



©2024 AQ Consulting LLC and AQ-IQ, LLC  
1-877-976-6677

# AQ-IQ IRF-PRO Lab

## Session 1



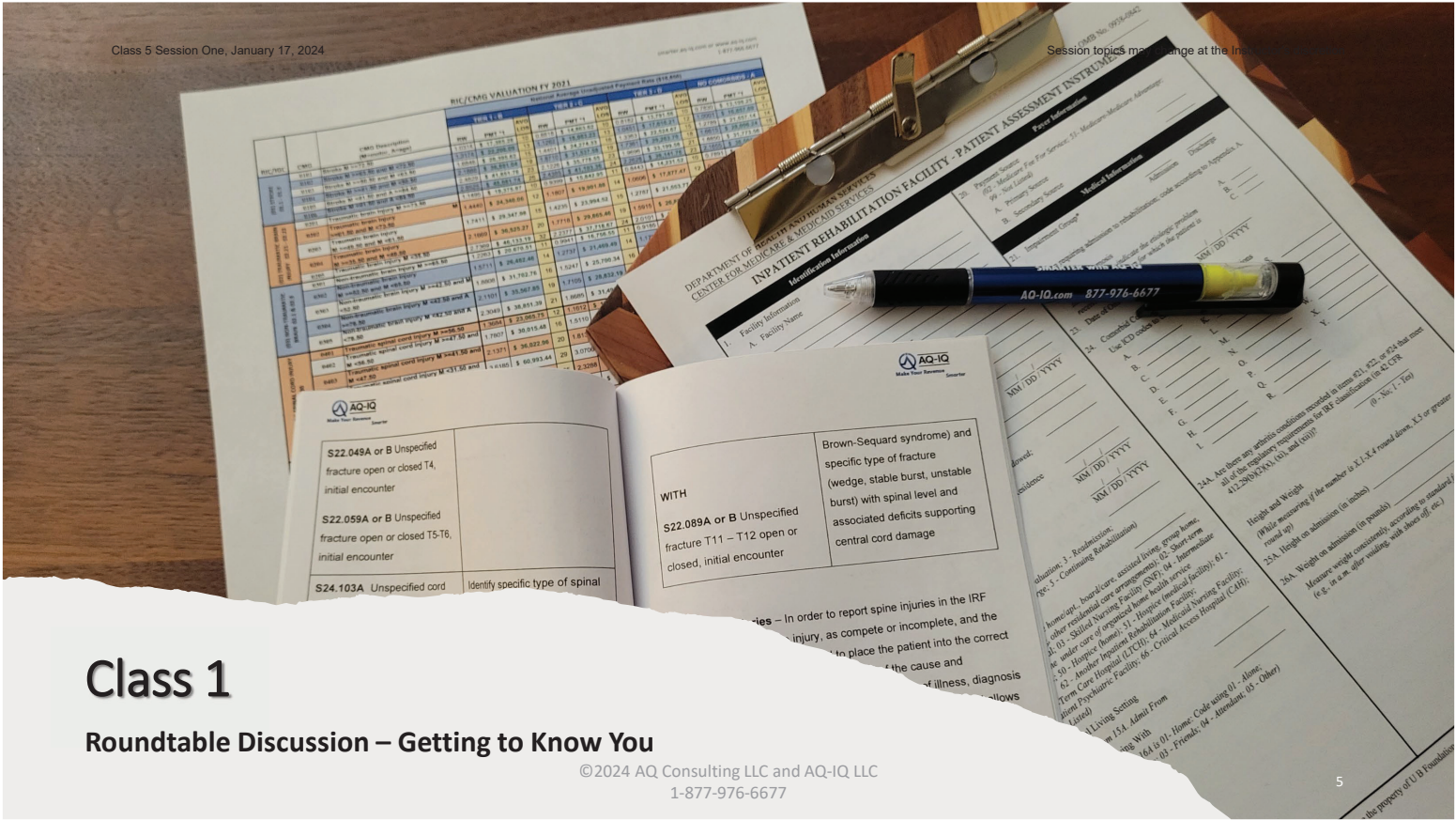
## Disclosures

Financial – CEO of AQ Consulting, LLC and AQ-IQ, LLC

Nonfinancial – No relevant nonfinancial relationships exist

## Disclaimer

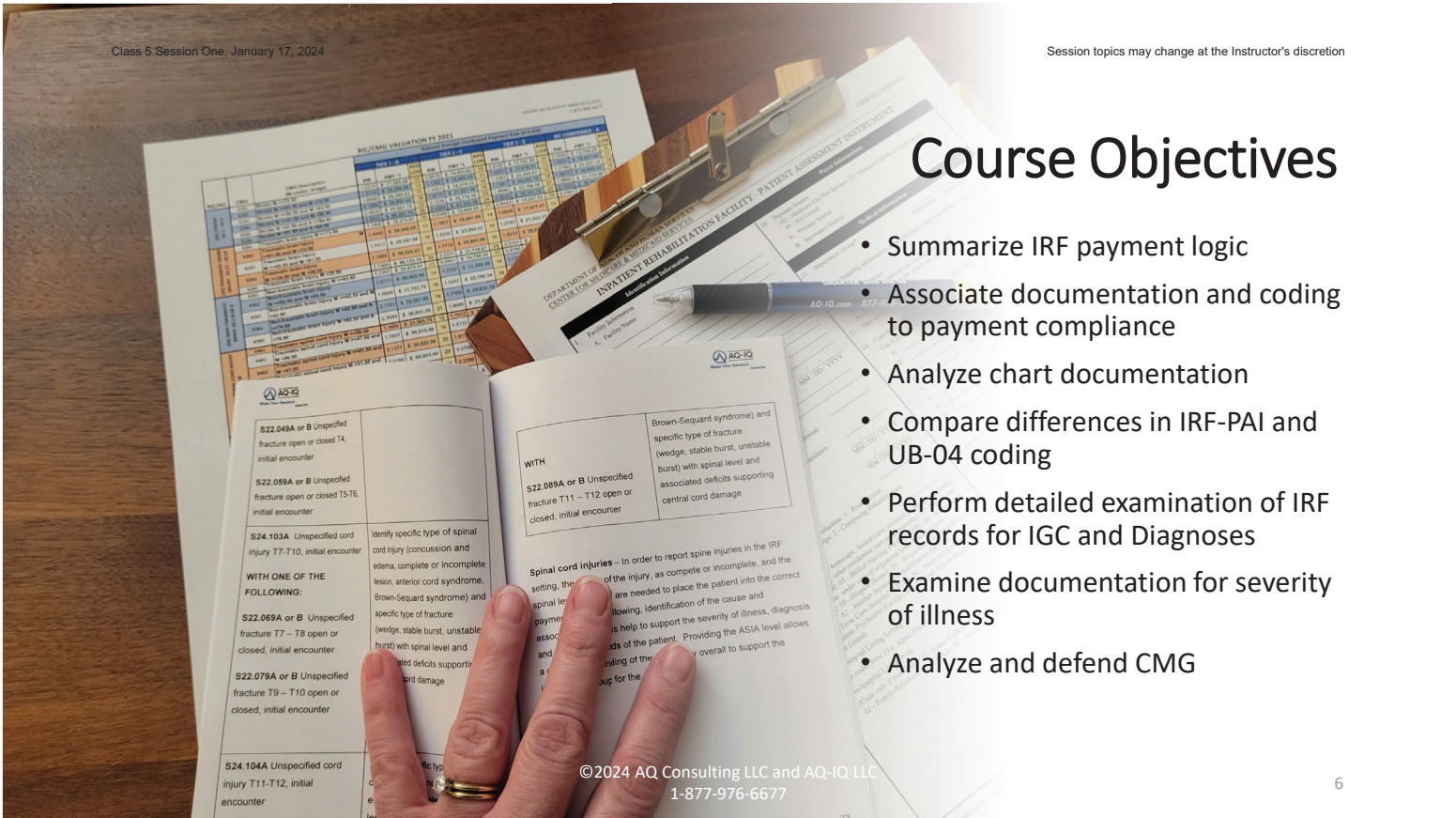
The information contained in this presentation is provided to assist the attendee in understanding the reimbursement process. It is intended to assist healthcare providers in accurately obtaining reimbursement for health care services. It is not intended to increase or maximize reimbursement inappropriately by any payer. It is strongly recommended that attendees consult their payer organizations regarding local reimbursement policies. The information contained in the presentation is provided for information purposes only and represents no statement, promise or guarantee concerning levels of reimbursement, payment or charge. The material is designed to provide accurate information on the subject matter covered and is for guidance and reference purposes only. Although prepared for use by professionals, the presentation information should not be utilized as a substitute for professional services in specific situations. If legal advice is required, the services of a professional should be sought.



# Class 1

## Roundtable Discussion – Getting to Know You

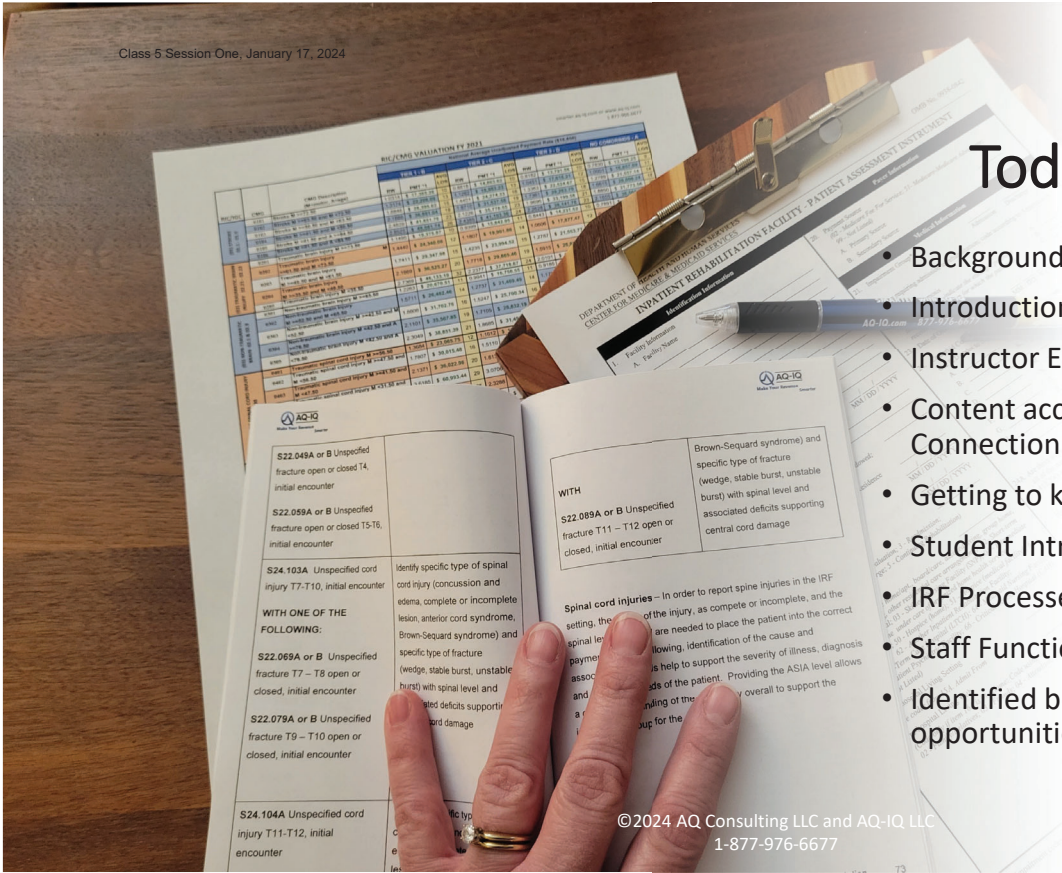
©2024 AQ Consulting LLC and AQ-IQ LLC  
1-877-976-6677



# Course Objectives

- Summarize IRF payment logic
- Associate documentation and coding to payment compliance
- Analyze chart documentation
- Compare differences in IRF-PAI and UB-04 coding
- Perform detailed examination of IRF records for IGC and Diagnoses
- Examine documentation for severity of illness
- Analyze and defend CMG

©2024 AQ Consulting LLC and AQ-IQ LLC  
1-877-976-6677



# Today's Agenda

- Background and Structure of Class
- Introductions
- Instructor Expectations
- Content access and Class/Instructor Connection
- Getting to know you – Polling
- Student Introductions
- IRF Processes
- Staff Functions
- Identified best practices and opportunities

©2024 AQ Consulting LLC and AQ-IQ LLC  
1-877-976-6677



## You get out what you put in!

# Breakout

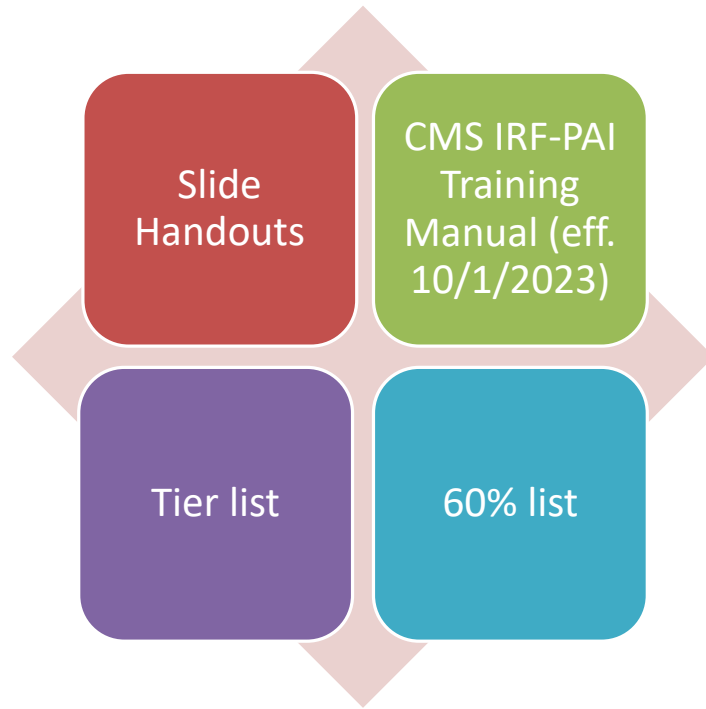


©2024 AQ Consulting LLC and AQ-IQ LLC  
1-877-976-6677

## Course Notes

- Access the IRF PRO LAB HUB will be provided after the first class.
  - You **MUST** access and complete each missed class AND test by 14 days following the live event to get CEU credit.
  - After Credit is received, recorded content will be available for replay without CEU credit until 1/16/2025.
- Closed Group for Students

# Resources



©2024 AQ Consulting LLC and AQ-IQ LLC  
1-877-976-6677



## CMS IRF-PAI Training Manual – Appendix A

- <https://www.cms.gov/medicare/quality/inpatient-rehabilitation-facility/irf-pai-and-irf-grp-manual>
- <https://www.cms.gov/medicare/quality/inpatient-rehabilitation-facility/irf-pai-and-irf-grp-manual>
- Go to the bottom of the page under the downloads section and select CMS-IRF-PAI-Manual-Version-4.0-Effective October 1, 2022 (Zip)
- Primarily Using 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

UDSaaS™ Impairment Group	UDSaaS™ Impairment Group Code (Item Z1)	RIC	ICD-10-CM Code (Item Z2)	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-I62.9	Other and unspecified Nontraumatic intracranial hemorrhage
			I63.00, I63.011-I63.019, I63.02, I63.031-I63.039, I63.06-I63.10, I63.111-I63.119, I63.12, I63.131-I63.139, I63.16-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, I63.46-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

IRF-PAI Version 3.0, Effective October 1, 2019 Page A-6





# CMS IRF DATA FILES

## • Lists to Download:

- Tiered Comorbidities - file contains the list of diagnoses (ICD-10-CM codes) that are used to determine placement in tiers for IRF discharges, effective October 1, 2023. It contains the ICD-10-CM codes and any RICs that are excluded from the tiers. (Updated to reflect ICD-10-CM coding changes for October 1, 2023)

Code	Choice	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	2	--
I69.091	--	Dysphagia following nontraumatic subarachnoid hemorrhage	2	1
I69.191	--	Dysphagia following nontraumatic intracerebral hemorrhage	2	1
I69.291	--	Dysphagia following other nontraumatic intracranial hemorrhage	2	1
I69.391	--	Dysphagia following cerebral infarction	2	1
I69.891	--	Dysphagia following other cerebrovascular disease	2	1
I69.991	--	Dysphagia following unspecified cerebrovascular disease	2	1
K91.2	--	Postsurgical malabsorption, not elsewhere classified	2	--
R13.0	--	Aphagia	2	1
R13.10	--	Dysphagia, unspecified	2	1
R13.11	--	Dysphagia, oral phase	2	1
R13.12	--	Dysphagia, oropharyngeal phase	2	1

**Physical Book  
Recommended  
without, use  
ICD-10-CM  
FY2024  
(Download)**

## 2024 release of ICD-10-CM

October 1, 2023 release of ICD-10-CM

The FY2024 ICD-10-CM codes are to be used from October 1, 2023 through September 30, 2024.

**Note:** This replaces the FY 2023 – April 1, release. These files listed below represent the ICD-10-CM FY2024 October 1, 2023 release. The October 1, 2023 FY2024 ICD-10-CM is available in both PDF (Adobe) and XML file formats. Most files are provided in compressed zip format for ease in downloading. These files have been created by the National Center for Health Statistics (NCHS), under authorization by the World Health Organization. Any questions regarding typographical or other errors noted on this release may be reported to [nchsicd10cm@cdc.gov](mailto:nchsicd10cm@cdc.gov).

- [ICD-10-CM FY2024 Guidelines](#)
- [ICD-10-CM FY2024 Full PDF](#)
- [ICD-10-CM FY2024 XML](#)
- [ICD-10-CM FY2024 Addenda PDF](#)
- [ICD-10-CM FY2024 List of codes and Descriptions](#)
- [ICD-10-CM FY2024 Order Files](#)
- [ICD-10-CM FY2024 Conversion table](#)
- [ICD-10-CM FY2024 Present on Admission \(POA\) Exempt Codes](#)
- [ICD-10-CM FY2024 Errata](#)

- <https://www.cdc.gov/nchs/icd/comprehensive-listing-of-icd-10-cm-files.htm>



## ICD-10-CM FY2024 (Download)

- [https://ftp.cdc.gov/pub/Health\\_Statistics/NCHS/Publications/ICD10CM/2024/](https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Publications/ICD10CM/2024/)

← → ↻ [https://ftp.cdc.gov/pub/Health\\_Statistics/NCHS/Publications/ICD10CM/2024/](https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Publications/ICD10CM/2024/)

⚙ Settings 🟠 Amazon Web Servic... 📧 Box | Login 📄 Employer eServices 🇺🇸 Official UB-04 Data... 📄 YourHealthFile : You... 📧 RMail Web App 🌐 Free Dynamic DNS.

### ftp.cdc.gov - /pub/Health\_Statistics/NCHS/Publications/ICD10CM/2024/

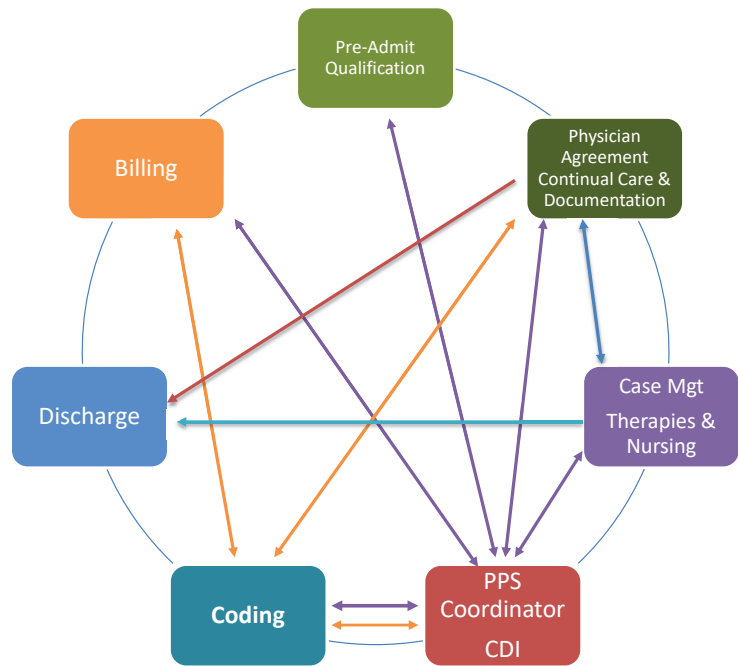
[\[To Parent Directory\]](#)

7/26/2023 1:11 PM	126646	<a href="#">Errata FY24.pdf</a>
9/21/2023 3:18 PM	145701	<a href="#">ICD-10-CM-Conversion-Table-FY2024-Effective-10-01-2023-Final (updated 9-21-2023).xlsx</a>
7/26/2023 1:09 PM	841765	<a href="#">ICD-10-CM-Guidelines-October 1 FY2024FINALv.2.pdf</a>
7/5/2023 10:51 AM	912058	<a href="#">icd10cm-addendum-2024.zip</a>
7/5/2023 10:51 AM	2470341	<a href="#">icd10cm-CodesDescriptions-2024.zip</a>
7/5/2023 10:52 AM	22705055	<a href="#">icd10cm-Table_and_Index-2024.zip</a>
7/26/2023 1:11 PM	1672652	<a href="#">POAexemptCodesFY24.zip</a>

## Important Terminology (Incomplete List)

- Dx - Diagnosis
- PDx – Principal Diagnosis
- Etiologic Diagnosis
- MCC-Major Complication/Comorbidity
- CC-Complication/Comorbidity
- AHA Coding Clinic
- QHP – Qualified Healthcare Professional
- UB-04 – Claim form
- IRF-PAI – Inpatient Rehabilitation Facility Patient Assessment Instrument

# Coding's Role in the IRF Revenue Cycle



©2024 AQ Consulting LLC and AQ-IQ LLC  
1-877-976-6677

# Completing the IRF-PAI

- IGC Selection (Admission and Discharge)
- Etiologic Diagnosis
- Comorbidities and Complications
- Interruption of Death Diagnoses
- Discharge disposition
- GG Scores – Functional level
- Quality information (pressure ulcers, swallowing function and certain other diagnoses)

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
INPATIENT REHABILITATION FACILITY - PATIENT ASSESSMENT INSTRUMENT

OMB No. 0938-0842

Identification Information		Medical Information	
1. Facility Information A. Facility Name _____		21. Impairment Group* _____ Admission _____ Discharge _____	
B. Facility Medicare Provider Number _____		Condition requiring admission to rehabilitation; code according to Appendix A. _____	
2. Patient Medicare Number _____		22. Etiologic Diagnosis (Use ICD codes to indicate the etiologic problem that led to the condition for which the patient is receiving rehabilitation) _____	
3. Patient Medical Number _____		23. Date of Onset of Impairment _____ MM / DD / YYYY	
3A. Patient First Name _____		24. Comorbid Conditions Use ICD codes to enter comorbid medical conditions	
3B. Patient Last Name _____		A. _____ J. _____ S. _____	
4. Birth Date _____ MM / DD / YYYY		B. _____ K. _____ T. _____	
5. Gender (1 - Male; 2 - Female) _____		C. _____ L. _____ U. _____	
6. Marital Status (1 - Never Married; 2 - Married; 3 - Widowed; 4 - Separated; 5 - Divorced) _____		D. _____ M. _____ V. _____	
7. Social Security Number _____		E. _____ N. _____ W. _____	
8. Zip Code of Patient's Pre-Hospital/Residence _____		F. _____ O. _____ X. _____	
9. Admission Date _____ MM / DD / YYYY		G. _____ P. _____ Y. _____	
10. Assessment Reference Date _____ MM / DD / YYYY		H. _____ Q. _____	
11. Admission Class (1 - Initial Rehab; 2 - Evaluation; 3 - Readmission; 4 - Unplanned Discharge; 5 - Continuing Rehabilitation) _____		I. _____ R. _____	
12. Admit From (01 - Home (private home/care, 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; 05 - Home under care of organized home health service organization; 06 - Hospice (home); 07 - Hospice (medical facility); 08 - Swing bed; 09 - Another Inpatient Rehabilitation Facility; 10 - Long-term Care Hospital (LTC); 11 - Medical Nursing Facility; 12 - Inpatient Psychiatric Facility; 13 - Critical Access Hospital (CAH); 99 - Not Listed) _____		24A. Are there any arthritis conditions recorded in items #21, #22, or #24 that meet all of the regulatory requirements for ICF classification (in 42 CFR 412.28(b)(2)(ii), (iii), and (iv))? _____ (0 - No; 1 - Yes)	
13. Pre-hospital Living Setting Use codes from ICA, Admit From _____		Height and Weight (While measuring of the number is X.Y.Z round down, X.Y or greater round up)	
14. Pre-hospital Living With (Code only if item 16A is 01 - Home; Code using 01 - Alone; 02 - Family/Relative; 03 - Friends; 04 - Assisted; 05 - Other) _____		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.

# 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

## Polling Question

### What is your position/title?

- PPS Coordinator
- Coder
- Admission Liaison
- Clinical Documentation Improvement
- Department Manager (Nursing, Therapy)
- Physician
- Other

## Polling Question

### What is your primary credential/degree?

- Nurse
- Physical Therapist
- Occupational Therapist
- Speech Therapist
- Coder
- CDI
- Physician or Non-Physician Practitioner
- Other

## Polling Question

### How long have you been in healthcare?

- 20+ years
- 10-19 years
- 5-9 years
- 1-5 years
- Less than a year

## Polling Question

### How long have you been in your current position?

- 20+ years
- 10-19 years
- 5-9 years
- 1-5 years
- Less than a year

## Polling Question

### How many providers/physicians do you serve?

- 1
- 2-5
- 6-11
- 12 or more

## Polling Question

**Are you in a teaching facility?**

- Yes
- No

## Polling Question

**Software Used for IRF-PAI  
creation?**

- eRehabData
- UDS
- IRVEN

# Polling Question

## EHR?

- Epic
- Cerner
- Meditech
- CPSI
- Other



# Breakout



©2024 AQ Consulting LLC and AQ-IQ LLC  
1-877-976-6677

# What's Yours Like?



This Photo by Unknown Author is licensed under CC BY-NC

©2024 AQ Consulting LLC and AQ-IQ LLC  
1-877-976-6677



# Common Ineffective Processes

- Incorrect diagnoses
- Lack of consistency between ICD-10-CM and GG/Quality
- Lack of consistency in discharge disposition between the IRF-PAI and UB-04
- Silo Effect - Lack of communication between relevant staff
- Lack of understanding IRF-PAI ICD-10-CM coding rules



This Photo by Unknown Author is licensed under [CC BY-NC](https://creativecommons.org/licenses/by-nc/4.0/)