

## Class 2

### IRF Reimbursement, Physician Documentation and IGC Selection

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## Today's Agenda

- Review IRF Reimbursement
- IGC Selection Overview

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## Quick Review: IRF Reimbursement



- Non-Medicare Payments
- Medicare Payments based on an assigned Case Mix Group (CMG)
- CMG assigned using IRF-PAI
- Payment initiated using UB-04

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## CMS Reimbursement Calculation Uses IRF-PAI

**IGC** (Supported by Etiologic(s) up to 3)

**RIC (Payment Group) + Motor/Age**

+ Comorbidities & Complications  
(Tier diagnosis)

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**CMG (Payment Code)/HIPPS (Tier Letter + CMG)**

**\* Discharge status (May amend Payment)**

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# IGC Options

**Admission Impairment Group Code and Etiologic Diagnosis**  
Select ONLY ONE impairment group code (the underlying reason for IRF admission) per admission. The etiologic diagnosis (the condition that caused the impairment) supports the IGC.

- Stroke**
  - 01.1 (L) Body Involvement (R) Brain
  - 01.2 (R) Body Involvement (L) Brain
  - 01.3 Bilateral Involvement
  - 01.4 No Paresis
  - 01.9 Other Stroke
- Brain Dysfunction**
  - 02.1 Non-Traumatic
  - 02.21 Traumatic, Open Injury
  - 02.22 Traumatic, Closed Injury
  - 02.9 Other Brain
- Neurologic Conditions**
  - 03.1 Multiple Sclerosis
  - 03.2 Parkinsonism
  - 03.3 Polynuropathy
  - 03.4 Guillain-Barre Syndrome
  - 03.5 Cerebral Palsy
  - 03.8 Neuromuscular Disorders
  - 03.9 Other Neurologic
- Spinal Cord Dysfunction**
  - Non-Traumatic**
    - 04.110 Paraplegia, Unspecified
    - 04.111 Paraplegia, Incomplete
    - 04.112 Paraplegia, Complete
    - 04.120 Quadriplegia, Unspecified
    - 04.121 Quadriplegia, Incomplete C1-4
    - 04.122 Quadriplegia, Incomplete C5-8
    - 04.123 Quadriplegia, Complete C1-4
    - 04.124 Quadriplegia, Complete C5-8
    - 04.130 Other Non-Traumatic Spinal Cord Dysfunction
  - Traumatic**
    - 04.210 Paraplegia, Unspecified
    - 04.211 Paraplegia, Incomplete
    - 04.212 Paraplegia, Complete
    - 04.220 Quadriplegia, Unspecified
    - 04.221 Quadriplegia, Incomplete C1-4
    - 04.222 Quadriplegia, Incomplete C5-8
    - 04.223 Quadriplegia, Complete C1-4
    - 04.224 Quadriplegia, Complete C5-8
    - 04.230 Other Traumatic Spinal Cord
- Amputation**
  - 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
  - 05.8 Other Amputation
- Arthritis**
  - 06.1 Rheumatoid Arthritis
  - 06.2 Osteoarthritis
  - 06.9 Other Arthritis
- Pain Syndrome**
  - 07.1 Neck Pain
  - 07.2 Back Pain
  - 07.3 Extremity Pain
  - 07.9 Other Pain
- Orthopedic Disorders**
  - 08.11 Unilateral Hip Fracture
  - 08.12 Bilateral Hip Fracture
  - 08.2 Femur (Shaft) Fracture
  - 08.3 Pelvic Fracture
  - 08.4 Major Multiple Fractures
  - 08.51 Unilateral Hip Replacement
  - \*MUST BE 85+ or BMI < 50
  - 08.52 Bilateral Hip Replacement
  - 08.61 Unilateral Knee Replacement
  - \*MUST BE 85+ or BMI < 50
  - 08.62 Bilateral Knee Replacement
  - 08.71 Hip & Knee Replacement (same side) \*MUST BE 85+ or BMI < 50
  - 08.72 Hip & Knee Replacement (different sides)
  - 08.9 Other Orthopedic
- Cardiac**
  - 09 Cardiac
- Pulmonary**
  - 10.1 COPD
  - 10.9 Other Pulmonary
- Burns**
  - 11 Burns
- Congenital Deformities**
  - 12.1 Spinal Elifos
  - 12.9 Other Congenital Deformity
- Other Disabling Impairments**
  - 13 Other Disabling Impairments
- Major Multiple Trauma**
  - 14.1 Brain + Spinal Cord Injury
  - 14.2 Brain + Multiple Fractures / Amputation
  - 14.3 Spinal Cord + Multiple Fractures / Amputation
  - 14.9 Other Multiple Trauma
- Developmental Disability**
  - 15 Developmental Disability
- Debilty**
  - 16 Debility (non-cardiac, non-pulmonary)
- Medically Complex**

**CAUTION:** Use ONLY if the reason for admission is medical management and rehabilitation treatments are 2+ to medical management.

  - 17.1 Infections
  - 17.2 Neoplasms
  - 17.31 Nutrition w/ Intubation / Parenteral Nutrition
  - 17.32 Nutrition w/out Intubation / Parenteral Nutrition
  - 17.4 Circulatory Disorders
  - 17.51 Respiratory Disorders (Ventilator Dependent)
  - 17.52 Respiratory Disorders (Non-Ventilator Dependent)
  - 17.6 Terminal Care
  - 17.7 Skin Disorders
  - 17.8 Medical / Surgical Complications
  - 17.9 Other Medically Complex Conditions

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## IRF Payment Logic



RIC/IGC	CMG	CMG Description (M=motor, A=age)	National Average Unadjusted Payment Rate (\$18,541)											
			TIER 1 - B			TIER 2 - C			TIER 3 - D			NO COMORBIDS - A		
			RW	PMT *1	AVG LOS	RW	PMT *1	AVG LOS	RW	PMT *1	AVG LOS	RW	PMT *1	AVG LOS
(01) STROKE 01.1 - 01.9	0101	Stroke M >=72.50	0.9840	\$ 18,244.34	9	0.8414	\$ 15,600.40	10	0.7763	\$ 14,393.38	9	0.7348	\$ 13,623.93	9
	0102	Stroke M >=63.50 and M <72.50	1.2601	\$ 23,363.51	12	1.0774	\$ 19,976.07	11	0.9941	\$ 18,431.61	11	0.9409	\$ 17,445.23	11
	0103	Stroke M >=50.50 and M <63.50	1.6264	\$ 30,155.08	14	1.3907	\$ 25,784.97	14	1.2830	\$ 23,788.10	14	1.2144	\$ 22,516.19	13
	0104	Stroke M >=41.50 and M <50.50	2.0857	\$ 38,670.96	17	1.7834	\$ 33,066.02	18	1.6454	\$ 30,507.36	17	1.5574	\$ 28,875.75	17
	0105	Stroke M <41.50 and A >=84.50	2.5400	\$ 47,094.14	24	2.1718	\$ 40,267.34	21	2.0038	\$ 37,152.46	20	1.8966	\$ 35,164.86	20
	0106	Stroke M <41.50 and A <84.50	2.9022	\$ 53,809.69	25	2.4816	\$ 46,011.35	25	2.2895	\$ 42,449.62	23	2.1671	\$ 40,180.20	22

### IGC 1.2

(03) NON-TRAUMATIC BRAIN 02.1 & 02.9	0301	Non-traumatic brain injury M >=65.50	1.2082	\$ 22,401.24	10	0.9506	\$ 17,625.07	10	0.8859	\$ 16,425.47	10	0.8275	\$ 15,342.68	9
	0302	Non-traumatic brain injury M >=52.50 and M <65.50	1.5486	\$ 28,712.59	13	1.2184	\$ 22,590.35	13	1.1355	\$ 21,053.31	12	1.0606	\$ 19,664.58	12
	0303	Non-traumatic brain injury M >=42.50 and M <52.50	1.8539	\$ 34,373.16	15	1.4586	\$ 27,043.90	15	1.3593	\$ 25,202.78	14	1.2697	\$ 23,541.51	13
	0304	Non-traumatic brain injury M <42.50 and A >=78.50	2.1918	\$ 40,638.16	19	1.7245	\$ 31,973.95	17	1.6091	\$ 29,834.32	16	1.5011	\$ 27,831.90	15
	0305	Non-traumatic brain injury M <42.50 and A <78.50	2.3908	\$ 44,327.82	20	1.8810	\$ 34,875.62	19	1.7530	\$ 32,502.37	17	1.6974	\$ 31,471.49	17

### IGC 2.1

# Tier Opportunities

Code	Code Title	Tier	RIC Exclusion
J38.01	Paralysis of vocal cords and larynx, unilateral	1	15
J38.02	Paralysis of vocal cords and larynx, bilateral	1	15
J38.4	Edema of larynx	1	15
Z43.0	Encounter for attention to tracheostomy	1	--
Z93.0	Tracheostomy status	1	--
Z99.2	Dependence on renal dialysis	1	--
A04.71	Enterocolitis due to clostridium difficile, recurrent	2	--
A04.72	Enterocolitis due to clostridium difficile, not specified as recurrent	2	--
A04.8	Other specified bacterial intestinal infections	2	--
B96.5	Pseudomonas (aeruginosa) (mallei) (pseudomallei) as the cause of diseases classified elsewhere	2	--
I69.091	Dysphagia following nontraumatic subarachnoid hemorrhage	2	01
I69.191	Dysphagia following nontraumatic intracerebral hemorrhage	2	01
I69.291	Dysphagia following other nontraumatic intracranial hemorrhage	2	01
I69.391	Dysphagia following cerebral infarction	2	01
I69.891	Dysphagia following other cerebrovascular disease	2	01
I69.991	Dysphagia following unspecified cerebrovascular disease	2	01
K91.2	Postsurgical malabsorption, not elsewhere classified	2	--
R13.0	Aphagia	2	01
R13.10	Dysphagia, unspecified	2	01
R13.11	Dysphagia, oral phase	2	01
R13.12	Dysphagia, oropharyngeal phase	2	01
R13.13	Dysphagia, pharyngeal phase	2	01
R13.14	Dysphagia, pharyngoesophageal phase	2	01
R13.19	Other dysphagia	2	01

## Common Tier 3 (Incomplete List)

- Pneumonia
- Sepsis
- Cellulitis specified location
- Abscess certain locations
- Diabetes with Manifestations
- Specified CHF (Systolic/Diastolic; Chronic/Acute)
- Encephalitis
- CAD of specified vessels w/ gangrene and/or ulceration
- Hemiplegia (in non-CVA patient)
- Certain Infections/Organisms
- Colostomy/Enterotomy malfunction, hemorrhage, infection, complication
- Post Op Infections

Appendix C – List of Comorbidities FY2022

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# IRF-PAI Calculates CMG/HIPPS

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
INPATIENT REHABILITATION FACILITY - PATIENT ASSESSMENT INSTRUMENT

OMB No. 0938-0842

Identification Information		Medical Information	
1. Facility Information A. Facility Name		21. Impairment Group* Subtype: _____ Discharge: _____ Condition requiring admission to rehabilitation, code according to item 21A.	
2. Patient Medicare Number		22. Etiologic Diagnosis (Use ICD codes to indicate the etiologic problem that led to the condition for which the patient is receiving rehabilitation)	
3. Patient Medicaid Number		23. Date of Onset of Impairment MM/DD/YYYY	
4. Patient First Name		24. Comorbid Conditions Use ICD codes to enter comorbid medical conditions	
5A. Patient Last Name		25A. Height on admission (in inches)	
5B. Patient Identification Number		25B. Weight on admission (in pounds) Measure weight consistently, according to standard facility practice (e.g., in a.m. after voiding, with shoes off, etc.)	
6. Birth Date MM/DD/YYYY		26A. Weight on admission (in pounds)	
7. Social Security Number		26B. Weight on admission (in pounds)	
8. Gender (1 - Male; 2 - Female)		26C. Weight on admission (in pounds)	
9. Marital Status (1 - Never Married; 2 - Married; 3 - Widowed; 4 - Separated; 5 - Divorced)		26D. Weight on admission (in pounds)	
10. Zip Code of Patient's Pre-Hospital Residence		26E. Weight on admission (in pounds)	
11. Admission Date MM/DD/YYYY		26F. Weight on admission (in pounds)	
12. Assessment Reference Date MM/DD/YYYY		26G. Weight on admission (in pounds)	
13. Admission Class (1 - Initial Admit; 2 - Readmission; 3 - Discharge; 4 - Discharge Discharge; 5 - Continuing Rehabilitation)		26H. Weight on admission (in pounds)	
14. Admit From (01 - Home (private home/care, board/care, assisted living, group home, transitional living, other residential care arrangements); 02 - Short-term General Hospital; 03 - Skilled Nursing Facility (SNF); 04 - Intermediate care; 05 - Home under care of organized home health service organization; 06 - Hospice (Home); 07 - Hospice (medical facility); 08 - Living Unit; 09 - Another Inpatient Rehabilitation Facility; 10 - Long-Term Care Hospital (LTC/H); 11 - Medical Nursing Facility; 12 - Inpatient Psychiatric Facility; 13 - Critical Access Hospital (CAH); 99 - Not Listed)		26I. Weight on admission (in pounds)	
15. Pre-hospital Living Setting Use codes from 15A, Admit From		26J. Weight on admission (in pounds)	
16. Pre-hospital Living With (Code only if from 15A or 01 - Home. Code using 1 - Alone; 2 - Family/Relatives; 3 - Friends; 4 - Attendant; 05 - Other)		26K. Weight on admission (in pounds)	

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

OMB No. 0938-0842

Discharge Information		Therapy Information	
40. Discharge Date MM/DD/YYYY		0040L: Week 1: Total Number of Minutes Provided	
41. Patient discharged against medical advice? (0 - No; 1 - Yes)		0040A: Physical Therapy	
42. Program Interruption(s) (0 - No; 1 - Yes)		a. Total minutes of individual therapy	
43. Program Interruption Dates (Code only if item 42 is 1 - Yes)		b. Total minutes of concurrent therapy	
A. 1st Interruption Date		c. Total minutes of group therapy	
B. 1st Return Date		d. Total minutes of co-treatment therapy	
C. 2nd Interruption Date		0040C: Speech-Language Pathology	
D. 2nd Return Date		a. Total minutes of individual therapy	
E. 3rd Interruption Date		b. Total minutes of concurrent therapy	
F. 3rd Return Date		c. Total minutes of group therapy	
44C: Was the patient discharged alive? (0 - No; 1 - Yes)		d. Total minutes of co-treatment therapy	
44D: Patient's discharge destination/living setting, using codes below. (Answer only if 44C = 1; if 44C = 0, skip to item 46)		0040B: Occupational Therapy	
(01 - Home (private home/care, board/care, assisted living, group home, transitional living, other residential care arrangements); 02 - Short-term General Hospital; 03 - Skilled Nursing Facility (SNF); 04 - Intermediate care; 05 - Home under care of organized home health service organization; 06 - Hospice (Home); 07 - Hospice (medical facility); 08 - Living Unit; 09 - Another Inpatient Rehabilitation Facility; 10 - Long-Term Care Hospital (LTC/H); 11 - Medical Nursing Facility; 12 - Inpatient Psychiatric Facility; 13 - Critical Access Hospital (CAH); 99 - Not Listed)		a. Total minutes of individual therapy	
45. Discharge to Living With (Code only if from 44C is 1 - Yes and 44D is 01 - Home. Code using 1 - Alone; 2 - Family/Relatives; 3 - Friends; 4 - Attendant; 5 - Other)		b. Total minutes of concurrent therapy	
46. Discharge to Living With (Code using ICD code)		c. Total minutes of group therapy	
47. Complications during rehabilitation stay (Use ICD codes to specify up to six conditions that began with this rehabilitation stay)		d. Total minutes of co-treatment therapy	
A. _____		0040D: Speech-Language Pathology	
B. _____		a. Total minutes of individual therapy	
C. _____		b. Total minutes of concurrent therapy	
D. _____		c. Total minutes of group therapy	
E. _____		d. Total minutes of co-treatment therapy	

IGC + CC + GG = CMG

Discharge Status—Consistent with NUBC Guidelines (UB-04 codes) (MOST OF THE TIME)

Interruption or Death Dx

Complications

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# HIPPS Code (CMG) Determines Payment

**HIPPS  
code/CMG  
determines  
payment  
amounts (CMS)**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
CMB No. 0918-0842

**INPATIENT REHABILITATION FACILITY - PATIENT ASSESSMENT INSTRUMENT**

<p><b>1. Facility Information</b></p> <p>A. Facility Name _____</p> <p>B. Facility Medicare Provider Number _____</p> <p>2. Patient Medical Number _____</p> <p>3. Patient Last Name _____</p> <p>4. Patient First Name _____</p> <p>5. Patient Middle Name _____</p> <p>6. Birth Date _____ MM/DD/YYYY</p> <p>7. Social Security Number _____</p> <p>8. Gender (1 - Male, 2 - Female) _____</p> <p>10. Marital Status (1 - Never Married, 2 - Married, 3 - Widowed, 4 - Separated, 5 - Divorced) _____</p> <p>11. Zip Code of Patient's Pre-Admission Residence _____</p> <p>12. Admission Date _____ MM/DD/YYYY</p> <p>13. Assessment Reference Date _____ MM/DD/YYYY</p> <p>14. Admission Class (1 - Acute Rehab, 2 - Evaluation, 3 - Rehabilitation, 4 - Extended Discharge, 5 - Community Rehabilitation)</p> <p>15A. Admit From (01 - Home (private home care, board care, assisted living, group home, residential living, other residential care arrangement), 02 - Short-term General Hospital, 03 - Skilled Nursing Facility (SNF), 04 - Intermediate care, 05 - Home under care of registered home health service organization, 06 - Hospice (home), 07 - Hospice (medical facility), 08 - Long Term Care Hospital (LTC), 09 - Medical Nursing Facility, 10 - Inpatient Psychiatric Facility, 11 - Critical Access Hospital (CAH), 99 - Not Listed)</p> <p>16A. Pre-Admission Living Setting (Use codes from 15A. Admit From)</p> <p>17. Pre-Admission Living With (1 - Sub only if item 16A is 01 Home; Code using 01 - Alone, 02 - Family Member, 03 - Friends, 04 - Alone, 05 - Other)</p>	<p><b>21. Impairment Group*</b></p> <p>Conditions requiring admission to rehabilitation; code according to Appendix A</p> <p>22. Etiologic Diagnosis (Use ICD codes to indicate the etiologic problem that led to the condition for which the patient is receiving rehabilitation)</p> <p>A _____ B _____ C _____</p> <p>23. Date of Onset of Impairment _____ MM/DD/YYYY</p> <p>24. Comorbid Conditions (Use ICD codes to note comorbid medical conditions)</p> <p>A _____ B _____ C _____ D _____ E _____ F _____ G _____ H _____ I _____ J _____ K _____ L _____ M _____ N _____ O _____ P _____ Q _____ R _____ S _____ T _____ U _____ V _____ W _____ X _____ Y _____ Z _____</p> <p>25A. Are there any active conditions recorded in items #21, #22, or #24 that meet all of the requirements for DRP classification (in #2 CTR, #21, #22, #23, #24, and #25)? (0 - No, 1 - Yes)</p> <p>25B. Weight on admission (in pounds) (Measure weight consistently, according to standard facility practice (e.g., in a.m. after voiding, with shoes off, etc.))</p>
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# Making Reimbursement Happen (Both Forms Required)

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
CMB No. 0918-0842

**INPATIENT REHABILITATION FACILITY - PATIENT ASSESSMENT INSTRUMENT**

<p><b>1. Facility Information</b></p> <p>A. Facility Name _____</p> <p>B. Facility Medicare Provider Number _____</p> <p>2. Patient Medical Number _____</p> <p>3. Patient Last Name _____</p> <p>4. Patient First Name _____</p> <p>5. Patient Middle Name _____</p> <p>6. Birth Date _____ MM/DD/YYYY</p> <p>7. Social Security Number _____</p> <p>8. Gender (1 - Male, 2 - Female) _____</p> <p>10. Marital Status (1 - Never Married, 2 - Married, 3 - Widowed, 4 - Separated, 5 - Divorced) _____</p> <p>11. Zip Code of Patient's Pre-Admission Residence _____</p> <p>12. Admission Date _____ MM/DD/YYYY</p> <p>13. Assessment Reference Date _____ MM/DD/YYYY</p> <p>14. Admission Class (1 - Acute Rehab, 2 - Evaluation, 3 - Rehabilitation, 4 - Extended Discharge, 5 - Community Rehabilitation)</p> <p>15A. Admit From (01 - Home (private home care, board care, assisted living, group home, residential living, other residential care arrangement), 02 - Short-term General Hospital, 03 - Skilled Nursing Facility (SNF), 04 - Intermediate care, 05 - Home under care of registered home health service organization, 06 - Hospice (home), 07 - Hospice (medical facility), 08 - Long Term Care Hospital (LTC), 09 - Medical Nursing Facility, 10 - Inpatient Psychiatric Facility, 11 - Critical Access Hospital (CAH), 99 - Not Listed)</p> <p>16A. Pre-Admission Living Setting (Use codes from 15A. Admit From)</p> <p>17. Pre-Admission Living With (1 - Sub only if item 16A is 01 Home; Code using 01 - Alone, 02 - Family Member, 03 - Friends, 04 - Alone, 05 - Other)</p>	<p><b>21. Impairment Group*</b></p> <p>Conditions requiring admission to rehabilitation; code according to Appendix A</p> <p>22. Etiologic Diagnosis (Use ICD codes to indicate the etiologic problem that led to the condition for which the patient is receiving rehabilitation)</p> <p>A _____ B _____ C _____</p> <p>23. Date of Onset of Impairment _____ MM/DD/YYYY</p> <p>24. Comorbid Conditions (Use ICD codes to note comorbid medical conditions)</p> <p>A _____ B _____ C _____ D _____ E _____ F _____ G _____ H _____ I _____ J _____ K _____ L _____ M _____ N _____ O _____ P _____ Q _____ R _____ S _____ T _____ U _____ V _____ W _____ X _____ Y _____ Z _____</p> <p>25A. Are there any active conditions recorded in items #21, #22, or #24 that meet all of the requirements for DRP classification (in #2 CTR, #21, #22, #23, #24, and #25)? (0 - No, 1 - Yes)</p> <p>25B. Weight on admission (in pounds) (Measure weight consistently, according to standard facility practice (e.g., in a.m. after voiding, with shoes off, etc.))</p>
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## **POLL - Putting it All Together # 1**

**Which of the following are added together to form a HIPPS Code?**

- A. DRG and RIC
- B. CMG and DRG
- C. CMG and Tier
- D. RIC and Tier only

## **POLL - Putting it All Together # 2**

**Which of the following contains the information used for CMG calculation?**

- A. IRF-PAI
- B. UB-04
- C. Pre-Admission Screen
- D. None of the Above

## POLL - Putting it All Together # 3

How many face-to-face visits is the rehab physician required to make per week?

- A. One visit
- B. Three visits
- C. Five visits
- D. No minimum requirement exists

## POLL - Putting it All Together # 4

67-year-old female, IGC 3.2 Parkinson's, Motor Score = 37.5, Tier 3 diagnosis reported, What is CMG?

- A. A0602
- B. C0604
- C. D0604
- D. None of the above

### RIC/CMG VALUATION FY 2025

RIC/IGC	CMG	CMG Description (M=motor, A=age)	National Average Unadjusted Payment Rate (\$18,907)											
			TIER 1 - B			TIER 2 - C			TIER 3 - D			NO COMORBIDS - A		
			RW	PMT *1	AVG LOS	RW	PMT *1	AVG LOS	RW	PMT *1	AVG LOS	RW	PMT *1	AVG LOS
(06) NEURO 03.1; 03.2; 03.3; 03.5; 03.8-03.9	0601	Neurological M >=64.50	1.3287	\$ 25,121.73	10	0.9948	\$ 18,808.68	10	0.9287	\$ 17,558.93	10	0.8376	\$ 15,836.50	9
	0602	Neurological M >=52.50 and M <64.50	1.6853	\$ 31,863.97	13	1.2618	\$ 23,856.85	12	1.1779	\$ 22,270.56	12	1.0623	\$ 20,084.91	11
	0603	Neurological M >=43.50 and M <52.50	1.9858	\$ 37,545.52	15	1.4867	\$ 28,109.04	14	1.3879	\$ 26,241.03	13	1.2517	\$ 23,665.89	13
	0604	Neurological M <43.50	2.4904	\$ 47,085.99	20	1.8645	\$ 35,252.10	17	1.7406	\$ 32,909.52	16	1.5698	\$ 29,680.21	16



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## POLL - Putting it All Together # 5

75-year-old male, IGC 8.4 Multiple Fractures, Motor Score = 50.50, Tier 2 diagnosis reported, What is CMG?

- A. B1802
- B. D1704
- C. B1702
- D. C1702

## POLL - Putting it All Together # 6

IGC 8.11 Left Hip Fracture, Motor Score = 60.25, Tier 1 diagnosis reported, patient expired on day 6 following admission. What is CMG?

- A. B0702
- B. A5101
- C. C0702
- D. None of the above

## POLL - Putting it All Together # 7

Patient is 69 year old male. IGC 2.1 Non-Traumatic Brain, Motor Score = 47.50, Tier 3 diagnosis reported. Patient discharged on day 2 back to acute and does not return to the IRF. What CMG is paid?

- A. D0305
- B. A5001
- C. D0304
- D. D0303

## POLL - Putting it All Together # 8

Patient is 48-year-old male. IGC 8.3, Motor Score = 49.20, Tier 1 diagnosis reported. What is CMG?

- A. A0703
- B. B0704
- C. A0704
- D. B0703

## POLL - Putting it All Together # 9

Same as last patient - patient is 48-year-old male. IGC 8.3, Motor Score = 49.20, Tier 1 diagnosis reported. According to the RIC CMG Valuation grid provided, this patient must be discharged by day 16.

- A. True
- B. False

# POLL - Putting it All Together # 10

Diagnoses reported as complications  
can impact the CMG.

A. True

B. False



## IGC Selection Basics

# A Walk Through the IGC's

## Stroke

- 01.1 (L) Body Involvement (R) Brain
- 01.2 (R) Body Involvement (L) Brain
- 01.3 Bilateral Involvement
- 01.4 No Paresis
- 01.9 Other Stroke

## Brain Dysfunction

- 02.1 Non-Traumatic
- 02.21 Traumatic, Open Injury
- 02.22 Traumatic, Closed Injury
- 02.9 Other Brain

## Neurologic Conditions

- 03.1 Multiple Sclerosis
- 03.2 Parkinsonism
- 03.3 Polyneuropathy
- 03.4 Guillain-Barré Syndrome
- 03.5 Cerebral Palsy
- 03.8 Neuromuscular Disorders
- 03.9 Other Neurologic

## Spinal Cord Dysfunction

- Non-Traumatic**
- 04.110 Paraplegia, Unspecified
- 04.111 Paraplegia, Incomplete
- 04.112 Paraplegia, Complete
- 04.120 Quadriplegia, Unspecified
- 04.121 Quadriplegia, Incomplete C1-4
- 04.1212 Quadriplegia, Incomplete C5-8
- 04.1221 Quadriplegia, Complete C1-4
- 04.1222 Quadriplegia, Complete C5-8
- 04.130 Other Non-Traumatic Spinal Cord Dysfunction

## Traumatic

- 04.210 Paraplegia, Unspecified
- 04.211 Paraplegia, Incomplete
- 04.212 Paraplegia, Complete
- 04.220 Quadriplegia, Unspecified
- 04.2211 Quadriplegia, Incomplete C1-4
- 04.2212 Quadriplegia, Incomplete C5-8
- 04.2221 Quadriplegia, Complete C1-4
- 04.2222 Quadriplegia, Complete C5-8
- 04.230 Other Traumatic Spinal Cord

## Amputation

- 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

## Arthritis

- 06.1 Rheumatoid Arthritis
- 06.2 Osteoarthritis
- 06.9 Other Arthritis

## Pain Syndrome

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

## Orthopedic Disorders

- 08.11 Unilateral Hip Fracture
- 08.12 Bilateral Hip Fracture
- 08.2 Femur (Shaft) Fracture
- 08.3 Pelvic Fracture
- 08.4 Major Multiple Fractures
- 08.51 Unilateral Hip Replacement
- \*MUST BE 85+ or BMI +50
- 08.52 Bilateral Hip Replacement
- 08.61 Unilateral Knee Replacement
- \*MUST BE 85+ or BMI + 50
- 08.62 Bilateral Knee Replacement
- 08.71 Hip & Knee Replacement (same side) \*MUST BE 85+ or BMI + 50
- 08.72 Hip & Knee Replacement (different sides)
- 08.9 Other Orthopedic

## Cardiac

- 09 Cardiac

## Pulmonary

- 10.1 COPD
- 10.9 Other Pulmonary

## Burns

- 11 Burns

## Congenital Deformities

- 12.1 Spinal Bifida
- 12.9 Other Congenital Deformity

## Other Disabling Impairments

- 13 Other Disabling Impairments

## Major Multiple Trauma

- 14.1 Brain + Spinal Cord Injury
- 14.2 Brain + Multiple Fractures / Amputation
- 14.3 Spinal Cord + Multiple Fractures / Amputation
- 14.9 Other Multiple Trauma

## Developmental Disability

- 15 Developmental Disability

## Deblity

- 16 Deblity (non-cardiac, non-pulmonary)

## Medically Complex

**\*\*CAUTION\*\***: Use ONLY if the reason for admission is medical management and rehabilitation treatments are 2\* to medical management.

- 17.1 Infections
- 17.2 Neoplasms
- 17.31 Nutrition w/ Intubation / Parenteral Nutrition
- 17.32 Nutrition w/out Intubation / Parenteral Nutrition
- 17.4 Circulatory Disorders
- 17.51 Respiratory Disorders (Ventilator Dependent)
- 17.52 Respiratory Disorders (Non-Ventilator Dependent)
- 17.6 Terminal Care
- 17.7 Skin Disorders
- 17.8 Medical / Surgical Complications
- 17.9 Other Medically Complex Conditions

# IRF-PAI Items 21 and 22

Identification Information	Medical Information														
<p>1. Facility Information</p> <p>A. Facility Name _____</p> <p>_____</p> <p>_____</p> <p>B. Facility Medicare Provider Number _____</p> <p>2. Patient Medicare Number _____</p> <p>3. Patient Medicaid Number _____</p> <p>4. Patient First Name _____</p> <p>5A. Patient Last Name _____</p>	<p>21. Impairment Group*</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">Admission</td> <td style="width: 50%; text-align: center;">Discharge</td> </tr> </table> <p>Condition requiring admission to rehabilitation; code according to Appendix A.</p> <p>22. Etiologic Diagnosis (Use ICD codes to indicate the etiologic problem that led to the condition for which the patient is receiving rehabilitation)</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">A. _____</td> <td style="width: 50%;">_____</td> </tr> <tr> <td>B. _____</td> <td>_____</td> </tr> <tr> <td>C. _____</td> <td>_____</td> </tr> </table> <p>23. Date of Onset of Impairment _____ / _____ / _____ MM / DD / YYYY</p> <p>24. Comorbid Conditions Use ICD codes to enter comorbid medical conditions</p> <table style="width: 100%;"> <tr> <td>A. _____</td> <td>J. _____</td> <td>S. _____</td> </tr> <tr> <td>B. _____</td> <td>K. _____</td> <td>T. _____</td> </tr> </table>	Admission	Discharge	A. _____	_____	B. _____	_____	C. _____	_____	A. _____	J. _____	S. _____	B. _____	K. _____	T. _____
Admission	Discharge														
A. _____	_____														
B. _____	_____														
C. _____	_____														
A. _____	J. _____	S. _____													
B. _____	K. _____	T. _____													

Admission IGC Determines CMG

ETIOLOGIC(S) SUPPORT(S) IMPAIRMENT (IGC)

**STROKE (01)**

The STROKE Impairment Group includes cases with the diagnosis of cerebral ischemia due to vascular thrombosis, embolism, or hemorrhage.

**NOTE:** Do NOT use for cases with brain dysfunction secondary to non-vascular causes such as trauma, inflammation, tumor, or degenerative changes. These should be coded under BRAIN DYSFUNCTION (02) instead.

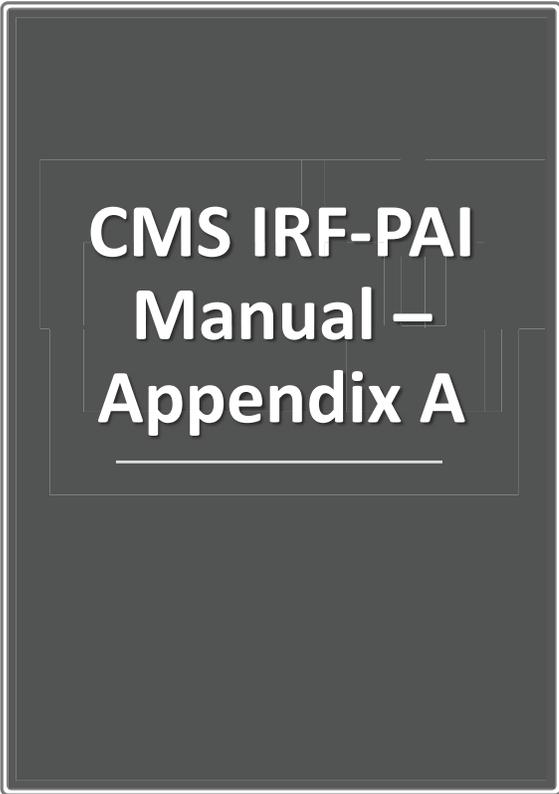
- 01.1 Left Body (Right Brain)
- 01.2 Right Body (Left Brain)
- 01.3 Bilateral
- 01.4 No Paresis
- 01.9 Other Stroke

IGC/RIC Instructions

IGC Options

Crosswalk Table

UDS <sup>SM</sup> Impairment Group	UDS <sup>SM</sup> Impairment Group Code (Item 21)	RIC	ICD-10-CM Code (Item 22)	Etiologic Diagnosis
STROKE	01.1 – 01.9	Stroke (01)	160.00-160.9	Nontraumatic subarachnoid hemorrhage, including ruptured cerebral aneurysm
			161.0-161.9	Nontraumatic intracerebral hemorrhage
			162.00-162.9	Other and unspecified Nontraumatic intracranial hemorrhage
			163.00, 163.011-163.019, 163.02, 163.031-163.039, 163.09-163.10, 163.111-163.119, 163.12, 163.131-163.139, 163.19-163.20, 163.211-163.219, 163.22, 163.231-163.239, 163.29	Occlusion and stenosis of precerebral arteries, with cerebral infarction
			163.30, 163.311-163.349, 163.39, 163.40, 163.411-163.449, 163.49-163.50, 163.511-163.549, 163.59, 163.6, 163.8-163.9	Occlusion and stenosis of cerebral arteries, with cerebral infarction
167.89	Other cerebrovascular disease			

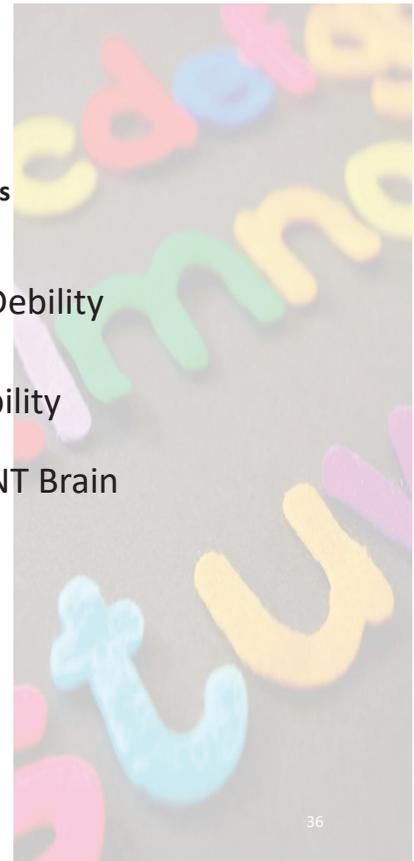


**FIND YOUR ETIOLOGIC (CAUSE OF THE IMPAIRMENT) AND MATCH TO IMPAIRMENT (IGC)**

**HINT: ICD-10 & IGC By the Letter**

**Common IGC's**

- **A, B** – Infections (Organisms) → Debility
- **C, D** - Neoplasms → NT Brain, NT Spine, Ortho, Debility
- **E** – Endocrine/Metabolic → Amputation, Brain
- **F**- Mental, Behavioral, Neurodevelopmental Disorders → Other, Developmental Disability
- **G** – Nervous System → Neuro, Ortho, Spinal Cord, NT Brain
- **H** – Eye/Ear → None
- **I** – Circulatory System (Cerebrovascular and Cardiovascular) → Stroke, Cardiac
- **J** – Respiratory → Pulmonary
- **K** - Digestive → Debility

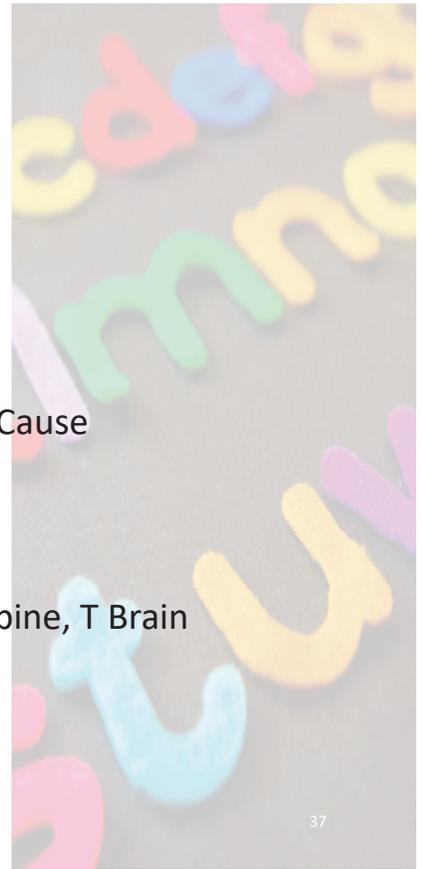


## FIND YOUR ETIOLOGIC (CAUSE OF THE IMPAIRMENT) AND MATCH TO IMPAIRMENT (IGC)

**HINT: ICD-10 & IGC By the Letter**

- **L** – Skin /SubQ Tissues → Debility
- **M** – Musculoskeletal (Not Traumatic Injuries) → Ortho, NT Spine
- **N** - Genitourinary → Debility
- **O/P** - Pregnancy/Newborns → Determined by Deficits/Cause
- **Q** - Congenital → Congenital, Ortho
- **R** – Signs, Symptoms and Abnormal Clinical/Lab Findings → Debility
- **S, T** – Injuries (Including Burns and Complications) and Poisonings → Debility, Ortho, Burns, Spine, T Brain
- **U**- Codes For Special Circumstances → Debility,
- **V, Y** – External Causes → None
- **Z** – Factors Influencing Health (Status Codes – Not typically used as etiologic) → None

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## For Correct IGC - ASK!

*What is/are the Underlying Diagnosis(es) that caused the PRIMARY Impairment?*



*What is the PRIMARY Focus of Treatment?*



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**You Select the  
IGC**

**Patient found on the side of the road; fractured breast plate, left femur fracture and right humeral fracture, left tri-malleolar fracture, multiple facial fractures, missing teeth, patient was unconscious first 24 hours while in the acute hospital. No brain injury noted.**

IGC \_\_\_\_\_

**You Select the  
IGC**

**Patient found in alley with LaFort III fractures and traumatic subdural hemorrhage and loss of consciousness for 12 hours after arrival in the acute setting.**

IGC \_\_\_\_\_

## You Select the IGC

**Patient presents to rehabilitation following a lumbar laminectomy with fusion L4-L5 for spinal stenosis, primary focus of care post surgical strengthening.**

IGC\_\_\_\_\_

## You Select the IGC

**Patient presents with incomplete paraparesis following cervical fusion at C3-T1 for Spondylosis with myelopathy, now with residual bowel and bladder incontinence; proximal weakness; problems with fine motor skills in the upper extremities.**

IGC\_\_\_\_\_

## POLL - Putting it All Together #11

IRF patient had a TBI in 1992 oddly enough they have a recent diagnosis of NPH and cognitive impairment. The acute side does not make the link between the old TBI and these impairments, but the rehab provider does. Per the H&P "Reason for admission: NPH S/P VP shunt...CNS dysfunction w weakness LE and upper para stenosis. Evidence of large ventricles, VP shunt inserted 7/18."

- A. 2.1 Non Traumatic Brain
- B. 2.22 Traumatic closed TBI
- C. 2.21 Traumatic open TBI
- D. Other IGC not listed

## POLL - Putting it All Together # 12

82-year-old lady with respiratory debility secondary to recent pneumonia. She is status post foot surgery. She is status post recent acute respiratory failure, acute kidney injury and has oxygen dependent hypoxia, anemia, urinating difficulties requiring of indwelling Foley catheter at the time of admission. She has hypertension, tachycardia, hiatal hernia and history of gastric ulcer and chronic obstructive pulmonary disease. Reported IGC is 10.9 Do you agree?

- A. Yes
- B. No

## POLL - Putting it All Together #13

**IGC: 17.8-Medical/Surgical Complications**

**Etiology: G72.81 Critical illness myopathy 2/2  
prolonged ventilation, NSTEMI I21.4, pneumonia J69.0**

**80-year-old female with a history of obstructive sleep apnea, hypertension, dyslipidemia, obesity, atrial fibrillation. Patient was initially admitted to the hospital because of left knee surgery, but developed aspiration pneumonia, became unresponsive and was subsequently intubated for multifocal pneumonia. She stayed several days in the ICU resulting in CIM. Agree with IGC?**

- A. Yes
- B. No

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## POLL - Putting it All Together #14

**Pt is coded as 4.130 with Etiologic of G93.5  
(compression of brain)**

**Just prior to rehab admit, pt. had a sub occipital craniotomy, complete C1 decompression, partial C3 decompression. Had previous back surgeries at L4-L5 with disc compression on spinal canal. No evidence of continued compression. Do you agree with IGC?**

- A. Yes
- B. No

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# POLL - Putting it All Together #15

Etiology: Spinal stenosis. Left lumbar hemilaminectomy and posterolateral fusion of L2 through S1.

Patient is a 46-year-old with history of lumbar stenosis, L3-L4 and L4-L5 hemilaminectomy and posterolateral fusion of L2 through S1. Patient had left lower extremity weakness after her surgery and was put on Decadron treatment. During subacute stay, patient was trying to get out of the bed, had difficulty moving her LLE and fell on the floor sustaining trauma to the head. She denied loss of consciousness. Patient admitted to rehab due to impaired ambulation and ADL's secondary to lumbar stenosis L3-L3 and L4-L5 with radiculopathy.

- A. 4.130 Non-Traumatic Cord, Unsp
- B. 8.9 Other Ortho
- C. 03.9 Other Neuro
- D. 14.1 Brain and Spinal Cord

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## You Select the IGC: 59-year-old female s/p MVA.....

IGC: \_\_\_\_\_ **A** Traumatic Fractures at L-1 through L-4 now with gait instability and extreme pain, non-surgical candidate care is focused on the patient's pain

IGC: \_\_\_\_\_ **B** Traumatic Fractures at L-1 through L-4, laminectomy and fusion following to rehab with foot drop, radiculopathy.

IGC: \_\_\_\_\_ **C** Traumatic Fractures at L-1 through L-4 Laminectomy and fusion to rehab with bilateral incomplete Lower extremity paralysis, bowel and bladder incontinence.



## Let's Chat – Speed Round

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- CVA with left hemiparesis
- Left BKA
- CVA with ataxia
- Compression Fracture L2 & L4 not surgical candidate
- Metabolic Encephalopathy

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## Let's Chat - Speed Round

---

- Critical Illness Myoneuropathy
- Pneumonia
- Critical Illness Neuropathy
- Skull Fracture with SAH and SDH
- Acute on Chronic CHF

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## Let's Chat - Speed Round

- Seizures without cognitive deficits, stated with generalized weakness
- Right AKA with former BKA
- Sepsis
- Lumbar Spondylosis with radiculopathy s/p surgery



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## Let's Chat - You Select the IGC

- Ankle fracture with surgical repair
- Post Op CABG
- Acute on Chronic Kidney Failure
- Fracture Hip and Metacarpal both surgically repaired



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- ✓ Neuro vs Other Ortho vs Non-Traumatic Spine
- ✓ Hip Fracture vs Hip Replacement
- ✓ Non-Traumatic Brain vs Debility
- ✓ Neuromuscular vs Other Neurologic
- ✓ Other Pulmonary or Cardiac vs Debility
- ✓ Medically Complex vs Debility/any other IGC
- ✓ Major Multiple Fractures vs MMT
- ✓ Other Disabling vs Amputation
- ✓ Debility vs Traumatic Spine

## Potential RISK – IGC Selection

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## Potential RISK- Documentation

- ✓ Reporting Spine, Non-Traumatic Brain, and Neuro IGC without Deficits to Support
- ✓ Not Supporting a single IGC (but Many)
- ✓ Admitted for “Multiple Medical Reasons”
- ✓ Not documenting the clear reason for admission states “debility” or “gait dysfunction”



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# Breakout



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