

Using this Manual

This manual was created to ease the translation of CMS regulations regarding ICD-10-CM coding for the etiologic diagnosis and IGC selection. In addition, presumptive eligibility and documentation strategies were also considered. The complete list of eligible codes is not included in this manual and this manual is meant to be used in addition to the ICD-10-CM coding manual and the CMS lists of presumptively eligible diagnoses for FY 2025. This manual is intended for use for the current year as the information provided herein will change 10/1/2026.

This manual is meant to provide an exact translation of the codes provided in the latest CMS publication of Appendix A Impairment Group Codes and Associated ICD-10 Codes of the CMS IRF-PAI Manual for Fiscal Year 2026 which can be found at: <https://www.cms.gov/medicare/quality/inpatient-rehabilitation-facility/irf-pai-and-irf-qrp-manual> .

During the writing of this manual, the authors found information that was inconsistent with expectation and/or ICD-10-CM coding rules. That information is highlighted **IN BLUE** for the reader in the tables when appropriate. Likewise, Appendix A is not updated annually and therefore authors included ICD-10-CM codes that were not published in Appendix A when it appeared appropriate for the IGC. Notes identifying these additional codes are also **IN BLUE** for the reader in the tables when appropriate. In addition, ICD-10-CM code changes are reflected, new codes are identified with a symbol ■ and deleted codes were not published. The reader may download the current year ICD-10-CM release from the CDC at <https://www.cdc.gov/nchs/icd/comprehensive-listing-of-icd-10-cm-files.htm>.

This book used the CMS Final Rule Data Files titled: **IGC 3 ICD-10-CM FY2026** and the current **Presumptive Compliance-3** lists to identify non-compliance to 60% eligibility requirement for each diagnosis code. It is important to state, the entire list of diagnosis codes published in Appendix A of the IRF-PAI manual are included unless a code was deleted since its published revision year; however, the entire list of codes in Presumptive Compliance-3 are not included in this manual. Where conflicting information was published between the lists (i.e. the same code represents compliance and non-compliance) a special note was added in the tables.

Throughout this manual the words presumptive eligibility, presumptive compliance and 60% compliance or eligibility are synonymous.

Symbols and Colors

Color RED – The color red is used in two ways in this manual.

1. When an IGC is SOMETIMES presumptively compliant and listed in Appendix A of the IRF-PAI manual, the etiologic diagnosis options which were included in Appendix A of the CMS IRF-PAI Manual that cause the case to be **excluded** are listed in **RED**.
2. When an IGC is NEVER compliant an additional step was taken to identify diagnoses in the CMS list of diagnoses that causes case presumption. The diagnoses which are not considered 60% qualifiers are listed in **RED**. As noted above, where conflicting information was published by CMS, notations are made in the manual tables **IN BLUE**.

Color **Grey/Purple** and ** - (i.e see Traumatic Brain) On multiple occasions there were combination codes identified as potential etiologic diagnoses. On those occasions in order to assist the reader to clearly differentiate when one code reported with another is expected, and when these codes reported together could impact presumptive eligibility, the primary code is listed in a white box with the codes to be reported with it in a grey/purple box with the symbol ** next to the diagnosis code(s). Just because the codes are listed in a particular order in this manual does not provide sequencing direction. Some of the codes reflect coding notes regarding sequencing but for correct sequencing and the addition of more codes, the coder and/or ICD-10-CM manual should also be referenced.

General Coding and Documentation Notes

At the beginning of every section there is information relating to coding and/or documentation for the conditions in that section.

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Tables

The individual IGC tables are formatted exactly as Appendix A of the IRF-PAI manual for recognition. In addition to the information published in the IRF-PAI manual, ICD-10-CM code descriptions; some coding directives; identification of diagnosis codes that meet, do not meet or cause a case to be excluded from presumptive eligibility; and, documentation needs for the specific diagnoses were included. For example:

Impairment Group		Rehab Impairment Category		Etiologic Diagnosis Category		Documentation Tips	
UDSMR Impairment Group	UDSMR Impairment Group Code (Item 21)	RIC	Presumptive Compliance Exclusions	Etiologic Diagnosis	ICD-10	I-10 Description	What Should Be Documented
Stroke	01.1 Left Body/ Right Brain 01.2 Right Body/ Left Brain 01.3 Bilateral Involvement 01.4 No Paresis 01.9 Other Stroke	Stroke (01)	01.9 Not Presumptive without qualifying comorbidity if the etiologic diagnoses is listed above for compliance periods beginning AFTER 10/1/15.	Subarachnoid Hemorrhage, including ruptured cerebral aneurysm	I60.0-	Nontraumatic <u>SUBARACHNOID HEMMORRHAGE</u> from CAROTID SIPHON AND BIFURICATION Use 5th Character (0) UNSPECIFIED (1) RIGHT (2) LEFT	-Specify VESSEL / LATERALITY AND CAUSE of hemorrhage *carotid siphon and bifurcation *middle cerebral artery *anterior communicating artery *posterior communicating artery *basilar artery *vertebral artery *other intracranial arteries *other subarachnoid hemorrhage -DOCUMENT DOMINANT SIDE AND AFFECTED SIDE -ASSOCIATE RESIDUALS
					I60.1-	Nontraumatic <u>SUBARACHNOID HEMMORRHAGE</u> from MIDDLE CEREBRAL ARTERY Use 5th Character (0) UNSPECIFIED (1) RIGHT (2) LEFT	
					I60.2-	Nontraumatic <u>SUBARACHNOID HEMMORRHAGE</u> from ANTERIOR COMMUNICATING ARTERY	

Impairment Group Descriptions that match diagnosis codes to the right.

Presumptive (60%) IGC exclusions – IGCs that never or sometimes meet are in RED.

Diagnosis Codes and Descriptions

Formatting of this manual mirrors the CMS Appendix A of the IRF-PAI Manual and therefore codes within IGC lists in the tables may not be in numerical order. Rather, they are grouped by diagnosis category. The documentation tips are meant to guide for the greatest specificity possible to achieve the most specific ICD-10-CM code. When the specificity noted herein is documented in the record, codes other than the ones listed may result as the best option for reporting. Remember best practice warrants the most detailed specificity known be documented as

soon as known in the medical record for the most optimal code choice and to support the severity of illness and acuity of services needed for the patient.

If you have questions about this manual or recommendations for other information that could be included to improve usability and/or if you find an error in the manual, we welcome your comments. Thank you for your purchase. We hope you find this manual as useful as we do.

For comments please call 1-877-976-6677 or email help@AQ-IQ.com



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