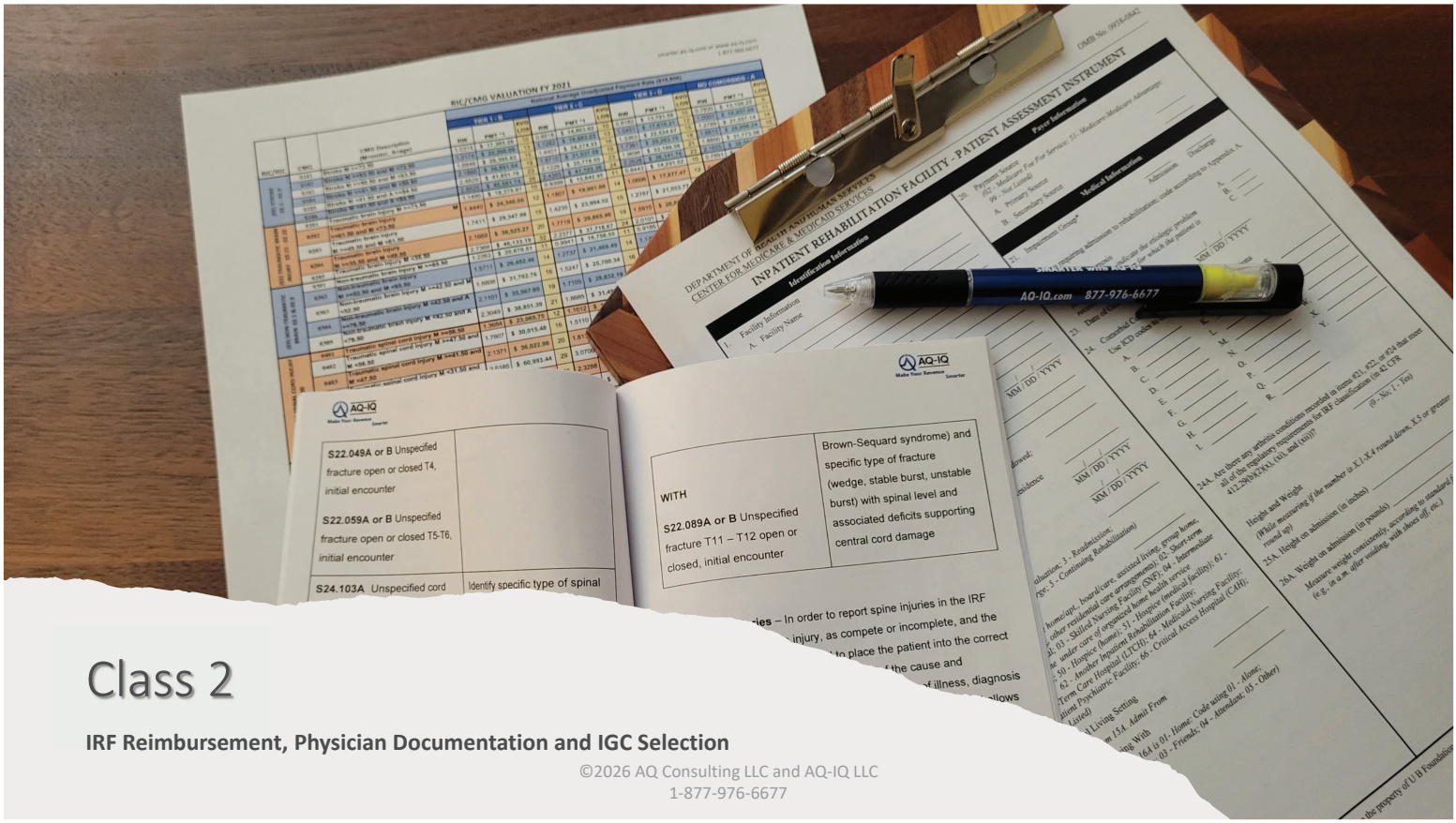


Class 2

IRF Reimbursement, Physician Documentation and IGC Selection

Today's Agenda

- Review IRF Reimbursement
- IGC Selection Overview

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

CMS Reimbursement Calculation Uses IRF-PAI

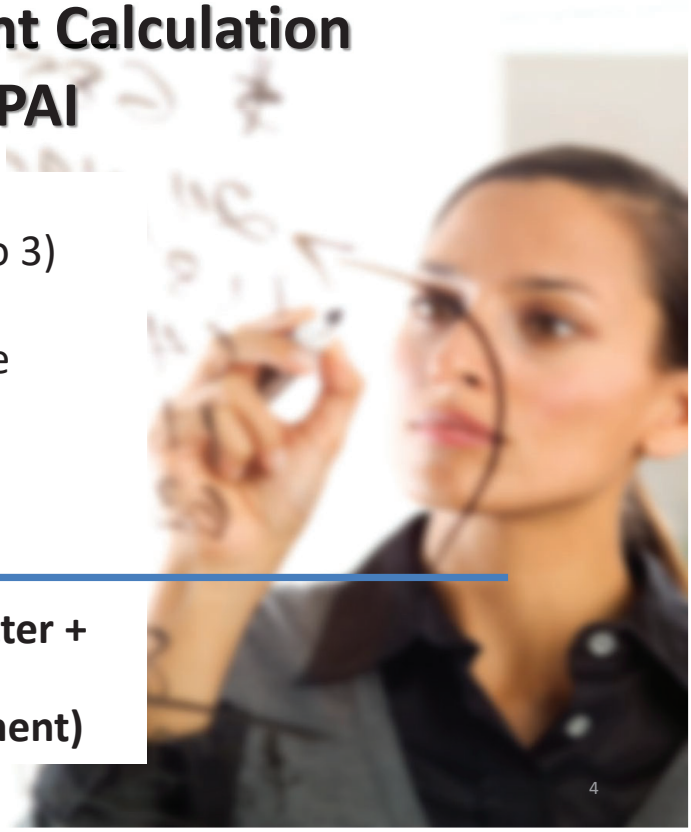
IGC (Supported by Etiologic(s) up to 3)

RIC (Payment Group) +Motor/Age

+ Comorbidities & Complications (Tier diagnosis)

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

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



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 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

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

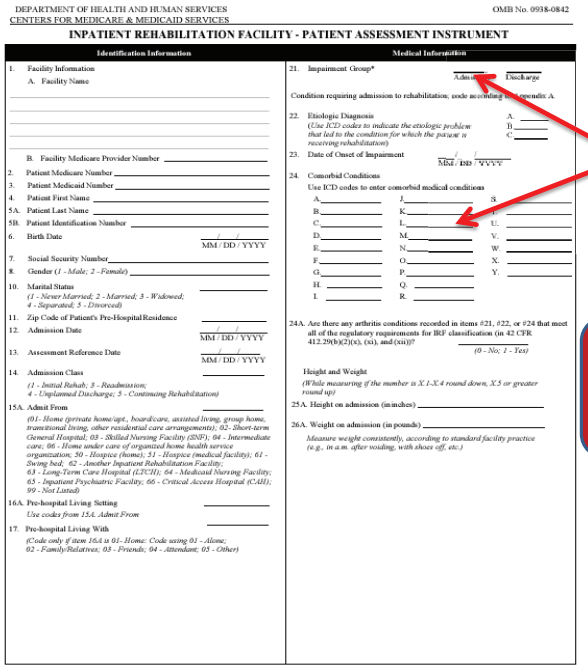
Code	Code Title	Tier	RIC Exclusion
J38.01	Paralysis of vocal cords and larynx, unilateral	1	15
J38.02	Paralysis of vocal cords and larynx, bilateral	1	15
J38.4	Edema of larynx	1	15
Z43.0	Encounter for attention to tracheostomy	1	--
Z93.0	Tracheostomy status	1	--
Z99.2	Dependence on renal dialysis	1	--
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

IRF-PAI Calculates CMG/HIPPS



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

OMB No. 0938-0842

INPATIENT REHABILITATION FACILITY - PATIENT ASSESSMENT INSTRUMENT

Identification 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; 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)

Medical Information

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)(ix), (xi), and (xii))? (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.)

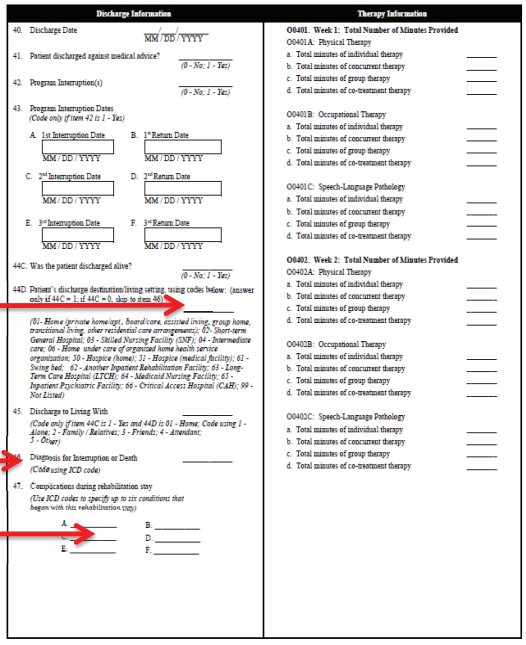
* The impairment codes incorporated or referenced herein are the property of U B Foundation Activities, Inc. ©1993, 2001 U B Foundation Activities, Inc

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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Discharge Information

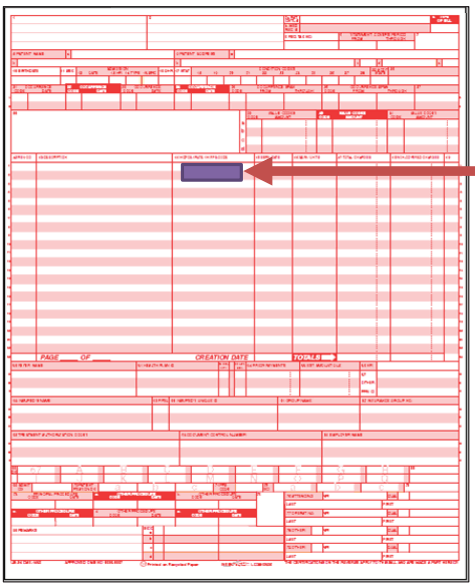
40. Discharge Date MM / DD / YYYY
41. Patient discharged against medical advice? (0 - No; 1 - Yes)
42. Program Interruption(s) (0 - No; 1 - Yes)
43. Program Interruption Dates (Code only if item 42 is 1 - Yes)
A. 1st Interruption Date MM / DD / YYYY
B. 1st Return Date MM / DD / YYYY
C. 2nd Interruption Date MM / DD / YYYY
D. 2nd Return Date MM / DD / YYYY
E. 3rd Interruption Date MM / DD / YYYY
F. 3rd Return Date MM / DD / YYYY
44C. Was the patient discharged alive? (0 - No; 1 - Yes)
44D. Patient's discharge destination/living setting, using codes below: (answer only if 44C = 1; if 44C = 0, skip to item 46)
(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)
45. Discharge to Living With (Code only if item 44C is 1 - Yes and 44D is 01 - Home; Code using 1 - Alone; 2 - Family / Relatives; 3 - Friends; 4 - Attendant; 5 - Other)
46. Diagnosis for Interruption or Death (Code using ICD code)
47. Complications during rehabilitation stay (Use ICD codes to specify up to six conditions that began with this rehabilitation stay)
A. B. C. D. E. F.

Therapy Information

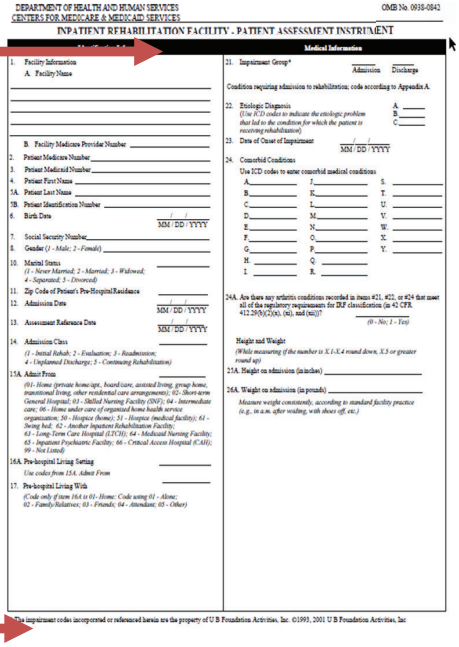
O0401. Week 1: Total Number of Minutes Provided
O0401A: Physical Therapy
a. Total minutes of individual therapy
b. Total minutes of concurrent therapy
c. Total minutes of group therapy
d. Total minutes of co-treatment therapy
O0401B: Occupational Therapy
a. Total minutes of individual therapy
b. Total minutes of concurrent therapy
c. Total minutes of group therapy
d. Total minutes of co-treatment therapy
O0401C: Speech-Language Pathology
a. Total minutes of individual therapy
b. Total minutes of concurrent therapy
c. Total minutes of group therapy
d. Total minutes of co-treatment therapy

O0402. Week 2: Total Number of Minutes Provided
O0402A: Physical Therapy
a. Total minutes of individual therapy
b. Total minutes of concurrent therapy
c. Total minutes of group therapy
d. Total minutes of co-treatment therapy
O0402B: Occupational Therapy
a. Total minutes of individual therapy
b. Total minutes of concurrent therapy
c. Total minutes of group therapy
d. Total minutes of co-treatment therapy
O0402C: Speech-Language Pathology
a. Total minutes of individual therapy
b. Total minutes of concurrent therapy
c. Total minutes of group therapy
d. Total minutes of co-treatment therapy

HIPPS Code (CMG) Determines Payment



HIPPS code/CMG determines payment amounts (CMS)



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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)
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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)(xx), (xi), and (xii))? (0 - No; 1 - Yes)
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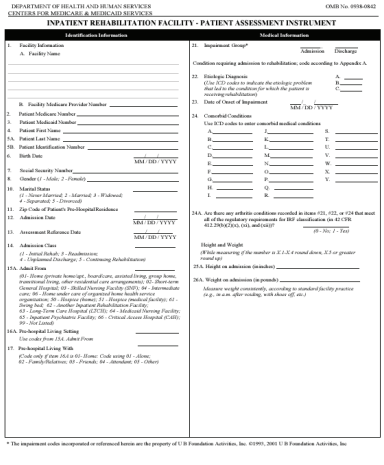
Final IRF-PAI Version 4.1 - Effective October 1, 2023 Page 1

Making Reimbursement Happen (Both Forms Required)



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

OMB No. 0938-0842

INPATIENT REHABILITATION FACILITY - PATIENT ASSESSMENT INSTRUMENT

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Condition requiring admission to rehabilitation; code according to Appendix A
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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)(xx), (xi), and (xii))? (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.)

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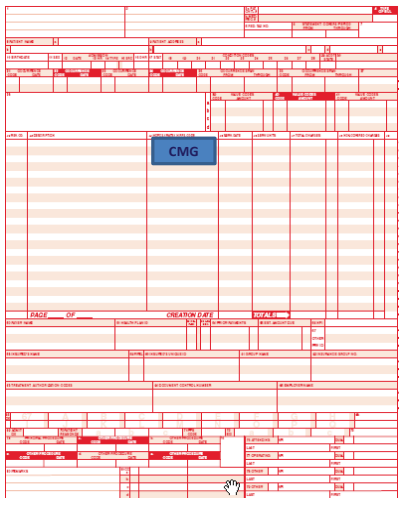
FINAL IRF-PAI Version 4.2 - Effective October 1, 2024 Page 1



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 →	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

RIC/IGC CMG

M=MOTOR SCORE (GG) / A=AGE

RELATIVE WEIGHT (PER CMS)

AVG LENGTH OF STAY (PER CMS)

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

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
- ☐ 04.1211 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

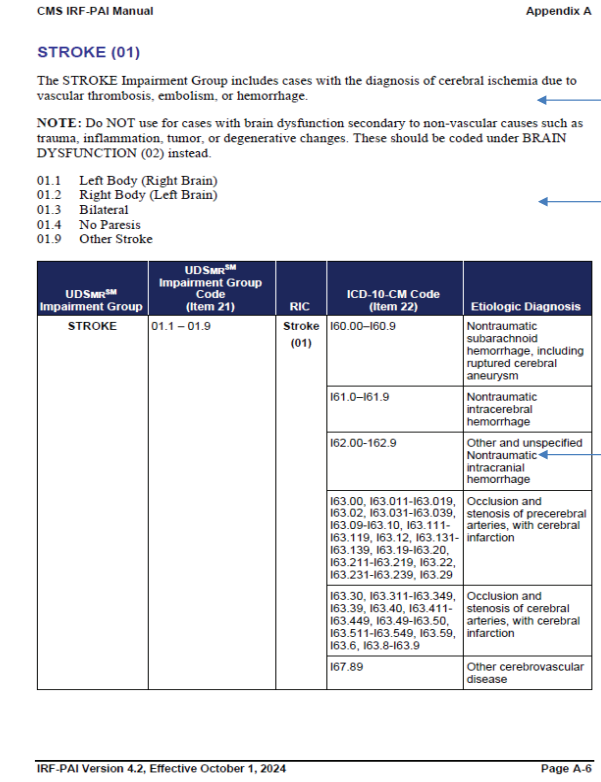
IRF-PAI Items 21 and 22

Admission IGC Determines CMG

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	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. J. S. B. K. T.

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

CMS IRF-PAI Manual – Appendix A



CMS IRF-PAI Manual Appendix A

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

UDSMR[SM] Impairment Group	UDSMR[SM] Impairment Group Code (Item 21)	RIC	ICD-10-CM Code (Item 22)	Etiologic Diagnosis
STROKE	01.1 – 01.9	Stroke (01)	I60.00–I60.9	Nontraumatic subarachnoid hemorrhage, including ruptured cerebral aneurysm
			I61.0–I61.9	Nontraumatic intracerebral hemorrhage
			I62.00-162.9	Other and unspecified Nontraumatic intracranial hemorrhage
			I63.00, I63.011-I63.019, I63.02, I63.031-I63.039, I63.09-I63.10, I63.111-I63.119, I63.12, I63.131-I63.139, I63.19-I63.20, I63.211-I63.219, I63.22, I63.231-I63.239, I63.29	Occlusion and stenosis of precerebral arteries, with cerebral infarction
			I63.30, I63.311-I63.349, I63.39, I63.40, I63.411-I63.449, I63.49-I63.50, I63.511-I63.549, I63.59, I63.6, I63.8-I63.9	Occlusion and stenosis of cerebral arteries, with cerebral infarction
			I67.89	Other cerebrovascular disease

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IGC/RIC Instructions

IGC Options

Crosswalk Table

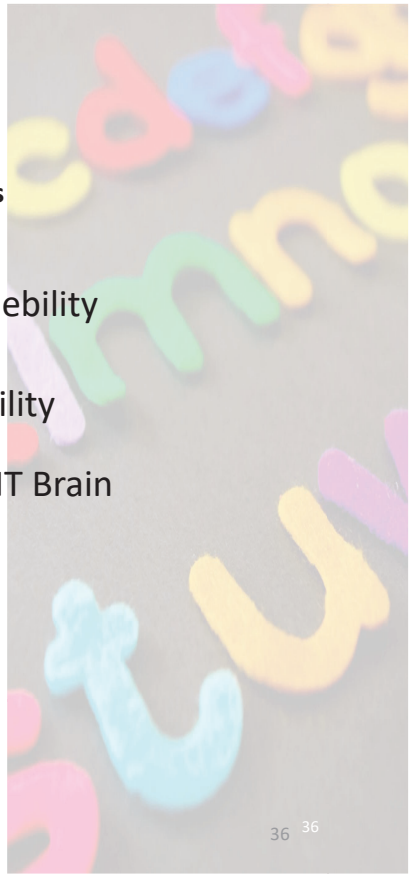
https://www.cms.gov/medicare/quality/inpatient-rehabilitation-facility/irf-pai-and-irf-qrp-manual - DOWNLOADS

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

For Correct IGC - ASK!

What is/are the Underlying Diagnosis(es) that caused the <u>PRIMARY</u> Impairment?

What is the <u>PRIMARY</u> Focus of Treatment?

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

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

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

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

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

Let's Chat - Speed Round

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

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

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

Potential RISK – IGC Selection

- ✓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- 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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