IRF-PAI Training
October, 2001

Module 3:
Medical Information and Case-Mix Groups
This presentation was developed incorporating the best information available at the time. It should not be considered an authoritative source in making Medicare program policy determinations.

Refer to the final rule as published in the *Federal Register* for authoritative guidance.
The FIM data set, measurement scale and impairment codes incorporated or referenced herein are the property of UB Foundation Activities, Inc. ©1993, 2001 UB Foundation Activities, Inc. The FIM mark is owned by UBFA, Inc.
**Abbreviations**

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>CMG:</td>
<td>Case-Mix Group</td>
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<tr>
<td>ICD-9-CM:</td>
<td>International Classification of Diseases 9th Revision - Clinical Modification</td>
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<tr>
<td>IGC:</td>
<td>Impairment Group Code</td>
</tr>
<tr>
<td>IRF:</td>
<td>Inpatient Rehabilitation Facility</td>
</tr>
<tr>
<td>IRF-PAI:</td>
<td>Inpatient Rehabilitation Facility - Patient Assessment Instrument</td>
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<tr>
<td>LOS:</td>
<td>Length of stay</td>
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<tr>
<td>PPS:</td>
<td>Prospective Payment System</td>
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<tr>
<td>RIC:</td>
<td>Rehabilitation Impairment Category</td>
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Objectives

Following this presentation, participants will be able to:

1) identify the appropriate impairment group code, etiologic diagnosis and onset date
2) document comorbidities accurately
3) assign patients into the appropriate case-mix group.
Impairment Groups and Etiologic Diagnoses
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Impairment Group

• The *Impairment Group* describes the primary reason that the patient is being admitted to the rehabilitation program.

• See Appendix A of the IRF-PAI, and Appendix A in the *IRF-PAI Training Manual*. 
Impairment Group

• The *admission* Impairment Group code (IGC) is used to classify a patient into a Rehabilitation Impairment Category (RIC).

\[ \text{IGC} \rightarrow \text{RIC} \]
RICs are the first level of classification for the payment (case-mix group) categories.

**IGC → RIC → CMG**
Impairment Group Codes

- Each major Impairment Group has been assigned a 1- or 2-digit number.

- Subgroups use the Impairment Group code, followed by a decimal point and a unique number (from 1 to 4 digits).
Impairment Group Codes

- Code as specifically as possible.
- No subgroups for Impairment Groups 9, 11, 13, 15, 16

*Examples:*  
Stroke, bilateral involvement (code 1.3)  
S/P unilateral hip replacement (code 8.51)
Impairment Group Code: Admission and Discharge

• On *admission*, enter the Impairment Group code (item 21) that required the patient to be admitted to the IRF.

• For most patients, the *discharge* Impairment Group code will be the same code as the admission code.
Impairment Group: Discharge

• If the patient develops a second impairment that uses more resources than the admission impairment, record the code for the second impairment at discharge.

• Record the ICD-9-CM code for the second impairment as a Comorbid Condition (item 24), if appropriate.
• Each Impairment Group Code maps to a Rehabilitation Impairment Category (RIC).

• See Chart 5 of the Final Rule (pages 41342-41344) or Appendix B of the IRF-PAI Training Manual.
Impairment Group and RIC

- The RIC is *not* recorded on the IRF-PAI.
- The RIC is assigned by the Grouper software based on the Impairment Group code.
Impairment Group and RIC

- RICs are the first level of classification for the payment (case-mix group) categories.

- Only the admission Impairment Group code will be used to assign a patient into a RIC.
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Etiologic Diagnosis

• The diagnostic (ICD-9-CM) code which best characterizes the pathologic process underlying the impairment condition for which the patient is being admitted to the rehabilitation program.

• Enter the Etiologic Diagnosis (item 22) on admission.
Appendix B of the *IRF-PAI Training Manual* provides a list of etiologic diagnostic (ICD-9-CM) codes associated with each impairment group code.
Impairment Group Code and Etiologic Diagnosis

- The list of suggested etiologic diagnoses (ICD-9-CM codes) in Appendix B is not exhaustive.

- Work with trained health information management staff, and use a current ICD-9-CM code book for a complete list of codes.
Impairment Group: Stroke

- Stroke includes cases with the diagnosis of cerebral ischemia due to vascular thrombosis, embolism, or hemorrhage.

- This group does *not* include non-vascular cerebral impairment (i.e., trauma, inflammation, tumor, degenerative changes).
Impairment Group Codes

Stroke:
1.1 - Left Body Involvement (Right Brain)
1.2 - Right Body Involvement (Left Brain)
1.3 - Bilateral Involvement
1.4 - No Paresis
1.9 - Other Stroke
ICD-9-CM Codes: Stroke

430 - Subarachnoid hemorrhage
431 - Intracerebral hemorrhage
432.0 to 432.9 - Intracranial hemorrhage
433.0 to 433.9 - Occlusion or stenosis of precerebral arteries
434.0 to 434.9 - Occlusion or stenosis of cerebral arteries
436 - Acute, ill defined cerebrovascular disease
438 - Late effects of cerebrovascular disease
Late Effect Codes

- ICD-9-CM late effect codes should primarily be used for patients who are classified as readmissions.

- The patient’s medical record from acute care may need to be reviewed to identify the etiologic diagnosis (ICD-9-CM code).
RIC: Stroke

The Grouper software assigns patients who have had a stroke (IGCs: 1.1 to 1.9) into the RIC called Stroke (01)
Impairment Group: Brain Dysfunction

*Non-Traumatic* Brain Dysfunction includes cases with etiologies such as:

- neoplasm
- metastases
- encephalitis
- inflammation
- anoxia
- metabolic toxicity
- degenerative processes
Impairment Group: Brain Dysfunction

*Traumatic* Brain Dysfunction include cases with motor or cognitive disorders secondary to trauma.
Impairment Group Codes: Brain Dysfunction

2.1 - Non-Traumatic Brain Dysfunction
2.21 - Traumatic Brain Dysfunction, Open Injury
2.22 - Traumatic Brain Dysfunction, Closed Injury
2.9 - Other Brain Dysfunction
Rehabilitation Impairment Category

The Grouper software assigns patients with Brain Dysfunction into two distinct RICs:

<table>
<thead>
<tr>
<th>IGC</th>
<th>RIC</th>
<th>RIC Label</th>
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</thead>
<tbody>
<tr>
<td>2.1, 2.9 → 03</td>
<td>NTBI</td>
<td></td>
</tr>
<tr>
<td>2.21, 2.22 → 02</td>
<td>TBI</td>
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</table>
Impairment Group: Orthopedic Disorders
Impairment Group: Orthopedic Disorders

Orthopedic Disorders includes cases in which the major disorder is post-fracture of bone or post-arthroplasty.
Impairment Group Codes: Orthopedic Disorders

8.11 - Status Post Unilateral Hip Fracture
8.12 - Status Post Bilateral Hip Fractures
8.2  - Status Post Femur (Shaft) Fracture
8.3  - Status Post Pelvic Fracture
8.4  - Status Post Major Multiple Fractures
Impairment Group Codes: Orthopedic Disorders (cont’d)

8.51 - Status Post Unilateral Hip Replacement
8.52 - Status Post Bilateral Hip Replacements
8.61 - Status Post Unilateral Knee Replacement
8.62 - Status Post Bilateral Knee Replacements
Impairment Group Codes: Orthopedic Disorders (cont’d)

8.71 - Status Post Hip and Knee Replacements (same side)
8.72 - Status Post Hip and Knee Replacements (different sides)
8.9   - Other Orthopedic Disorders
ICG and RICs: Orthopedic Disorders

- Orthopedic disorders codes map to 4 separate RICs:
  - Fracture of lower extremity (07)
  - Replacement of lower extremity joint (08)
  - Major multiple trauma without brain or spinal cord injury (17)
  - Other orthopedic (09)
RIC 07:
Fracture of Lower Extremity

8.11 - Status Post Unilateral Hip Fracture
8.12 - Status Post Bilateral Hip Fractures
8.2  - Status Post Femur (Shaft) Fracture
8.3  - Status Post Pelvic Fracture
RIC 17:
Major Multiple Trauma, no BI or SCI

8.4 - Status Post Major Multiple Fractures
RIC 08:
Replacement of LE Joint

8.51 - Status Post Unilateral Hip Replacement
8.52 - Status Post Bilateral Hip Replacements
8.61 - Status Post Unilateral Knee Replacement
8.62 - Status Post Bilateral Knee Replacements
RIC 08: Replacement of LE Joint

8.71 - Status Post Hip and Knee Replacements (same side)
8.72 - Status Post Hip and Knee Replacements (different sides)
RIC 09: Other Orthopedic Disorders

8.9 - Other Orthopedic Disorders
Impairment Group: Major Multiple Trauma

Major Multiple Trauma includes trauma cases with involvement of multiple systems or sites.

14.1 - Brain + Spinal Cord
14.2 - Brain + Multiple Fracture/Amp.
14.3 - SCI + Multiple Fracture/Amp.
14.9 - Other Multiple Trauma
Rehabilitation Impairment Category

The Grouper software assigns patients with Major Multiple Trauma into two distinct RICs:

<table>
<thead>
<tr>
<th>IGC</th>
<th>RIC</th>
<th>RIC Label</th>
</tr>
</thead>
<tbody>
<tr>
<td>14.9</td>
<td>→ 17</td>
<td>MMT-NBSCI</td>
</tr>
<tr>
<td>14.1 to 14.3</td>
<td>→ 18</td>
<td>MMT-BSCI</td>
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</tbody>
</table>
Impairment Group: Medically Complex Conditions

The Medically Complex Conditions includes cases with multiple medical and functional problems prolonging the recuperation period. These cases require medical management of a principal condition and monitoring of comorbidities and potential complications.
Impairment Group Codes: Medically Complex Conditions

17.1 - Infections
17.2 - Neoplasms
17.31 - Nutrition with intubation/parenteral
17.32 - Nutrition without intubation/parenteral
17.4 - Circulatory Disorders
17.51 - Respiratory Disorders - Ventilator
17.52 - Respiratory Disorders - Non-Ventilator
Impairment Group Codes: Medically Complex Conditions

17.6 - Terminal Care
17.7 - Skin Disorders
17.8 - Medical/Surgical Complications
17.9 - Other Medically Complex Conditions
Examples:

Old and New Impairments

If the patient has functional deficits due to an old impairment, and is now admitted with the same type of impairment, but with new functional deficits affecting the other side, consider the functional deficits to be *bilateral*.

Examples:

– Stroke, Bilateral Involvement
– Bilateral Lower Extremity below the knee/below the knee
Examples:
Arthritis

For patients who are admitted with arthritis:

– If S/P joint replacement → Orthopedic – hip/knee replacement (IGC = 8.52 to 8.72; etiologic diagnosis = arthritis)
– If no joint replacement → Arthritis (IGC = 6.x)
Examples:
S/P Laminectomy

For patients who are admitted following a laminectomy, determine the primary reason for admission:

- lower extremity weakness → Non-Traumatic Paraplegia, Incomplete (IGC = 4.111)
- back pain, no neurologic deficit → Pain Syndrome, back (IGC = 7.2)
Examples: Vertebral Compression Fracture

For patients with a vertebral compression fracture, determine the primary reason for admission:

- Back pain, no neurologic deficit → Pain Syndrome, back (IGC = 7.2)
- Neck pain, no neurologic deficit → Pain Syndrome, neck (IGC = 7.1)

(cont’d)
Examples:
Vertebral Compression Fracture

(cont’d)

– Pathologic fracture (no trauma) with lower extremity weakness → Non-Traumatic Paraplegia, Incomplete (IGC = 4.111)

– Trauma with lower extremity weakness → Traumatic Paraplegia, Incomplete (IGC = 4.211)
Examples: Debility

For patients who are admitted with debility:

- If secondary to cardiac disorder → Cardiac (IGC = 9)
- If secondary to pulmonary disorder → Pulmonary (IGC = 10.x)
- All other debility → Debility (IGC = 16)
Examples:
Circulatory Disorders

For patients who are admitted with circulatory disorders:

- If cardiac event within the past 3 months → Cardiac (IGC = 9)
- If cardiac event *not* within the past 3 months → Medically Complex, Circulatory Disorders (IGC = 17.x)
Examples: Infection

For patients who are admitted with infection:

- respiratory system $\rightarrow$ Medically Complex, Respiratory (IGC = 17.5x)
- brain $\rightarrow$ Non-Traumatic Brain (IGC = 2.1)
- post-operative $\rightarrow$ Medically Complex, Med/Surg Complications (IGC = 17.8)
Examples:
S/P Hip Replacement

For patients who are admitted S/P hip replacement:

– If replacement because of hip fracture → Hip fracture (IGC = 8.11 to 8.12; etiologic diagnosis = hip fracture)

– If replacement due to arthritis → hip replacement (IGC = 8.5x or 8.7x); etiologic diagnosis = arthritis)
Examples: Skin Ulcers

For patients admitted for treatment of a skin ulcer,

– If patient also has a spinal cord injury, \( \rightarrow \) Spinal Cord Dysfunction (4.xxxx)
– If patient also has an amputation, \( \rightarrow \) Amputation (5.x)
Date of Onset of Impairment
## IRF-PAI: Date of Onset of Impairment

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
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Date of Onset

• The *date of onset* of the impairment for which the patient is admitted to the rehabilitation program.

• Enter the Date of Onset (item 23) at the time of admission.
The date of onset may be used to calculate the time between the onset of the impairment and the admission to the IRF.
Date of Onset

If the exact date of onset is unknown:

– if month and day are known, use 1st day of the month
– if year is known, use January 1
– if the year is approximate, enter January 1 of the approximate year
Date of Onset

Stroke:

- Date of admission to acute care hospital
- If this is not the patient’s first stroke, the date of the most recent stroke acute care hospitalization
Date of Onset

• Traumatic Brain Dysfunction:
  – Date of injury

• Non-Traumatic Brain Dysfunction:
  – More recent date:
    date of surgery or date of diagnosis
Date of Onset

- Multiple Sclerosis:
  - Date of the exacerbation of the MS

- Neurologic (other than MS):
  - Date of the diagnosis
Date of Onset

- **Traumatic Spinal Cord Dysfunction:**
  - Date of injury

- **Non-Traumatic Spinal Cord Dysfunction:**
  - More recent date: date of surgery or date of diagnosis
Date of Onset

• Amputation:
  – Date of the surgery (most recent surgery)

• Arthritis:
  – Date of diagnosis
Date of Onset

• Pain Syndrome:
  – Date of onset of the cause (e.g., fall, MVA)

• Lower Extremity Fracture:
  – Date that fracture occurred
Date of Onset

• Lower Extremity Replacement:
  – Date of surgery

• Cardiac Disorders:
  – Date of the event/diagnosis (e.g., MI) or surgery (e.g., bypass surgery, heart transplant)
Date of Onset

• **Pulmonary Disorders:**
  – Date of diagnosis (e.g., COPD) or surgery (e.g., lung transplant)

• **Burns:**
  – Date of event
Date of Onset

- **Congenital Deformities:**
  - Date of birth

- **Other Disabling Impairment:**
  - Date of diagnosis
Date of Onset

• Major Multiple Trauma:
  – Date of event/trauma

• Developmental Disabilities:
  – Date of birth
Date of Onset

- **Debility:**
  - Date of acute hospital admission

- **Medically Complex Conditions:**
  - Date of acute hospital admission
Examples: Impairment Group, Etiologic Diagnosis and Date of Onset
Example 1

Mrs. P. fell on 1/20/02 and sustained a hip fracture. She is admitted to the rehabilitation facility on 1/30/02 following a right-sided hip replacement.
Example 1

Impairment Group: hip fracture - 8.11
Etiologic Diagnosis: 820.0 to 820.9
Onset Date: 1/20/02 (date of hip fracture)

RIC assigned by software: Lower extremity fracture (07)
Example 2

Mrs. R. has had osteoarthritis for approximately 20 years. On 1/30/02 she underwent a left-sided total hip replacement.
Example 2

Impairment Group: hip replacement (8.51)
Etiologic Diagnosis: 715.09
Onset Date: 1/30/02 (date of hip replacement)

RIC assigned by software: Replacement of Lower Extremity Joint (08)
Example 3

Mr. R. was involved in a MVA in which he sustained a brain injury (subarachnoid hemorrhage following subdural injury) and multiple lower extremity fractures on 2/1/02. After 20 days, he is admitted to the rehabilitation facility.
Example 3

Impairment Group: multiple trauma: brain and multiple fractures/amputation (14.2)

Etiologic Diagnosis: 852.00

Onset Date: 2/1/02 (date of MVA)

RIC assigned by software: Major Multiple Trauma with Brain Injury and/or Spinal Code Injury (18)
Example 4

Mr. K., who sustained a C-6 complete spinal cord injury following a MVA approximately 22 years ago (injury date: 6/06/80), is admitted to the rehabilitation facility on 2/3/02 with a stage 3 pressure ulcer.
Example 4

Impairment Group: Quadriplegia, Complete, C5-8 (4.2222)

Etiologic Diagnosis: 806.00

Onset Date: 06/06/80 (date of injury)

RIC assigned by software: Traumatic Spinal Cord Injury (04)
Example 5

Mrs. L., who has left-sided weakness from a stroke 5 years ago, is admitted to the acute care hospital on 03/09/02 with a diagnosis of stroke (occlusion of cerebral arteries due to embolism) with right-sided weakness. She is admitted to the rehabilitation facility on 03/19/02.
Example 5

Impairment Group: Stroke, bilateral (1.3)

Etiologic Diagnosis: 434.11

Onset Date: 03/09/02 (date of acute hospitalization for most recent stroke)

RIC assigned by software: Stroke (01)
Example 6

Mr. C. is admitted to the rehabilitation facility on 05/05/02 with lower extremity weakness following a laminectomy in the thoracic region on 05/01/02.
Example 6

*Impairment Group*: Non-Traumatic Paraplegia, Incomplete (4.111)

*Etiologic Diagnosis*: 722.82

*Onset Date*: 05/01/02 (date of surgery)

*RIC assigned by software*: Non-Traumatic Spinal Cord Injury (05)
Comorbid Conditions
IRF-PAI: Comorbid Conditions

24. Comorbid Conditions; Use ICD-9-CM codes to enter up to ten medical conditions

A. ___________________ B. ___________________
C. ___________________ D. ___________________
E. ___________________ F. ___________________
G. ___________________ H. ___________________
I. ___________________ J. ___________________
A \textit{comorbidity} is a specific patient condition that affects a patient in addition to the principal diagnosis or impairment.
Cormorbid Conditions

- Data analysis found that the presence of a comorbidity could have a major effect on the cost of furnishing inpatient rehabilitation care. (41345)

- Payment adjustments may be made if one of the comorbidities listed in Appendix C is present during the patient’s stay. (41345)
Comorbid Conditions

• Enter ICD-9-CM codes which identify comorbid conditions that are not already included in the Impairment Group code.

• Enter up to 10 ICD-9-CM codes, including V-codes and E-codes.
• Enter ICD-9-CM codes in Comorbid Conditions (item 24) for conditions diagnosed either during the admission assessment or after the admission assessment, but *not* conditions occurring on the last 2 days of the stay.
Cormorbid Conditions

Comorbidities that are identified on the day prior to the day of discharge or the day of discharge should not be listed on the IRF-PAI, because they have less effect on the resources consumed during the entire stay. (41352-41353)
Cormorbid Conditions

See Appendix C of the *IRF-PAI Training Manual* or IRF PPS Final Rule (pages 41415 to 41427) for the List of Comorbidities that may affect Medicare payment.
Cormorbid Conditions

Comorbidities are clustered into four levels:

- tier 1: high-cost comorbidities
- tier 2: medium-cost comorbidities
- tier 3: low-cost comorbidities
- no comorbidity
Cormorbid Conditions

If more than 1 comorbidity is present, the comorbidity that results in the highest payment will be used (41351).
Cormorbid Conditions: Excluded RICs

• The presence of a comorbidity may not affect payment for all patients.

• The List of Comorbidities identifies “excluded RICs” for each comorbidity.
Cormorbid Conditions: Excluded RICs

If a patient has hemiplegia (342.01), and the reason for admission is:

- stroke, relative weight (payment) *will not* be affected
- hip replacement, relative weight (payment) *may* be affected
Examples of Cormorbid Conditions

**Tier 1 comorbidities - high cost**

- V44.0 : Tracheostomy status
- V46.1 : Dependence on respirator
- 478.3x: Vocal cord paralysis
Examples of Cormorbid Conditions

Tier 2 comorbidities - medium cost

- 011.xx: Pulmonary tuberculosis
- 038.xx: Septicemia
- 320.x: Bacterial meningitis
- V45.1: Renal dialysis status
Examples of Cormorbid Conditions

**Tier 3 comorbidities - low cost**

- 278.01 : Morbid obesity
- 357.2 : Neuropathy in diabetes
- 427.5 : Cardiac arrest
- 480.x : Viral pneumonia
- V49.75: Status post amputation below knee
46. Diagnosis for Transfer or Death: ________
   (Score using ICD-9 code)

47. Complications during rehabilitation stay
   (Use ICD-9-CM codes to specify up to six conditions that began with this rehabilitation stay)
   A. _______________  B. _______________
   C. _______________  D. _______________
   E. _______________  F. _______________
Complications

Medical conditions, either complications or comorbidities, that:

• were recognized or identified during the rehabilitation stay, and

• which delayed or compromised the effectiveness of the rehabilitation program or represent high-risk medical disorders.
Complications

- Enter up to 6 ICD-9-CM codes, including E-codes in Complications (item 47).

- Do *not* include conditions that were recognized on the day of discharge or the day prior to discharge.
Complications

• ICD-9-CM codes listed as Complications (item 47) will *not* affect Medicare payment.

• Medical conditions recognized or identified during the rehabilitation stay may be recorded as Comorbid Conditions (item 24), and *may* affect payment.
Complications

Data recorded in item 47 – Complications will be used by CMS:

• as part of its ongoing research
• to determine what, if any, refinements should be made to the IRF-PPS payment rates.
Case-Mix Groups
Introduction

• The new IRF PPS uses data from the IRF-PAI to classify patients into distinct groups based on clinical characteristics and expected resource needs (41320).

• These distinct groups are called “case-mix groups” or “CMGs.”
The CMGs are a patient classification system that groups together inpatient medical rehabilitation patients who are expected to have similar resource utilization needs.
The CMG and comorbidity tier determine the unadjusted Federal prospective payment rate. (41328).
There are 100 CMGs:

- 95 CMGs for “typical patients” (original CMGs)
- 5 special CMGs for “atypical stays,” such as short stays or situations where a patient expires while in the IRF.
Typical Patients

A “typical patient” has a length of stay of more than 3 days, receives a full course of inpatient rehabilitation care, and is discharged to the community.
Classifying a Patient

• For typical patients, admission data from the IRF-PAI are needed to assign a patient into a CMG.

• The presence of a Comorbid Condition listed by discharge determines the relative weight.
Classifying a Patient

For atypical patients, discharge data (from the claim form) will be used to determine if a:

- patient’s LOS is $\leq 3\text{days}$, and the patient is not transferred to an institutional site of care
- patient expires while in the IRF
Classifying a Patient

To classify a *typical patient* into a CMG:

1) admission Impairment Group code
2) admission motor score
3) admission cognitive score
4) age at admission
The patient’s admission Impairment Group code (item 21) will be recoded into a RIC by the grouper software.

See Chart 5 of Final Rule (pages 41342 to 41344) for a list of the RICs and associated Impairment Group codes.
Motor Score

The motor score is the sum of the scores for 12 of the 13 FIM motor items:

- The score for Transfers Tub, Shower is not included. (41347)
- Eating + Grooming + Bathing + Dressing Upper + Dressing Lower + Toileting + Bladder Management + Bowel Management + Transfers: Bed, Chair, WC + Transfers: Toilet + Walk/WC + Stairs
Motor Score

• Items scored “0” (indicating that an activity does not occur) will be recoded to a “1” in the grouper software (41347).

• Range of motor score: 12 to 84
Cognitive Score

- The cognitive score is the sum of the scores for the 5 FIM cognitive items:
  - Comprehension + Expression + Social Interaction + Problem Solving + Memory

- Range of cognitive score: 5 to 35
CMG Descriptions

- See Table 1 of the Final Rule (pages 41394 to 41396) and Appendix J of the IRF-PAI Training Manual for the descriptions and codes for each of the CMGs.

- The 5 Special CMGs are listed at the end of the table.
# CMG Descriptions

<table>
<thead>
<tr>
<th>Item</th>
<th>Included in all CMG* Definitions?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impairment Group Code</td>
<td>Yes</td>
</tr>
<tr>
<td>motor score</td>
<td>Yes</td>
</tr>
<tr>
<td>cognitive score</td>
<td>No</td>
</tr>
<tr>
<td>age</td>
<td>No</td>
</tr>
</tbody>
</table>

* CMGs for typical patients; excludes Special CMGs
## CMGs for Stroke

<table>
<thead>
<tr>
<th>CMG</th>
<th>Motor Score</th>
<th>Cognitive Score</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>0101</td>
<td>69 to 84</td>
<td>23 to 35</td>
<td></td>
</tr>
<tr>
<td>0102</td>
<td>59 to 68</td>
<td>23 to 35</td>
<td></td>
</tr>
<tr>
<td>0103</td>
<td>59 to 84</td>
<td>5 to 22</td>
<td></td>
</tr>
<tr>
<td>0104</td>
<td>53 to 58</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>0105</td>
<td>47 to 52</td>
<td>---</td>
<td></td>
</tr>
</tbody>
</table>

*cont’d*
## CMGs for Stroke

<table>
<thead>
<tr>
<th>CMG</th>
<th>Motor Score</th>
<th>Cognitive Score</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>0106</td>
<td>42 to 46</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>0107</td>
<td>39 to 41</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>0108</td>
<td>34 to 38</td>
<td>---</td>
<td>≥ 83</td>
</tr>
<tr>
<td>0109</td>
<td>34 to 38</td>
<td>---</td>
<td>≤ 82</td>
</tr>
<tr>
<td>0110</td>
<td>12 to 33</td>
<td>---</td>
<td>≥ 89</td>
</tr>
</tbody>
</table>
Special CMGs: Short Stay

Short Stay (5001):

• patient who has a LOS $\leq$ 3 days, and does not meet the definition of a transfer

• patient who dies within 3 days of admission

(41356)
Special CMGs: Expired Cases

There are 4 CMGs for patients who expire:

- Expired, Orthopedic, LOS $\leq 13$ days (5101)
- Expired, Orthopedic, LOS $\geq 14$ days (5102)
- Expired, Nonorthopedic, LOS $\leq 15$ days (5103)
- Expired, Nonorthopedic, LOS $\geq 16$ days (5104)
• The Grouper software will assign patients into one of the 95 original CMGs.

• One of the 95 original CMGs will be recorded on the Medicare bill.
Special CMGs

- The 5 special CMGs will be re-assigned by the Fiscal Intermediary using the Pricer software in “special” situations.

- Providers will *never* key a claim with any of the 5 “special” CMGs (5001, 5101, 5102, 5103, 5104).
CMGs and Comorbidities

• The assessment will be used to determine the relevant weighting factors, if applicable, associated with comorbidities.

• Table 1 of the Final Rule and Appendix J of the *IRF-PAI Training Manual* provide the relative weights and average LOS for each CMG.
Adjustments

Each CMG/comorbidity tier has a separate reimbursement rate, which can be different for each patient and each stay due to various case-level, facility-level and outlier payments.
Atypical Cases

Determine whether other case-level circumstances apply, in the following sequence:

1) interrupted stay
2) transfer policy
3) short stay
4) expired
Practice Case Studies

Assign the patients described in Case Studies A1 and A2 into the appropriate CMG:

a) impairment group code?
b) motor score?
c) cognitive score?
d) age?
Practice Case Study: A1

Impairment Group Code: _____
Motor Score: ______
Cognitive Score: ______
Age: ______
Case-Mix Group Code: ______
Practice Case Study: A2

Impairment Group Code: _____
Motor Score: ______
Cognitive Score: ______
Age: ______
Case-Mix Group Code: ______
Practice Case Study: A1

Impairment Group Code: 8.11
Motor Score: 59
Cognitive Score: 13
Age: 78
Case-Mix Group Code: 0701
Practice Case Study: A2

Impairment Group Code: 1.1
Motor Score: 46
Cognitive Score: 24
Age: 75
Case-Mix Group Code: 0106
Summary

We discussed:

1) identifying the appropriate impairment group code, etiologic diagnosis and onset date

2) documenting comorbidities accurately

3) assigning patients into the appropriate case-mix group.