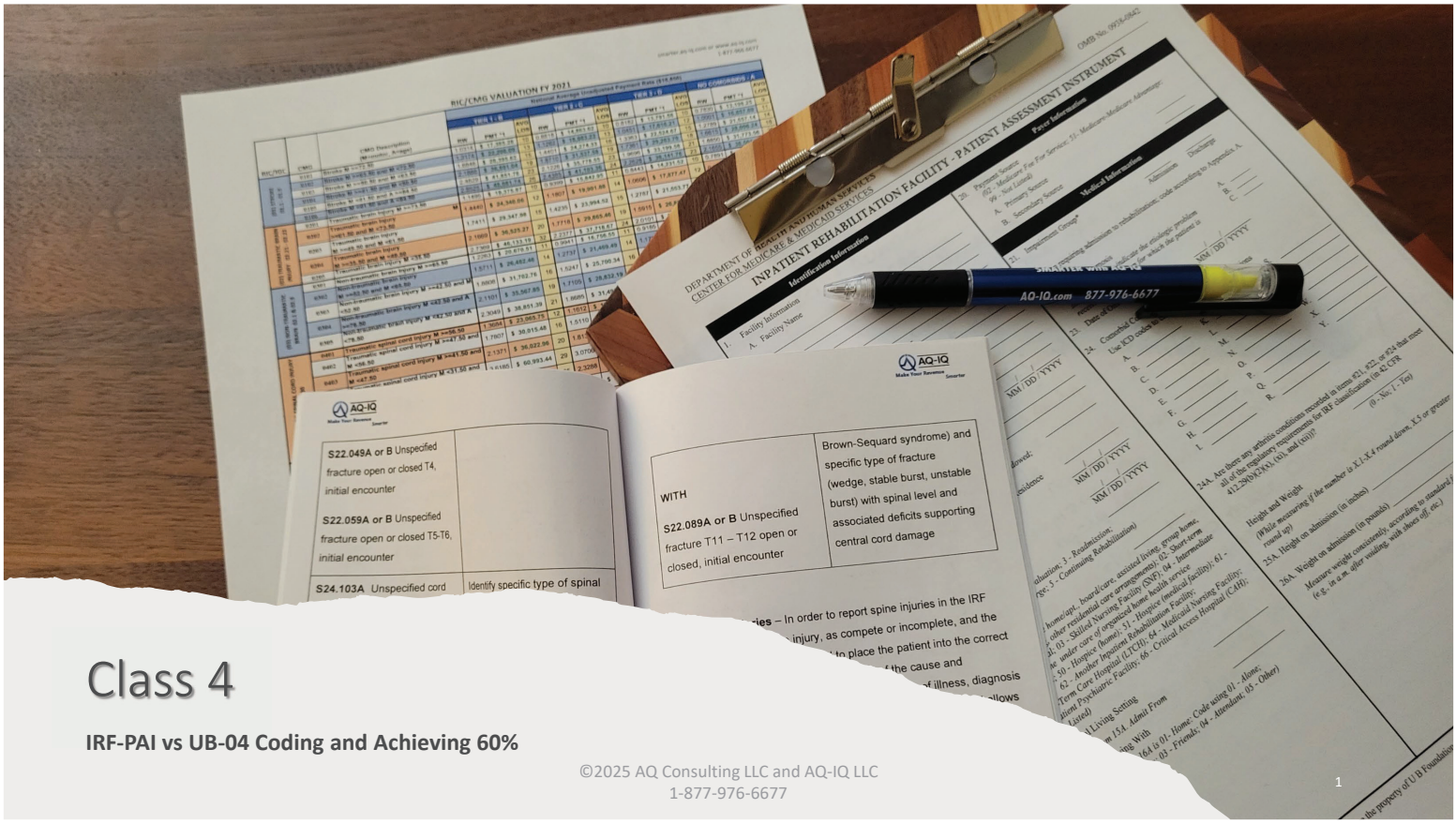


Class 4

IRF-PAI vs UB-04 Coding and Achieving 60%

The IRF-PAI

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

OMB No. 0938-0842

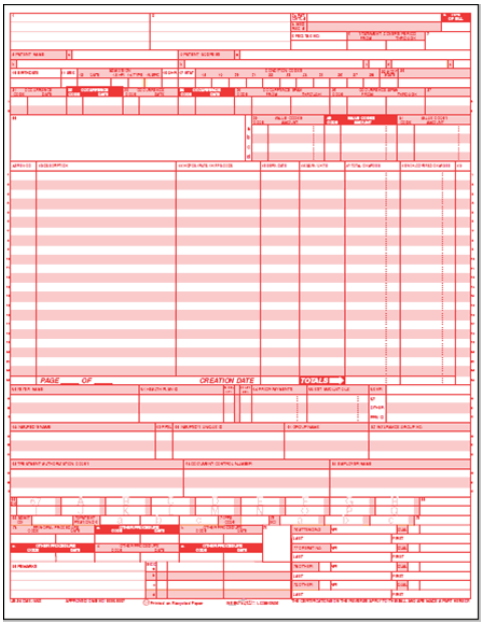
INPATIENT REHABILITATION FACILITY - PATIENT ASSESSMENT INSTRUMENT

Identification Information	Medical Information
1. Facility Information A. Facility Name B. Facility Medicare Provider Number 2. Patient Medicare Number 3. Patient Medicaid Number 4. Patient First Name 5A. Patient Last Name 5B. Patient Identification Number 6. Birth Date MM / DD / YYYY 7. Social Security Number 8. Gender (1 - Male; 2 - Female) 10. Marital Status (1 - Never Married; 2 - Married; 3 - Widowed; 4 - Separated; 5 - Divorced) 11. Zip Code of Patient's Pre-Hospital Residence 12. Admission Date MM / DD / YYYY 13. Assessment Reference Date MM / DD / YYYY 14. Admission Class (1 - Initial Rehab; 2 - Evaluation; 3 - Readmission; 4 - Unplanned Discharge; 5 - Continuing Rehabilitation) 15A. Admit From (01- Home (private home/apt., 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; 06 - Home under care of organized home health service organization; 50 - Hospice (home); 51 - Hospice (medical facility); 61 - Swing bed; 62 - Another Inpatient Rehabilitation Facility; 63 - Long-Term Care Hospital (LTCH); 64 - Medicaid Nursing Facility; 65 - Inpatient Psychiatric Facility; 66 - Critical Access Hospital (CAH); 99 - Not Listed) 16A. Pre-hospital Living Setting Use codes from 15A. Admit From 17. Pre-hospital Living With (Code only if item 16A is 01- Home: Code using 01 - Alone; 02 - Family/Relatives; 03 - Friends; 04 - Attendant; 05 - Other)	21. Impairment Group* Admission / Discharge Condition requiring admission to rehabilitation; code according to Appendix A 22. Etiologic Diagnosis (Use ICD codes to indicate the etiologic problem that led to the condition for which the patient is receiving rehabilitation) A. B. C. 23. Date of Onset of Impairment MM / DD / YYYY 24. Comorbid Conditions Use ICD codes to enter comorbid medical conditions 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. 24A. Are there any arthritis conditions recorded in items #21, #22, or #24 that meet all of the regulatory requirements for IRF classification (in 42 CFR 412.29(b)(2)(ii), (iii), and (iii))? (0 - No; 1 - Yes) Height and Weight (While measuring if the number is X.1-X.4 round down, X.5 or greater round up) 25A. Height on admission (in inches) 26A. Weight on admission (in pounds) Measure weight consistently, according to standard facility practice (e.g., in a.m. after voiding, with shoes off, etc.)

* The impairment codes incorporated or referenced herein are the property of U B Foundation Activities, Inc. ©1993, 2001 U B Foundation Activities, Inc

-VS-

UB04 Claim Form



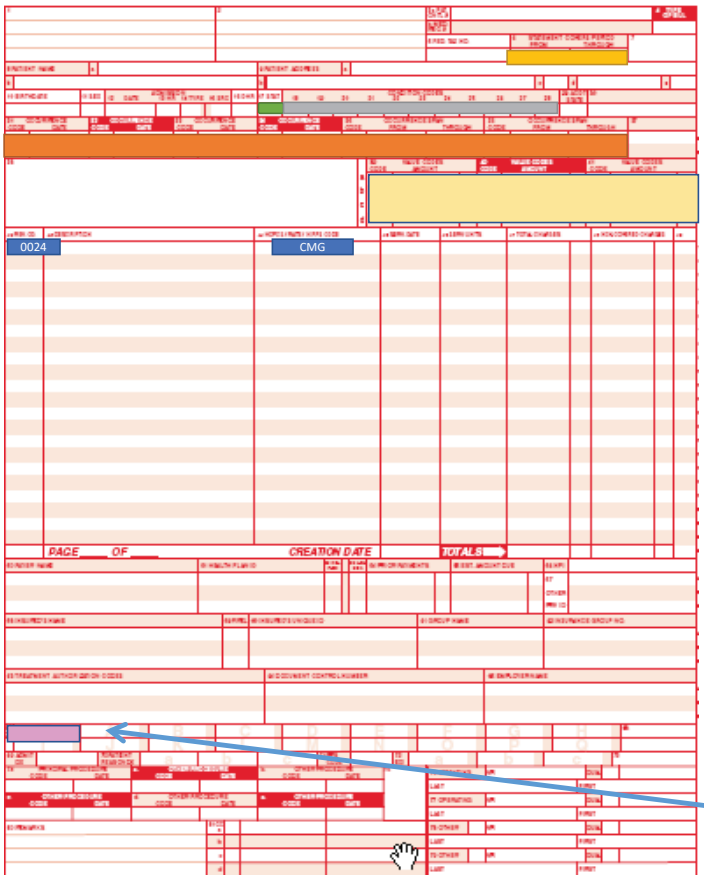
Review: Basic Coding Nuances – IRF-PAI

- **Etiologic: Underlying Reason for Impairment**
  - **Can Be Resolved**
  - **May be Multiple Codes**

Review: Basic Coding Nuances – IRF-PAI

- **Comorbidities ("History of" doesn't mean CURRENT!)**
  - Exist at time of admission
  - Treated
  - Impact treatment/length of stay
- **Complications**
  - Occur or are identified during the admission
- **Diagnoses documented on the last two days of the stay are not reported.**
- **Conditions that are Possible, Probable, or Suspected are not reported.**

UB-04: (Medicare Claim)



Field 6 – Admit-Discharge Dates

Field 17: Discharge Status

Fields 18-28 Condition Codes

Fields 31-36 Occurrence Codes/Dates

Fields 39-40 Value Codes and Amounts

Fields 42- 44 Line Item 0024 - CMG

Field 66 Principal Dx

ICD-10-CM Guidelines Section II – Selection of Principal Diagnosis (UB)

UHDDS Definition - "That condition determined after careful study to be chiefly responsible for occasioning the admission…"

- Definition applies to all non-outpatient settings
- Circumstances of Admission determines
- Guidelines in Alphabetic and Tabular Index take priority over general coding guidelines.

UB-04 Rehab Guidelines

When the purpose for the admission/encounter is rehabilitation, sequence first the code for the condition for which the service is being performed.

If the condition for which the rehabilitation service is no longer present, report the appropriate aftercare code as the first-listed or principal diagnosis, unless there was an injury.

UB-04 Rehab Guidelines

Subsequent visits -

Use a late effect external cause code for subsequent visits when a late effect of the initial injury is being treated.

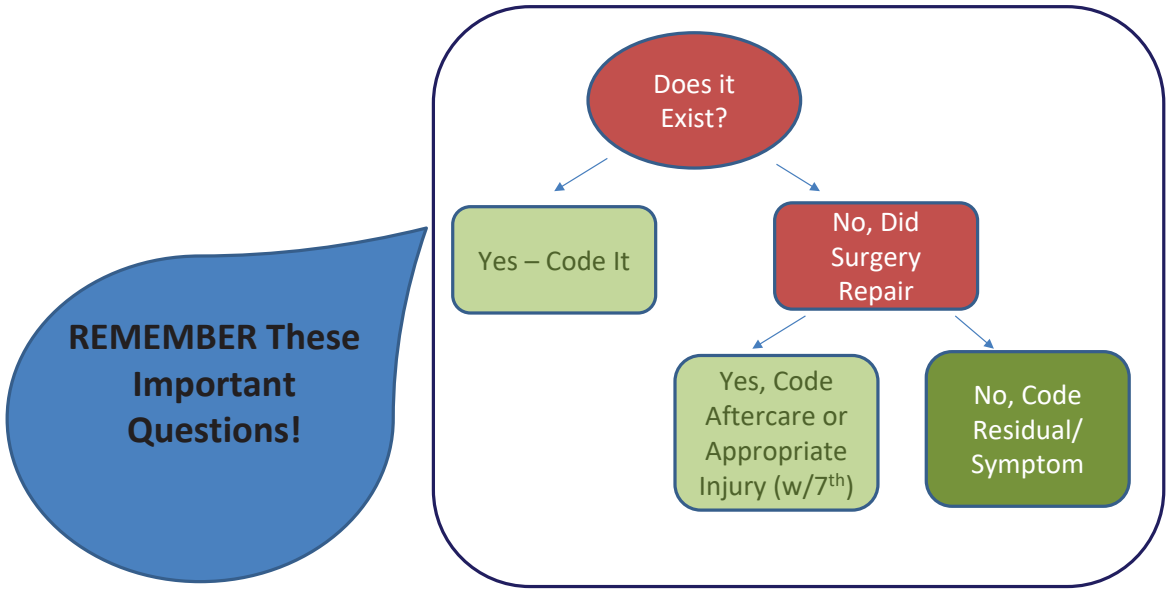
A sequela external cause code should never be used with a related current nature of injury code.

UB-04 Rehab Guidelines

Uncertain Diagnoses

Guidelines applies ONLY to inpatient admissions to short-term, acute, long-term care and psychiatric hospitals – NOT REHAB

Selecting Principal (most of the time)



Principal Diagnosis Questions

PxDx: Condition determined after careful study to be chiefly responsible for occasioning the admission

What Exists?

Existing Underlying Condition	• Code Underlying Condition
Residuals from Resolved Condition	• Code Primary Residual
Did Surgery Resolve the Condition	• Code Aftercare

Etiologic vs Principal Diagnosis

Etiologic – *"Etiologic Problem that led to the impairment for with the patient is receiving rehab"* *IRF PAI Manual*

- May be resolved
- Follows ICD-10-CM Guidance for sequencing and code selection in MOST but not all situations
- Must be determined by day 4 of admission
- Supports the IGC

PDx – *"That condition determined after careful study to be chiefly responsible for occasioning the admission…"ICD-10-CM Guidelines*

- Must be current
- Strictly follows ICD-10-CM Guidelines
- Can be determined at discharge
- Based on Acute Inpatient Hospital Guidelines (Determines the DRG) – this is the hospitals bill for IRF services, the PDx does not set the payment rate for Medicare encounters.

Strokes UB Versus IRF-PAI

- **Principal** = Primary Stroke Residual precipitating need for rehab (i.e. hemiplegia)
- **Comorbidities = Residuals using codes for stroke sequelae**
  - Dysphagia I69.991 & Type R13.12 (Oral)
  - Apraxia I69.390
  - Ataxia I69.393
  - Dysarthria I69.322

- **Etiologic** = Acute Stroke (when new stroke causes admission)
- **Comorbidities = Residuals using "acute" codes**
  - Oral Dysphagia R13.12
  - Apraxia R48.2
  - Ataxia R27.0
  - Dysarthria R47.1
  - Hemiplegia (Included in IGC) for new strokes

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Fracture/Injury UB Versus IRF-PAI

- **Principal** = Injury Code with 7th character D (or other subsequent care character)
- **Comorbidities (additional injuries) = All 7th character D (or other appropriate subsequent care character *see next slide).**

- **Etiologic** = Injury Code with 7th character A or B (open fracture)
- **Comorbidities = (additional injuries) = All 7th character D (or other appropriate subsequent care character *see next slide) Unless it happened in Rehab then typically A**

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Guidelines (Key) Traumatic Fractures

- **A - initial encounter for closed fracture**
- **B - initial encounter for open fracture type I or II or open fracture NOS**
- **C - initial encounter for open fracture type IIIA, IIIB, or IIIC**
- **D - subsequent encounter for closed fracture with routine healing**
- **E - subsequent encounter for open fracture type I or II with routine healing**
- **F - subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing**
- **G - subsequent encounter for closed fracture with delayed healing**
- **H - subsequent encounter for open fracture type I or II with delayed healing**
- **J - subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing**
- **K - subsequent encounter for closed fracture with nonunion**
- **M - subsequent encounter for open fracture type I or II with nonunion**
- **N - subsequent encounter for open fracture type IIIA, IIIB, or IIIC with nonunion**
- **P - subsequent encounter for closed fracture with malunion**
- **Q - subsequent encounter for open fracture type I or II with malunion**
- **R - subsequent encounter for open fracture type IIIA, IIIB, or IIIC with malunion**
- S - identifies injury w/ sequelae, 2nd code needed for sequelae itself. Sequelae listed 1st.

"Z" Aftercare not needed when 7th character describes.

Coding Symptoms as Principal (UB)

Non-Chronic Conditions (Existing) Based on Focus of Treatment

- Pneumonia
- Acute Respiratory Failure
- Sepsis
- UTI

Non-Chronic Conditions (No longer Existing)

- Report residual/symptom causing the need for rehab.
  - Gait Dysfunction
  - Weakness
  - Aftercare rarely

CHAT- What's the Answer #1?

Excision of Malignant Neoplasm of the Brain causing residual cognition and balance issues requiring inpatient rehabilitation.

- What is the Principal Diagnosis?
- What is the Etiologic Diagnosis?

Breakout (10min)

CHAT- What's the Answer #2

Current Primary Malignant Brain Cancer, non-surgical, in the Cerebellum causing loss of balance and fine motor skills causing the need for rehab.

- Principal Diagnosis?
- Etiologic Diagnosis?

CHAT - What's the Answer #3

This patient is seen emergently for a frontal skull fracture with a subsequent subdural hemorrhage. There was a 45-minute loss of consciousness at the time of the accident. The patient is now admitted to an IRF for rehabilitation following the injury.

What are the correct **diagnosis** code(s) for the PDx and the Etiologic?

CHAT - What's the Answer #4

This 48-year-old male patient was admitted for PT and OT to maintain strength for Parkinson's disease. He requires continued monitoring and is not able to live alone. He also has type 1 diabetes mellitus and COPD.

- Assign the correct diagnosis code(s) for PDx and Etiologic and comorbids.

PDx - There are Unanswered questions

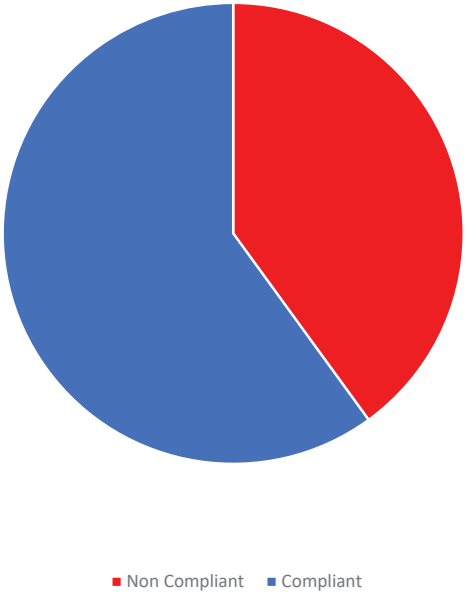
Cancer – non-surgical, still exist to rehab for weakness and functional decline.

Weakness, debility, gait dysfunction from any chronic problem i.e. Acute on Chronic CHF, COPD, Parkinson's

Presumptive and Conditional Compliance

60% Validation

- **CMS keeps a close watch, could impact payment.**
- **Codes based on physician documented diagnoses are entered into the IRF-PAI software**
  - Rehab physician is the sheriff according to CMS regulation
  - Coders may be conflicted looking to Attending rather than Rehab MD
- **Software identifies qualifiers**
  - Internally tracked by code not typically digging deeper to documentation.



IRF Patients
(60% Rule – Presumptive Diagnoses)

- Stroke
- Congenital Deformity
- Spinal Cord Injury
- Amputation
- Brain Injury
- Major Multiple Trauma
- Hip Fracture
- Neurological Disorders

- Burns
- Polyarthritis (including Rheumatoid)
- Severe or Advanced Osteoarthritis
- Certain Knee or Hip Replacements
- Systemic Vasculitides with Joint Inflammation

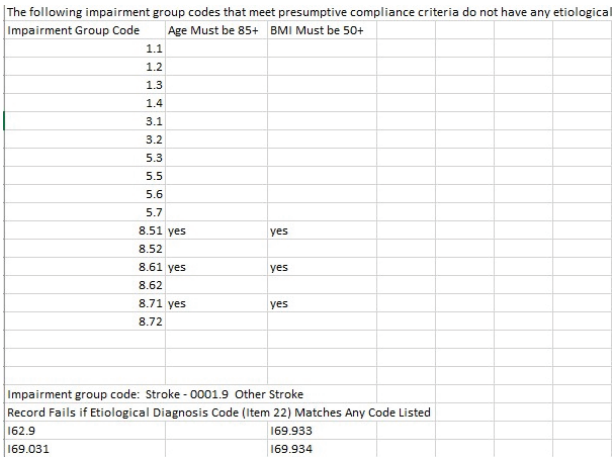
Most Unspecified Codes REMOVED

(60%) List

- Etiologic diagnosis exclusions with certain IGC's
- Arthritis DOES NOT QUALIFY (except Rheumatoid of certain and multiple joints and Charcot's arthropathy)

CMS IRF DATA FILES

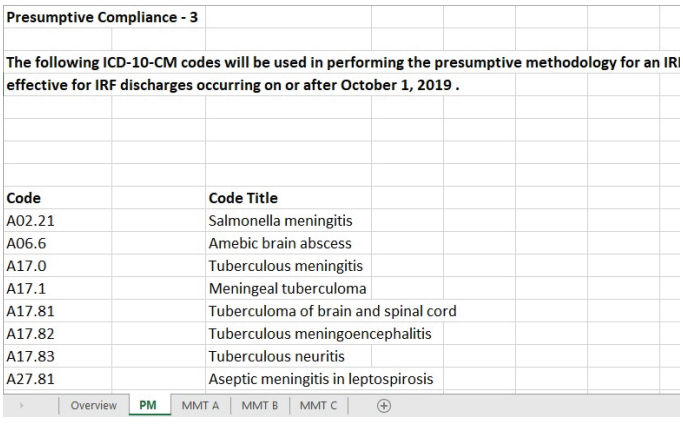
- **Lists to Download:**
- IGC 3_ICD-10-CM_FY2024
  - A list of IGCs that are compliant and non-compliant (and the diagnosis codes that make them non-compliant when used as etiologic)



The following impairment group codes that meet presumptive compliance criteria do not have any etiological		
Impairment Group Code	Age Must be 85+	BMI Must be 50+
1.1		
1.2		
1.3		
1.4		
3.1		
3.2		
5.3		
5.5		
5.6		
5.7		
8.51	yes	yes
8.52		
8.61	yes	yes
8.62		
8.71	yes	yes
8.72		
Impairment group code: Stroke - 0001.9 Other Stroke		
Record Fails if Etiological Diagnosis Code (Item 22) Matches Any Code Listed		
I62.9		I69.933
I69.031		I69.934

CMS IRF DATA FILES

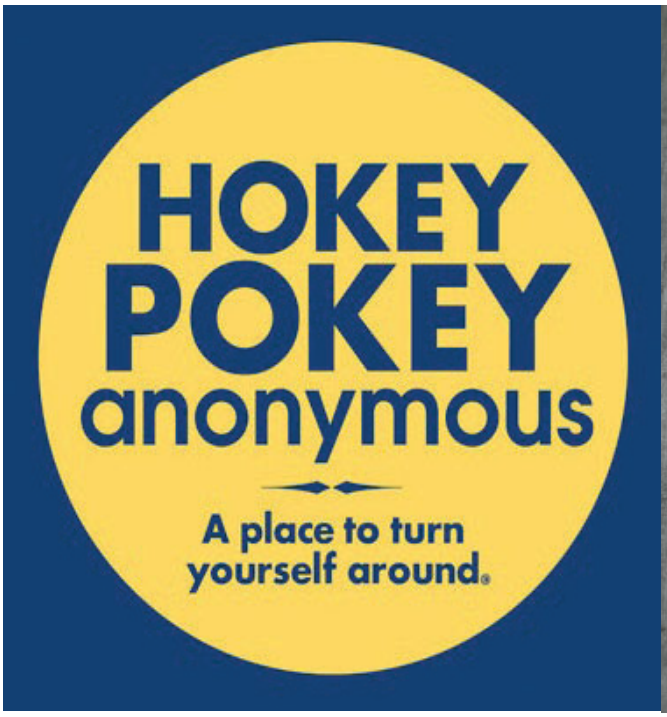
- **Lists to Download:**
- Presumptive Compliance-3_FY 2024 ICD-10 Update_final
  - Contains the list of diagnoses (ICD-10-CM codes) that are used for determining presumptive compliance with the IRF 60 percent rule, effective for discharges beginning on or after October 1, 2023



Presumptive Compliance - 3	
The following ICD-10-CM codes will be used in performing the presumptive methodology for an IRI effective for IRF discharges occurring on or after October 1, 2019 .	
Code	**Code Title**
A02.21	Salmonella meningitis
A06.6	Amebic brain abscess
A17.0	Tuberculous meningitis
A17.1	Meningeal tuberculoma
A17.81	Tuberculoma of brain and spinal cord
A17.82	Tuberculous meningoencephalitis
A17.83	Tuberculous neuritis
A27.81	Aseptic meningitis in leptospirosis

Overview | PM | MMT A | MMT B | MMT C

Time for the Hokey Pokey – 60% Rule



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
- ☐ 04.1211 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

Debility
- ☐ 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

Legend

Compliant without restrictions

Compliant with Etiologic restrictions

Presumptive Compliance (Examples)

Opportunity 1: The IGC may be compliant no matter the etiologic diagnosis.

- Example: 1.1 Stroke

Opportunity 2: IGC may be compliant **UNLESS** certain diagnoses are reported

- Example: 04.110 – Spinal Stenosis

Opportunity 3: Etiologic or Co-morbidities may cause presumption in a non-compliant case.

- Example: G93.41 Metabolic Encephalopathy; G20 Parkinson's

Example: Achieving Presumption

- **IGC Alone**
  - –Achieves or Doesn't
- **IGC + Etiologic**
  - –May Make or Break
- **Comorbidity/Complication may impact**

Unilateral HIP Fracture

- **IGC 8.11**

Meets with Specific Etiologic - Part of bone, laterality, type of fracture

Unspecified Part of Unspecified Femur Closed or Open Type I, II, IIIA, IIIB, IIIC (or) Closed,
- Initial Encounter

- Fails if
  - S72.009A, B or C

Stroke & Non-Traumatic Brain

IGC 1.9 Other Stroke

- **Record Fails**:
  - Unspecified ICH **I62.9;**
  - **Monoplegia of upper extremity** impacting dominant/non-dominant side;
  - **Monoplegia lower limb** impacting **unspec side I69.149**;
  - Hemiplegia following **unspecified** CVA unspecified side **I69.959**
  - Other Paralytic Syndrome following unspecified CVA unspecified side **I69.969**
- **Compliant: Specified Cause; Specified Vessel; Plegias with dominant side identified except UE monoplegias; Unsp CVA.**

2.1 NT Brain

RECORD FAILS

D21.0	Benign Neoplasm of connective tissue and other soft tissues of head, face, neck
G30.0	Alzheimer's with early onset
G30.1	Alzheimer's with late onset
G30.8	Other Alzheimer's
G30.9	Alzheimer's Unsp
G31.1	Senile degeneration of brain , NEC

Compliant:
Brain Cancers (location is important to state) C71.0-C71.9, D32.- and others; Certain Encephalopathies (Not Bacterial) G04.xx-G05.x; Intracranial Abscess G06.0; Anoxic Brain Damage G93.1

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 (01.9 will be excluded from 60% with certain diagnoses identified in red)	Stroke (01)	01.9 Not Presumptive without qualifying comorbidity.	Other and unspecified intracranial hemorrhage *(continued)*	I62.9	Nontraumatic INTRACRANIAL hemorrhage, UNSPECIFIED According to research and industry experts, SUBDURAL HEMMORHAGES are a collection of blood below the inner layer of the dura but external to the brain and arachnoid membrane. The definition of stroke from the American Stroke Association does not include Subdural Hemorrhages, rather intracerebral and subarachnoid. Therefore, it is believed that CMS mistakenly listed this code range in the stroke section of Appendix A. Rather it should be listed under IGC 2.1	Specify location (source) of hemorrhage *subdural (specify acute/subacute or chronic) *extradural *unspecified -DOCUMENT DOMINANT SIDE AND AFFECTED SIDE -ASSOCIATE RESIDUALS
				Occlusion and stenosis of **precerebral** arteries, with cerebral infarction	I63.00	**CVA due to THROMBOSIS** of **UNSPECIFIED precerebral artery**	-Specify cause of cerebral infarction *thrombosis *embolism *occlusion or stenosis *Specify location of infarction *middle cerebral artery *anterior cerebral artery *posterior cerebral artery *cerebellar artery -other and unspecified cerebral artery -Specify laterality -DOCUMENT DOMINANT SIDE AND AFFECTED SIDE -ASSOCIATE RESIDUALS --if applicable, use additional code to identify status post administration of tPA (rtPA) in a different facility within the last 24 hours prior to admission to current facility -if known, use additional code to indicate National Health Institute of Health Stroke Scale (NHISS) score sentence regarding coma scale
					I63.01-	CVA due to THROMBOSIS of **VERTEBRAL** artery Use 6th Character (1) **RIGHT** vertebral artery (2) **LEFT** vertebral artery **(3) BILATERAL vertebral arteries** (9) Unspecified vertebral artery	
					I63.02-	CVA due to THROMBOSIS of **BASILAR** artery	
					I63.03-	CVA due to THROMBOSIS of **CAROTID** artery Use 6th Character (1) **RIGHT** carotid artery (2) **LEFT** carotid artery **(3) BILATERAL carotid arteries** (9) Unspecified carotid artery	
					I63.09	CVA due to THROMBOSIS of OTHER precerebral artery	
					I63.10	**CVA due to EMBOLISM** of **UNSPECIFIED precerebral artery**	

Traumatic Brain Injury

Impairment group code:
02.21– 02.22 TBI
Record Fails if Etiological Diagnosis Code (Item 22) Matches Any Code Listed in CMS List

EXCLUDED (SOME): No documented loss of consciousness or unspecified loss of consciousness.

UDSMR Impairment Group	UDSMR Impairment Group Code (Item 21)	RIC	Presumptive Compliance Exclusions	Etiologic Diagnosis	ICD-10	I-10 Description	What Should Be Documented
Brain Dysfunction	**2.22 Traumatic, closed injury (will be excluded from 60% with certain diagnoses identified in red)**	**TBI (02)**	**02.21 and 02.22 Fails for etiologic diagnosis codes listed in table from categories S01, S02 and S06 in identified combinations**	Other and unqualified skull fractures	S02.91XA + Code with one of the following ** codes listed below as the primary etiologic diagnosis	**Other and unqualified skull fractures** (Reported WITH ** code below in the grey shaded boxes) *7th CHARACTER A INDICATES INITIAL ENCOUNTER, CLOSED FRACTURE* **- Diagnoses in ICD-10-CM requires 2 codes.** **Reported with the conditions below in RED and IGC 02.22 as identified, cases will fail 60%.** 7th Character options for this code include A-initial encounter for closed fracture B-initial encounter for open fracture D-subsequent encounter for fracture with routine healing G-subsequent encounter for fracture with delayed healing K-subsequent encounter for fracture with nonunion S-sequela	**Fractures are reported based on location on the specific bone and often further defined by laterality.** **In addition, the type of fracture (open/closed; displaced; non-displaced) may cause a more specific code to be selected.** Documentation should indicate: -Fracture location (base of skull, vault of skull), -Type of Fracture: Open/Closed and displaced/non-displaced (without clarification fractures in ICD-10 are reported as displaced) -Laterality, when appropriate -Cause: (i.e. fall off bed; fall from stairs in home) -Association to other conditions/injuries/internal brain injuries occurring at the same time (i.e. contusion, laceration, hemorrhage(location in brain of injury i.e. "fracture of vault of skull with cerebral hemorrhage with 35 minutes of loss of consciousness") -Duration of loss of consciousness and return to pre-existing consciousness level. -Signs and Symptoms and associated deficits to condition. -Note if patient died and regained consciousness. 7th Character options for S06.- include A-initial encounter D-subsequent encounter S-sequela
					**S06.33-A (7th Character A)	**Contusion and laceration of cerebrum**, unspecified *7TH CHARACTER A INDICATES INITIAL ENCOUNTER* Use 6th Character to identify duration of LOC (0) without loss of consciousness ("LOC") (1) 30 min or less LOC (2) 31-59 minutes LOC (3) 1 hour to 5 hours 59 minutes LOC (4) 6-24 hours LOC (5) Greater then 24 hours LOC w/return to pre-existing conscious level (6) Greater than 24 hours w/o return to pre-existing conscious level (7) With any duration LOC with death due to brain injury prior to regaining consciousness (8) With any duration LOC with death due to other cause prior to regaining consciousness (A) With LOC status unknown ◘ (9) With LOC unspecified duration *S06.33AA is a new code for FY2023. It does not appear in the IRF PAI Manual.*	

Neuromuscular

Other Neuro IGCs

03.1 MS – AUTO COMPLIANT (60%)

03.2 PARKINSONS – AUTO COMPLIANT (60%)

03.3 POLYNEUROPATHY – NOT 60%

03.5 CEREBRAL PALSY – ETIO EXCLUSIONS

03.8 NEUROMUSCULAR – ETIO EXCLUSIONS

03.9 OTHER NEUROMUSCULAR – NOT 60%

Neuromuscular

Impairment group code: Neurologic Conditions - 0003.5 Cerebral Palsy

Record Fails if Etiologic Diagnosis Code (Item 22) Matches Any Code Listed

Cerebral palsy and other paralytic syndromes (G80-G83)

G80 Cerebral palsy

Excludes1: hereditary spastic paraplegia (G11.4)

G80.0	**Spastic quadriplegic cerebral palsy** Congenital spastic paralysis (cerebral)
G80.1	**Spastic diplegic cerebral palsy** Spastic cerebral palsy NOS
G80.2	**Spastic hemiplegic cerebral palsy**
G80.3	**Athetoid cerebral palsy** Double athetosis (syndrome) Dyskinetic cerebral palsy Dystonic cerebral palsy Vogt disease
G80.4	**Ataxic cerebral palsy**
G80.8	**Other cerebral palsy** Mixed cerebral palsy syndromes
G80.9	**Cerebral palsy, unspecified** Cerebral palsy NOS

Neuromuscular

Impairment group code: Neurologic Conditions - 0003.8 Neuromuscular Disorders

Record Fails if Etiologic Diagnosis Code (Item 22) Matches Any Code Listed

G12.9	Spinal Muscle Atrophy
G70.00	Myasthenia Gravis w/o acute exacerbation
G71.19	Other Specified myotonic disorders
G72.3	Periodic Paralysis

Still Included:
G72.0 Drug Induced Myopathy
G72.1 Alcoholic Myopathy
G72.2 Myopathy Due to Other Toxic Agents
G72.81 Critical Illness Myopathy
G72.89 Other Specified Myopathies

* *Other Codes May be Necessary*

Traumatic & Non-Traumatic Spine

IGC 04.110-04.130 NTSCI

- **Not Compliant**
  - Stenosis (ANY spinal region)
- **Compliant: Cause of stenosis-**
  - **Spondylosis with Myelopathy (Identify Spinal Level)**
  - **Intervertebral Disc Disorders with Myelopathy (Identify spinal level)**
  - **Certain Neoplasms (Identify site)**
  - **Intraspinal abscess and granuloma**
  - **Acute/Subacute myelitis**

04.210-04.230 TSCI

- Many Combo codes – Describe every injury, cause, impacted spinal level, residuals, history of present illness in detail! Lack of specificity doesn't fly!
- Clarify "Cord" deficits.
- "Weakness" is not enough.
- Unspecified fractures (location) with unspecified injuries (i.e. central cord lesion, complete lesion, anterior lesion)

Specificity & Presumption (Hip Fx Example)

I-10 – Specificity for Hip Fractures

- **S72.009D Unspecified Part of the Neck of the Femur, Unspecified Leg, Subsequent encounter for closed fracture with routine healing.**
- 80 codes to report various femur neck fractures based on:
  - **Location** (Bone - Femur/Part of Bone – base, midcervical, subtrochanteric….)
  - **Laterality** (Side of the Body)
  - **Type of fracture** (Traumatic/Pathologic/Stress, Open/Closed..)
  - **Type of Healing**
  - **Type of visit/encounter**
  - **Association to other conditions** (Osteoporosis/Neoplasm….)
  - **Sequela/Residuals**
- **Unspecified Codes not on Presumptive List**

Coding Hip Fractures in ICD10 (Presumptive)

CATEGORIES (Examples):

S72.011A, B, C S72.012A, B, C S72.019A, B, C	Unsp Intracapsular Fractures, R/L/Unsp, Open (Type I, II, IIIA, IIIB, IIIC)/Closed, Initial Encounter
S72.021A, B, C S72.022A, B, C S72.023A, B, C	Displaced Epiphysis Fractures (separation/upper) R/L/Unsp, Open (Type I, II, IIIA, IIIB, IIIC)/Closed, Initial Encounter
S72.021A, B, C S72.022A, B, C S72.023A, B, C	NONdisplaced Epiphysis Fractures (separation/upper) R/L/Unsp, Open (Type I, II, IIIA, IIIB, IIIC)/Closed, Initial Encounter

NOT PRESUMPTIVE

- **S72.001A, B or C (ADDED 10/1/17)**
  - **Unspecified Part of the Neck of the RIGHT Femur**, Initial encounter for:
    - (A) closed fracture
    - (B) Open Type I or II
    - (C) Open Type IIIA, IIIB, IIIC
- **S72.002A, B or C (added 10/1/17)**
  - **Unspecified Part of the Neck of the LEFT Femur**……
- **S72.009A, B or C**
  - **Unspecified Part of the Neck of UNSPECIFIED Femur**……

7th Character Rules for Injuries (including Fractures)/Complications

- Most 7th Characters (Exception Fractures – more options):
  - A - Initial Encounter = "Active Treatment"
  - D - Subsequent Encounter
  - S - Sequela

"While a patient may be seen by a new or different provider over the course of treatment for an injury, assignment of the 7th character is based on whether the patient is undergoing active treatment and not whether the provider is seeing the patient for the first time."

ICD-10 Guidelines

Guidelines (Key) Traumatic Fractures

- **A - initial encounter for closed fracture**
- **B - initial encounter for open fracture type I or II or open fracture NOS**
- **C - initial encounter for open fracture type IIIA, IIIB, or IIIC**
- **D - subsequent encounter for closed fracture with routine healing (sometimes compliant-mult trauma (b), (c) only)**
- E - subsequent encounter for open fracture type I or II with routine healing
- F - subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing
- G - subsequent encounter for closed fracture with delayed healing
- H - subsequent encounter for open fracture type I or II with delayed healing
- J - subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing
- K - subsequent encounter for closed fracture with nonunion
- M - subsequent encounter for open fracture type I or II with nonunion
- N - subsequent encounter for open fracture type IIIA, IIIB, or IIIC with nonunion
- P - subsequent encounter for closed fracture with malunion
- Q - subsequent encounter for open fracture type I or II with malunion
- R - subsequent encounter for open fracture type IIIA, IIIB, or IIIC with malunion
- **S - identifies injury w/ sequelae, 2nd code needed for sequelae itself. Sequelae listed 1st.**

"Z" Aftercare not needed when 7th character describes.

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.

Qualifying Comorbidities

Specificity is Imperative

- **Certain Neoplasms**: i.e. Malignant, Benign or Unspecified; Brain, Spinal Cord, Pituitary Gland
- **Meningitis**: i.e. Pneumococcal; Streptococcal; Staphylococcal; Bacterial
- **Encephalitis and encephalomyelopathies**
- **Paraplegias and Quadriplegias; Parkinson's; Postpolio syndrome**
- **Multiple Sclerosis**
- **Lumbosacral plexus disorders; Spinal Compression Syndromes; Specific Disk Disorders; Spondylosis w/Myelopathy** (identify spinal level)

Qualifying Comorbidities

Specificity is Imperative

- **Some fractures associated to age-related osteoporosis or neoplasms** (specific locations)
- Other **fractures of specific locations and laterality**
- **Certain Neuropathies**: i.e. Hereditary motor and sensory neuropathy and idiopathic progressive, drug induced neuropathy; Guillain-Barre; Critical Illness Myopathy
- **Traumatic and Non-Traumatic Brain Hemorrhages/Injuries**
- **RA with Rheumatoid Polyneuropathy** (identified sites)
- **Congenital absence of limb**
- **Burns of certain degrees and locations**

POLL - Does this Qualify #1

A 70-year-old patient with a BMI of 35 underwent a left total knee arthroplasty due to osteoarthritis of the left knee (M17.12) and is now being admitted to inpatient rehab. His comorbidities include hypertension (I10) , COPD (J44.9) and idiopathic progressive neuropathy (G60.3); Which of the following is true of this case?

A. IGC automatically meets presumptive compliance
B. Etiologic Diagnosis causes case to meet presumptive compliance
C. Comorbid condition causes case to meet presumptive compliance
D. Case fails to meet presumptive compliance criteria

POLL - Does this Qualify #2

A patient is admitted to inpatient rehab with hemiplegia of the right dominant side caused by a cerebral infarction due to an embolism of left middle cerebral artery (I63.412, *IGC 1.2- Right Body Left Brain)* The patient also has a resulting right sided facial droop (R29.810-IRFPAI), hypertension (I10), COPD (J44.9), diabetes type 2 with hyperglycemia (E11.65) and morbid obesity (E66.01) BMI 45 (Z68.42) (Class 3 Obesity – E66.813). Which of the following is true of this case?

A. IGC automatically meets presumptive compliance
B. Etiologic Diagnosis causes case to meet presumptive compliance
C. Comorbid condition causes case to meet presumptive compliance
D. Case fails to meet presumptive compliance criteria

Obesity – Reported by Cause

- **E23.6** Pituitary
- **E27.8** Adrenal
- **E88.82** Due to disruption of MC4R pathway
- **E66.1** Drug Induced
- **E66.2** Hypoventilation syndrome (OHS), with alveolar hypoventilation, incl. morbid with OHS

Morbid due to calories

- **E66.01 Morbid, due to excess calories (tier)**
- **E66.09** Other obesity due to excess calories (Exogenous, nutritional)
- **E66.3** Overweight

Other Obesity

- **E66.811 Class 1 – BMI 30.0 – 34.9 (tier)**
- **E66.812 Class 2 – BMI 35.0 – 39.9 (tier)**
- **E66.813 Class 3 – BMI 40 or more (tier)**
- **E66.89** Other Obesity, Not elsewhere classified (Constitutional, endocrine, endogenous, familial, glandular) **(tier)**

BMI (ADULT)
- **Z68.2-: BMI 20-29**
- **Z68.3-: BMI 30-39**
- **Z68.4-: BMI 40+**
- **Z68.5-: Pediatric BMI**
- **Z71.3 Dietary Counseling & Surveillance**

(BMI separately reported)

POLL - Does this Qualify #3

A patient is admitted to inpatient rehab with cognitive difficulties due to contusion and laceration of the cerebrum sustained after a fall with no documented loss of consciousness *(S06.330A)* ; comorbid conditions include abnormal gait *(R26.9)* , headaches *(R51.9)*, dizziness *(R42)* and nausea and vomiting *(R11.2);* the IGC assigned is 2.22 Which of the following is true of this case?

A. IGC automatically meets presumptive compliance

B. Etiologic Diagnosis causes case to fail presumptive compliance

C. Etiologic Diagnosis causes case to meet presumptive compliance

D. Comorbid condition causes case to meet presumptive compliance

Remember -- Supporting Comorbidities, Complications and Presumptive Compliance

- If it exist, is treated, extends the length of stay or utilizes a resource – **IT SHOULD BE DOCUMENTED!**
- **ALL** skin conditions and swallowing **function should be documented ON ADMISSION** or as soon as known.
- If a condition existed in acute that is still treated in rehab, **it should not be downgraded** if treatment is not completed.
- Clear **STATUS** of conditions as **current versus historical should be stated**.
- Treatment should be **associated** to **ALL stated** diagnoses.
- Provide **relevance of lab and other test** results as soon as known.
- Physicians may document timing/duration in discharge summary if forgotten but best practice = when recognized.

Session 4 Assignments

Connect with Kristine and take the quiz for CE Credit

Share in the group –

In your role, what do you see is the biggest stumbling block to claim and IRF-PAI accuracy?

Post a solution to another comment.

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