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.

Abbreviations

CMG: Case-Mix Group

ICD-9-CM: International Classification of
                    Diseases 9th Revision - Clinical
                    Modification

IGC: Impairment Group Code

IRF: Inpatient Rehabilitation Facility

IRF-PAI: Inpatient Rehabilitation Facility -
                    Patient Assessment Instrument

LOS: Length of stay

PPS: Prospective Payment System

RIC: Rehabilitation Impairment Category

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.

IRF-PAI:
Impairment Group

21. Impairment Group   _____   _____
                           Admission Discharge
    Condition requiring admission to rehabilitation; code
    according to Appendix A, attached.

22. Etiologic Diagnosis   _____
    (*Use an ICD-9-CM code to indicate the etiologic problem
    that led to the condition for which the patient is receiving
    rehabilitation*)

23. Date of Onset of Impairment _____/_____/_____
                          MM / DD / YYYY

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).**

IGC ® RIC

Impairment Group

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.**

Impairment Group and RIC

- **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.**

IRF-PAI:
Etiologic Diagnosis

21. Impairment Group   _____   _____
                            Admission Discharge
      Condition requiring admission to rehabilitation; code
      according to Appendix A, attached

22. Etiologic Diagnosis   _____
      (*Use an ICD-9-CM code to indicate the etiologic problem
      that led to the condition for which the patient is receiving
      rehabilitation*)

23. Date of Onset of Impairment   _____/_____/_____
                                 MM / DD   / YYYY

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.**

Impairment Group Code and Etiologic Diagnosis

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:

IGC	RIC	RIC Label
2.1, 2.9 ®	03	NTBI
2.21, 2.22 ®	02	TBI

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)

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:

IGC	RIC	RIC Label
14.9	® 17	MMT-NBSCI
14.1 to 14.3	® 18	MMT-BSCI

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 ® Medically Complex, Respiratory (IGC = 17.5x)**

– **brain ® Non-Traumatic Brain (IGC = 2.1)**

– **post-operative ® 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, ® Spinal Cord Dysfunction (4.xxxx)
- If patient also has an amputation, ® Amputation (5.x)

Date of Onset of Impairment

IRF-PAI:
Date of Onset of Impairment

21. Impairment Group   _____   _____

                                      Admission Discharge

     Condition requiring admission to rehabilitation; code according to Appendix A, attached.

22. Etiologic Diagnosis   _____

     (*Use an ICD-9-CM code to indicate the etiologic problem that led to the condition for which the patient is receiving rehabilitation*)

23. Date of Onset of Impairment _____/_____/_____

                                 MM / DD   / YYYY

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.**

Date of Onset

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. _____

Definition

A *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.**

Comorbid Conditions

- **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**

IRF-PAI: Complications

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."**

Definition

The CMGs are a patient classification system that groups together inpatient medical rehabilitation patients who are expected to have similar resource utilization needs.

CMG and Comorbidities

The CMG and comorbidity tier determine the unadjusted Federal prospective payment rate. (41328).

Case-Mix Groups

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 £ 3days, 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

Impairment Group vs. RIC

- **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

Item	Included in all CMG* Definitions?
Impairment Group Code	Yes
motor score	Yes
cognitive score	No
age	No

* CMGs for typical patients; excludes Special CMGs

CMGs for Stroke

CMG	CMG Description		
	motor score	cognitive score	age
0101	69 to 84	23 to 35	---
0102	59 to 68	23 to 35	---
0103	59 to 84	5 to 22	---
0104	53 to 58	---	---
0105	47 to 52	---	---

cont'd

CMGs for Stroke

CMG	CMG Description		
	motor score	cognitive score	age
0106	42 to 46	---	---
0107	39 to 41	---	---
0108	34 to 38	---	³ 83
0109	34 to 38	---	£ 82
0110	12 to 33	---	³ 89

cont'd

Special CMGs:
Short Stay

Short Stay (5001):

- patient who has a LOS £ 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 £ 13 days (5101)**
- **Expired, Orthopedic, LOS ³ 14 days (5102)**
- **Expired, Nonorthopedic, LOS £ 15 days (5103)**
- **Expired, Nonorthopedic, LOS ³ 16 days (5104)**

(41356)

Original CMGs

- **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:	<u>1.1</u>
Motor Score:	<u>46</u>
Cognitive Score:	<u>24</u>
Age:	<u>75</u>
Case-Mix Group Code:	<u>0106</u>

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.