factor without organ and organ systems involvement, unspecified site**
- **M08.241 Juvenile Rheumatoid Arthritis with systemic onset, right hand**
- **M08.811 Other juvenile arthritis, right shoulder**
- **M12.00 Chronic post rheumatic arthropathy of unspecified site**
- **M16.4 Bilateral post-traumatic osteoarthritis of hip**
- **M19.021 Primary osteoarthritis, right elbow**

Principal Diagnosis Examples (TYPICALLY THE SAME)

- **M05.70 Rheumatoid Arthritis with rheumatoid factor without organ and organ systems involvement, unspecified site**
- **M08.241 Juvenile Rheumatoid Arthritis with systemic onset, right hand**
- **M08.811 Other juvenile arthritis, right shoulder**
- **M12.00 Chronic post rheumatic arthropathy of unspecified site**
- **M16.4 Bilateral post-traumatic osteoarthritis of hip**
- **M19.021 Primary osteoarthritis, right elbow**

IGC/Etiologic Match – Pain Syndrome

IGC – “the primary reason for admission to the rehabilitation program”

Etiologic – “The etiologic problem that led to the impairment for which the patient is receiving rehabilitation” CMS

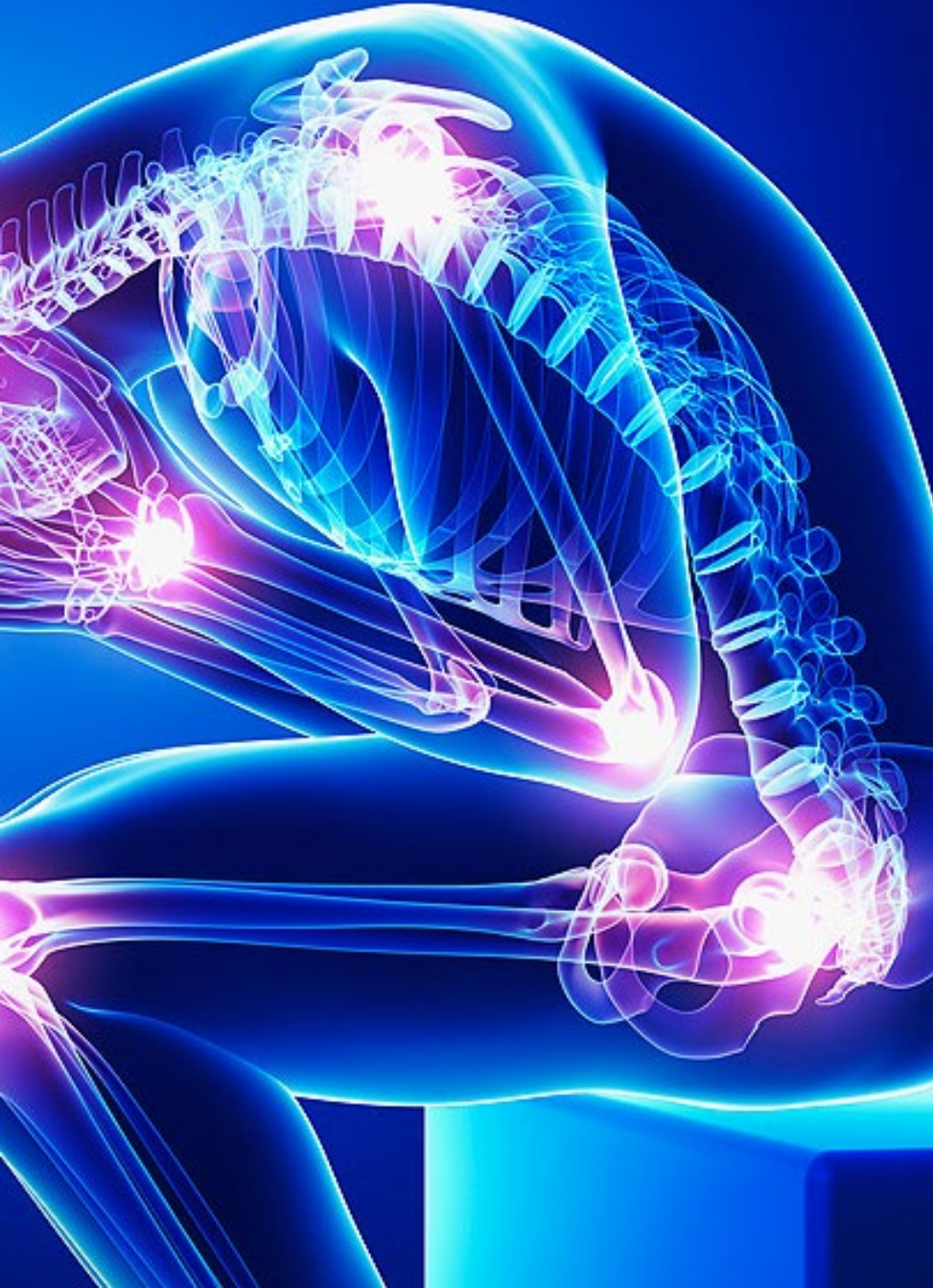
- **07.1 Neck Pain**
- **07.2 Back Pain**
- **07.3 Extremity Pain**
- **07.9 Other Pain**

- **Pain: Any an all pain conditions if the focus of care is pain (i.e. spondylosis; intervertebral disk disorders; torticollis; post laminectomy syndrome; spinal stenosis; extremity pain; sprain/strains.**



Etiologic Diagnoses for Pain

- **M48.30 Traumatic Spondylopathy, site unspecified**
- **M50.10 Cervical Disc Disorder with radiculopathy, unspecified cervical region**
- **M53.81 Other specified dorsopathies, occipito-atlanto-axial region**
- **M53.3 Sacrococcygeal Disorders, not elsewhere classified**
- **M99.40 Connective Tissue Stenosis of neural canal, head region**
- **S33.9XXA Sprain of unspecified parts of lumbar spine and pelvis**
- **M25.551 Right hip pain**



Principal Diagnoses for Pain Cases

- **M48.30 Traumatic Spondylopathy, site unspecified**
- **M50.10 Cervical Disc Disorder with radiculopathy, unspecified cervical region**
- **M53.81 Other specified dorsopathies, occipito-atlanto-axial region**
- **M53.3 Sacrococcygeal Disorders, not elsewhere classified**
- **M99.40 Connective Tissue Stenosis of neural canal, head region**
- **S33.9XXA Sprain of unspecified parts of lumbar spine and pelvis**
- **M25.551 Right hip pain**

Putting it All Together #6

59 y/o male admitted with HTN (I10), DM2 uncontrolled (Query E11.65 vs E11.649) due to dietary and medication non-compliance (Z91.148, Z91.119), found with a compression fracture of L3-L4 (S32.030A, S32.040A), not a surgical candidate, orthopedic surgeon refers for rehab and provided injection. The main barrier to his rehab course is lower back and extremity pain. Patient reports pain at 11 out of ten at all times and will need PT and OT to gain confidence in his ability to ambulate through his lower back pain. Evaluate and manage pain medications.

Motor Score: 48

What's Your Answer?

IRF-PAI

- IGC:
- Etiologic Diagnosis(es):
- Tier:
- Age:
- Motor Score:
- CMG:
- 60%, WHY:

UB04

- Principal:
- CC/MCC:
- DRG:

Case Study 7 – Breakout

IRF-PAI

- IGC:
- Etiologic Diagnosis(es):
- Tier:
- Age:
- Motor Score:
- CMG:
- 60%, WHY:

UB04

- Principal:
- CC/MCC:
- DRG:

Case Study 8– Breakout

IRF-PAI

- IGC:
- Etiologic Diagnosis(es):
- Tier:
- Age:
- Motor Score:
- CMG:
- 60%, WHY:

UB04

- Principal:
- CC/MCC:
- DRG:

Case Study 9 – Breakout

IRF-PAI

- IGC:
- Etiologic Diagnosis(es):
- Tier:
- Age:
- Motor Score:
- CMG:
- 60%, WHY:

UB04

- Principal:
- CC/MCC:
- DRG:

Session 6 Assignments

Connect with Kristine
and take the quiz for CE
Credit

Post in the groupYour
biggest A-HA moment
so far!