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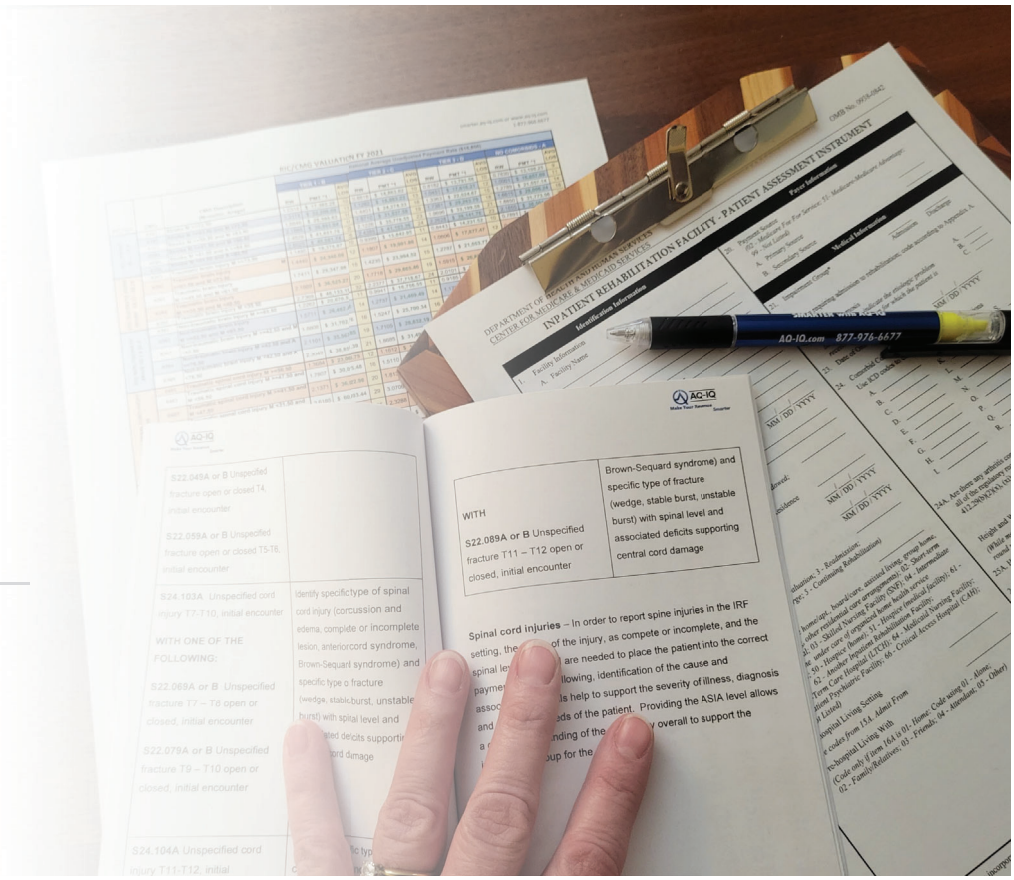
IRF-PRO Lab

Session 1



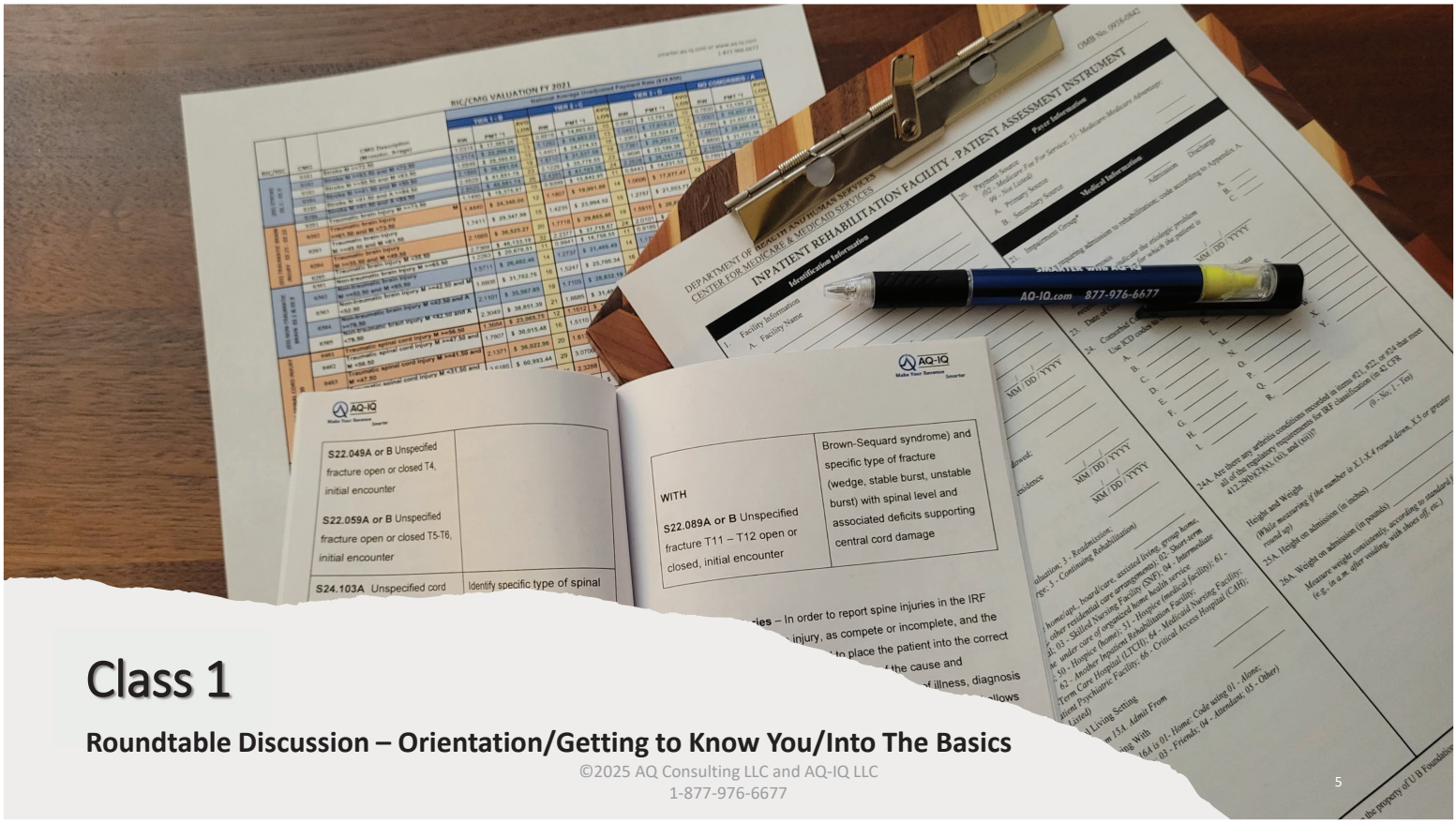
Disclosures

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

Nonfinancial – No relevant nonfinancial relationships exist

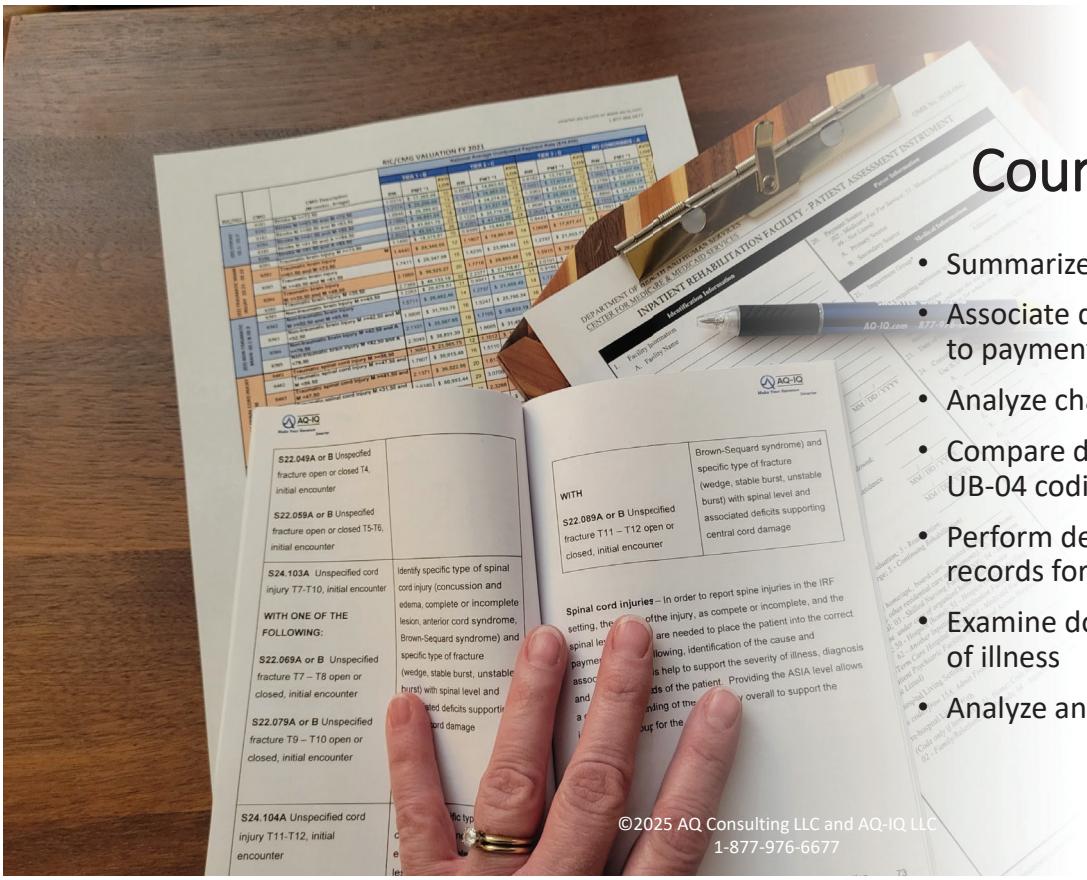
Disclaimer

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.



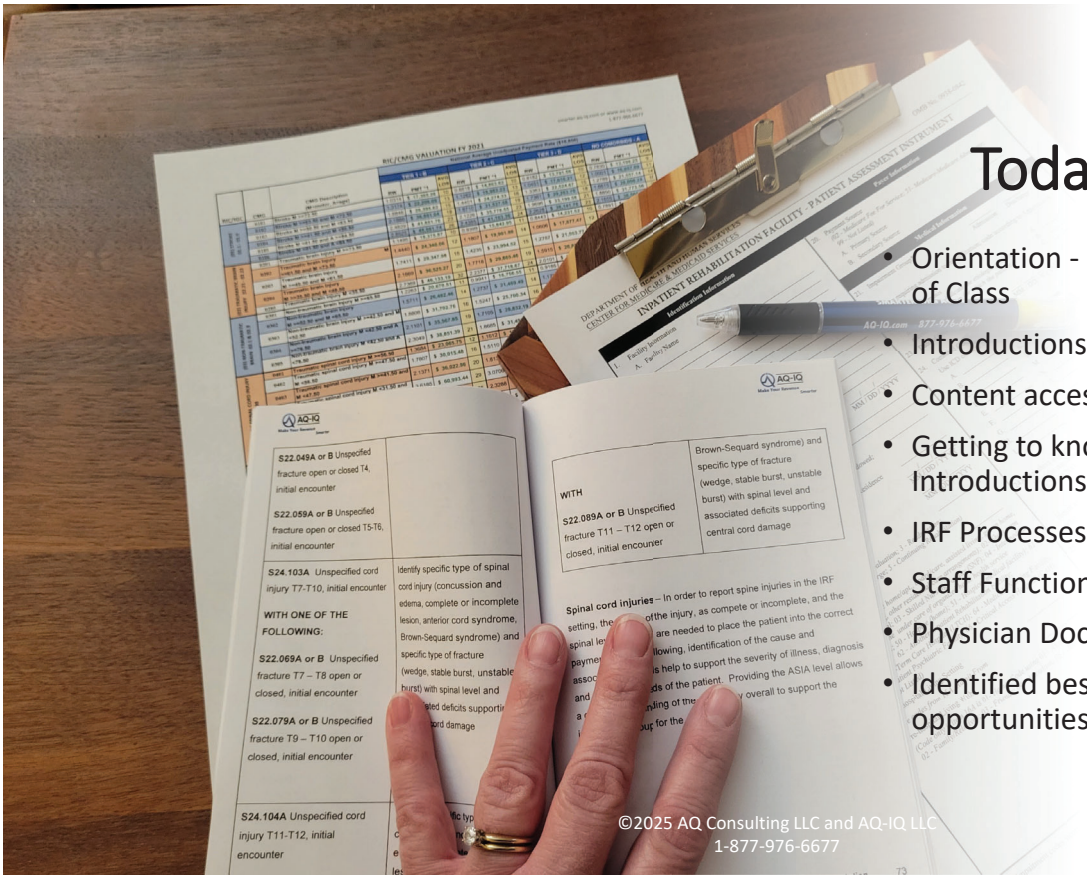
Class 1

Roundtable Discussion – Orientation/Getting to Know You/Into The Basics



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



Today's Agenda

- Orientation - Background and Structure of Class
- Introductions & Expectations
- Content access and Connection
- Getting to know you- Student Introductions
- IRF Processes
- Staff Functions
- Physician Documentation
- Identified best practices and opportunities

You get out what you put in!

Breakout

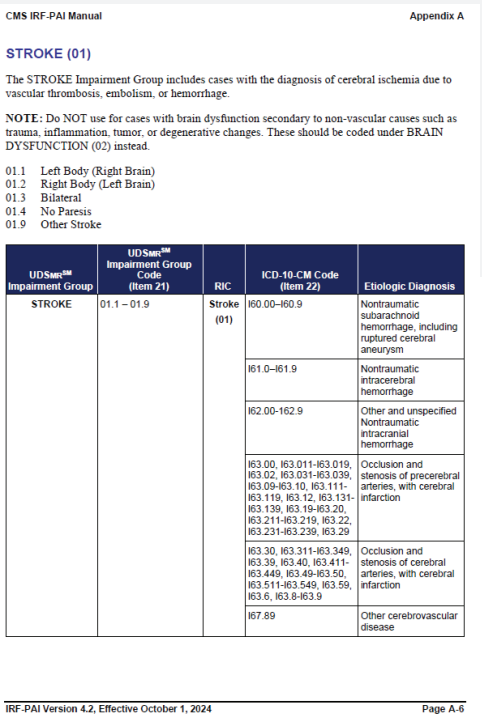
Course Notes

- Access the IRF PRO LAB HUB for class materials/replays.
  - *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 for 1 year.*
- Community for Students

Resources

CMS IRF-PAI Training Manual – Appendix A

- https://www.cms.gov/medicare/quality/inpatient-rehabilitation-facility/irf-pai-and-irf-qrp-manual
- Go to the bottom of the page under the downloads section and select CMS-IRF-PAI-Manual-Version-4.2-Effective October 1, 2024 (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.

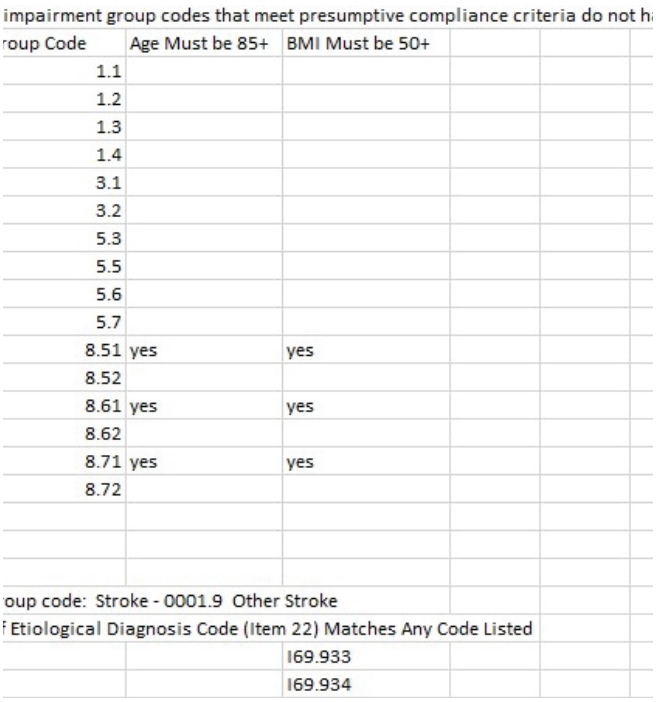
01.1 Left Body (Right Brain)
01.2 Right Body (Left Brain)
01.3 Bilateral
01.4 No Paresis
01.9 Other Stroke

UDSMR℠ Impairment Group	UDSMR℠ 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-I62.9	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

IRF-PAI Version 4.2, Effective October 1, 2024 — Page A-6

CMS IRF DATA FILES

- https://www.cms.gov/medicare/payment/prospective-payment-systems/inpatient-rehabilitation/rules-related-files/cms-1829-f
- FY26_IGC_ICD-10-CM
  - A list of IGCs that are compliant and non-compliant (and the diagnosis codes that make them non-compliant when used as etiologic)



impairment group codes that meet presumptive compliance criteria do not h

roup Code	Age Must be 85+	BMI Must be 50+
1.1		
1.2		
1.3		
1.4		
3.1		
3.2		
5.3		
5.5		
5.6		
5.7		
8.51	yes	yes
8.52		
8.61	yes	yes
8.62		
8.71	yes	yes
8.72		

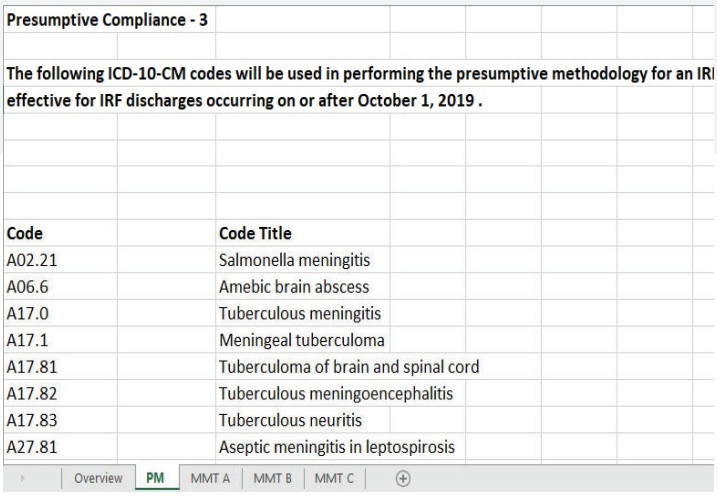
oup code: Stroke - 0001.9 Other Stroke

f Etiological Diagnosis Code (Item 22) Matches Any Code Listed

		I69.933
		I69.934

CMS IRF DATA FILES

- **Lists to Download:**
- FY26_Presumptive Compliance-3
  - Contains the list of diagnoses (ICD-10-CM codes) that are used for determining presumptive compliance with the IRF 60 percent rule, effective for discharges beginning on or after October 1, 2025



Presumptive Compliance - 3

The following ICD-10-CM codes will be used in performing the presumptive methodology for an IRI
effective for IRF discharges occurring on or after October 1, 2019 .

Code	Code Title
A02.21	Salmonella meningitis
A06.6	Amebic brain abscess
A17.0	Tuberculous meningitis
A17.1	Meningeal tuberculoma
A17.81	Tuberculoma of brain and spinal cord
A17.82	Tuberculous meningoencephalitis
A17.83	Tuberculous neuritis
A27.81	Aseptic meningitis in leptospirosis

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

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, 2025.
- It contains the ICD-10-CM codes and any RICs that are excluded from tiering. (Updated to reflect ICD-10-CM coding changes for October 1, 2025)

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

ICD-10-CM FY2026 (Download, if needed)

https://www.cdc.gov/nchs/icd/icd-10-cm/files.html

ICD-10-CM fiscal year releases

The federal government's fiscal year runs from October 1 through September 30 of the next year. The fiscal year is named for the calendar year in which it ends.

October 1, 2025, ICD-10-CM release

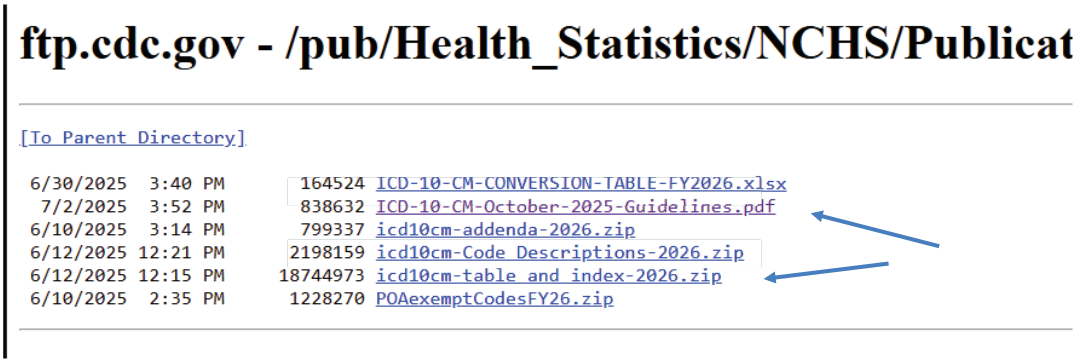
- ICD-10-CM FY26, October 1, 2025

- FY26 ICD-10-CM codes should be used for healthcare services provided from October 1, 2025, through September 30, 2025
- This release replaces the FY25, April 1, 2025, release

April 1, 2025, ICD-10-CM release

- ICD-10-CM FY25, April 1, 2025
- FY25 ICD-10-CM codes should be used for healthcare services provided from April 1,

https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Publications/ICD10CM/2025/



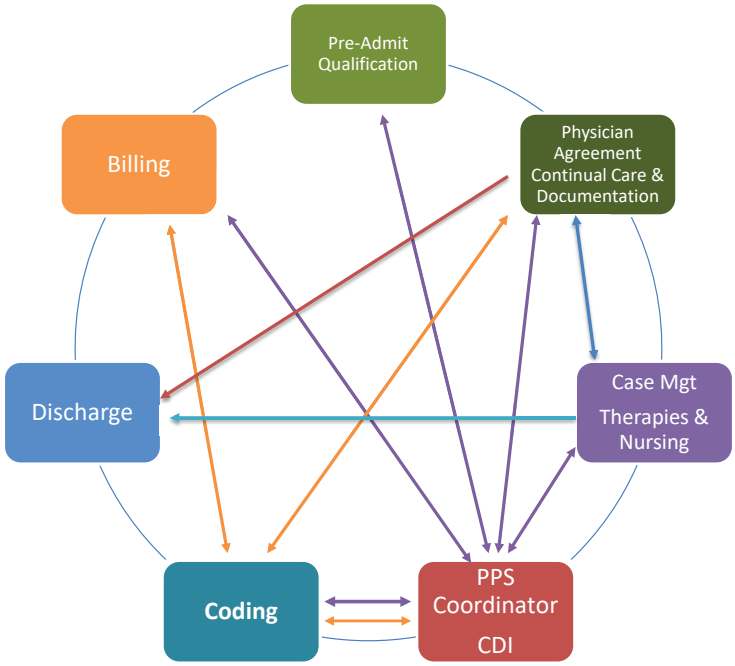
Guidelines &
table-index 2026

ICD-10-CM FY2026 (Download)

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

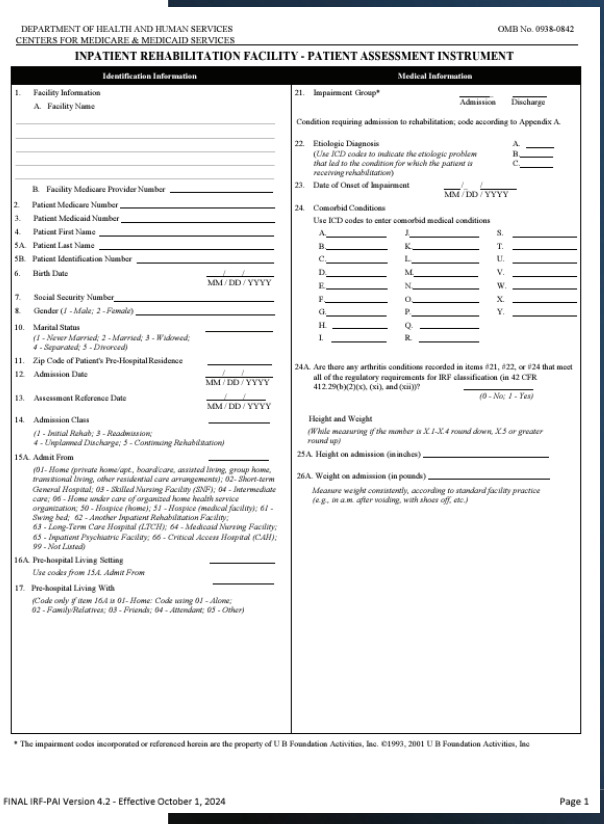
CMG Coordinator, CDI & Coding's Role in the *IRF* Revenue Cycle



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)

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



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

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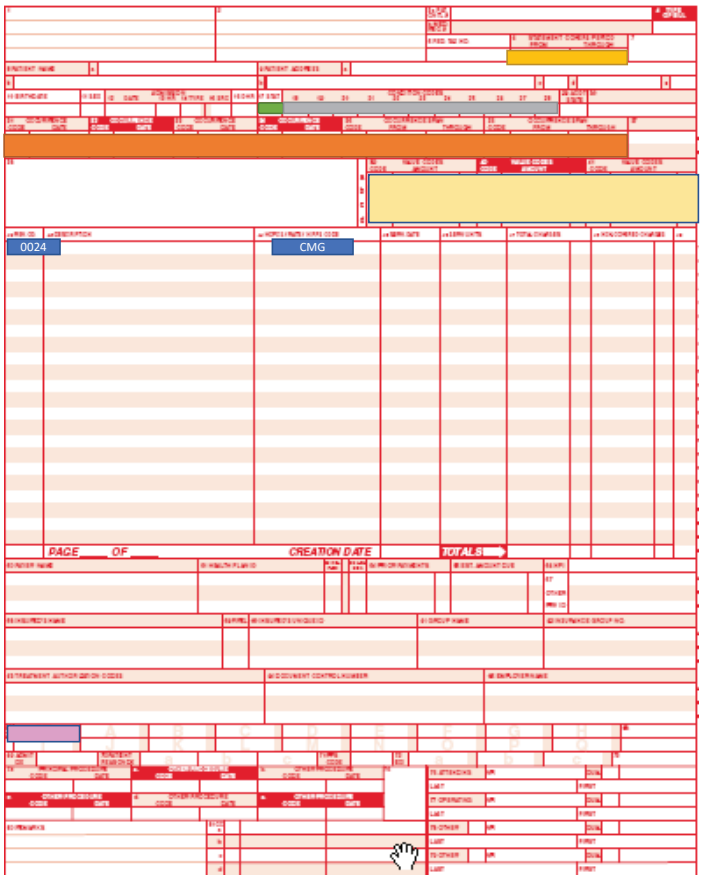
UB-04: (Medicare Claim)



- 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

What's Yours Like?

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

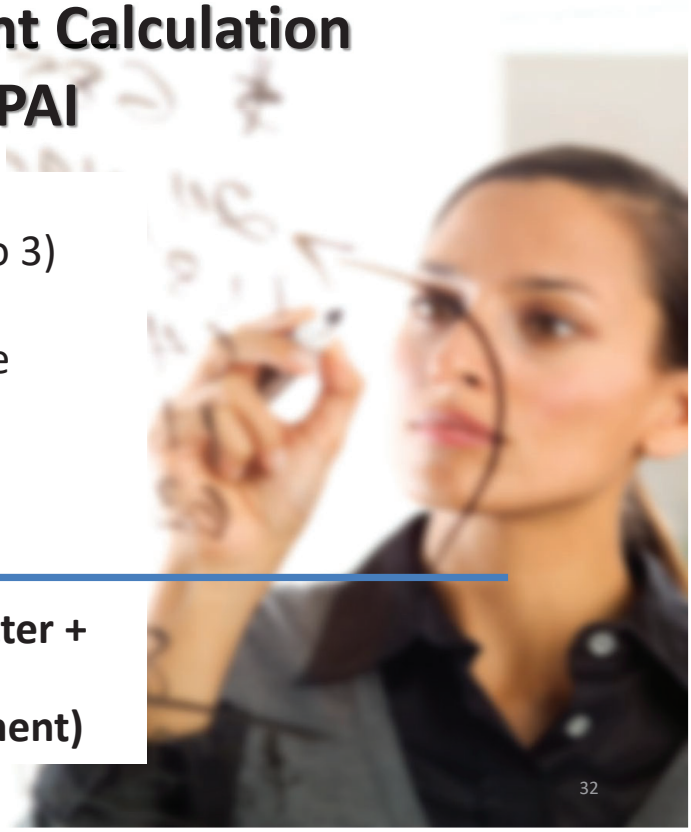
IGC (Supported by Etiologic(s) up to 3)

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

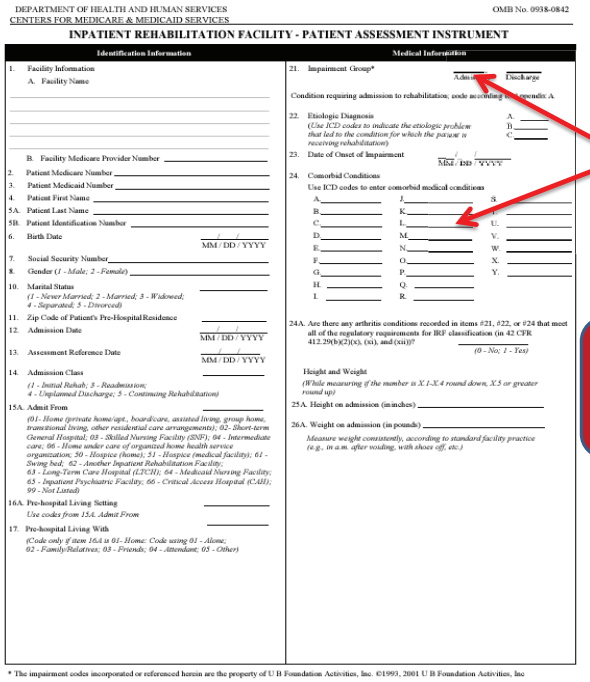
Code	Code Title	Tier	RIC Exclusion
J38.01	Paralysis of vocal cords and larynx, unilateral	1	15
J38.02	Paralysis of vocal cords and larynx, bilateral	1	15
J38.4	Edema of larynx	1	15
Z43.0	Encounter for attention to tracheostomy	1	--
Z93.0	Tracheostomy status	1	--
Z99.2	Dependence on renal dialysis	1	--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

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3. Patient Medicaid Number
4. Patient First Name
5A. Patient Last Name
5B. Patient Identification Number
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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., boardcare, assisted living, group home, transitional living, other residential care arrangements); 02- Short-term General Hospital; 03 - Skilled Nursing Facility (SNF); 04 - Intermediate care; 06 - Home under care of organized home health service organization; 50 - Hospice (home); 51 - Hospice (medical facility); 61 - Swing bed; 62 - Another Inpatient Rehabilitation Facility; 63 - Long-Term Care Hospital (LTCH); 64 - Medicaid Nursing Facility; 65 - Inpatient Psychiatric Facility; 66 - Critical Access Hospital (CAH); 99 - Not Listed)
16A. Pre-hospital Living Setting — Use codes from 15A. Admit From
17. Pre-hospital Living With (Code only if item 16A is 01- Home: Code using 01 - Alone; 02 - Family/Relatives; 03 - Friends; 04 - Attendant; 05 - Other)
21. Impairment Group* — Admission / Discharge
Condition requiring admission to rehabilitation; code according to Appendix A
22. Etiologic Diagnosis (Use ICD codes to indicate the etiologic problem that led to the condition for which the patient is receiving rehabilitation) A. B. C.
23. Date of Onset of Impairment — MM / DD / YYYY
24. Comorbid Conditions
Use ICD codes to enter comorbid medical conditions
A. B. C. D. E. F. G. H. I. J. K. L. M. N. O. P. Q. R. S. T. U. V. W. X. Y.
24A. Are there any arthritis conditions recorded in items #21, #22, or #24 that meet all of the regulatory requirements for IRF classification (in 42 CFR 412.29(b)(2)(x), (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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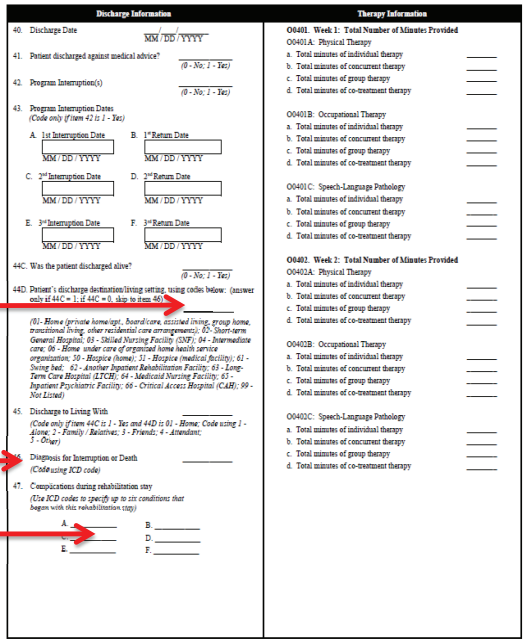
IGC + CC + GG = CMG

Discharge Status– Consistent with NUBC Guidelines (UB-04 codes) (MOST OF THE TIME)

Interruption or Death Dx

Complications



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Discharge Information

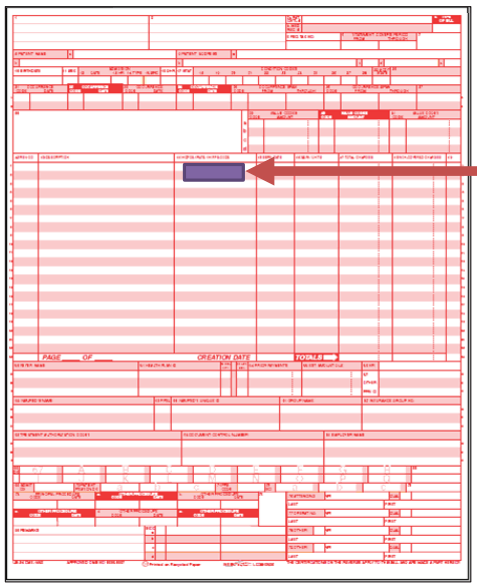
40. Discharge Date — MM / DD / YYYY
41. Patient discharged against medical advice? (0 - No; 1 - Yes)
42. Program Interruption(s) (0 - No; 1 - Yes)
43. Program Interruption Dates (Code only if item 42 is 1 - Yes)
A. 1st Interruption Date — MM / DD / YYYY
B. 1st Return Date — MM / DD / YYYY
C. 2nd Interruption 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., boardcare, 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)
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

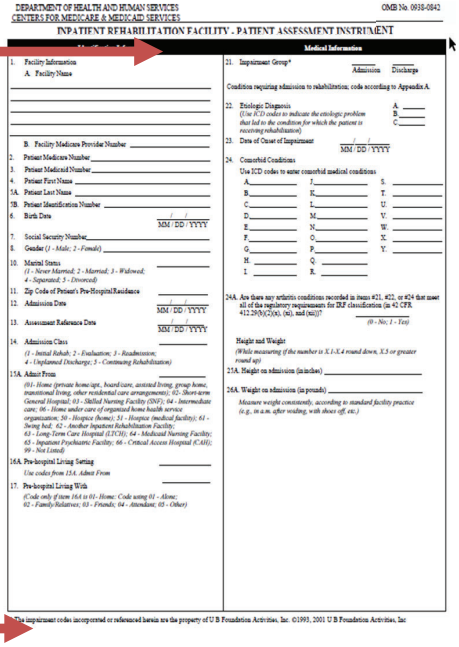
O0401. Week 1: Total Number of Minutes Provided
O0401A: Physical Therapy
a. Total minutes of individual therapy
b. Total minutes of concurrent therapy
c. Total minutes of group therapy
d. Total minutes of co-treatment therapy
O0401B: Occupational Therapy
a. Total minutes of individual therapy
b. Total 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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14. Admission Class (1 - Initial Rehab; 2 - Evaluation; 3 - Readmission; 4 - Unplanned Discharge; 5 - Continuing Rehabilitation)
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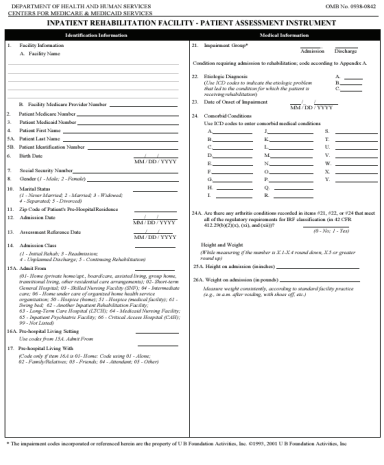
Making Reimbursement Happen (Both Forms Required)



DEPARTMENT OF HEALTH AND HUMAN SERVICES
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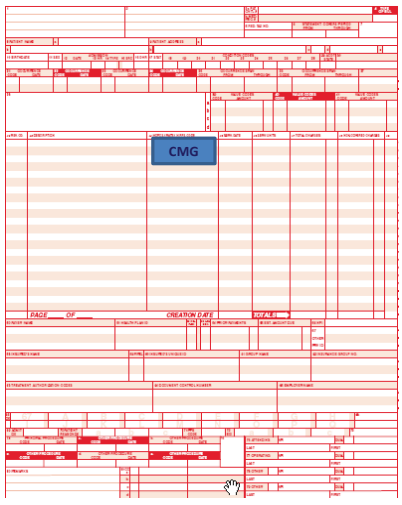
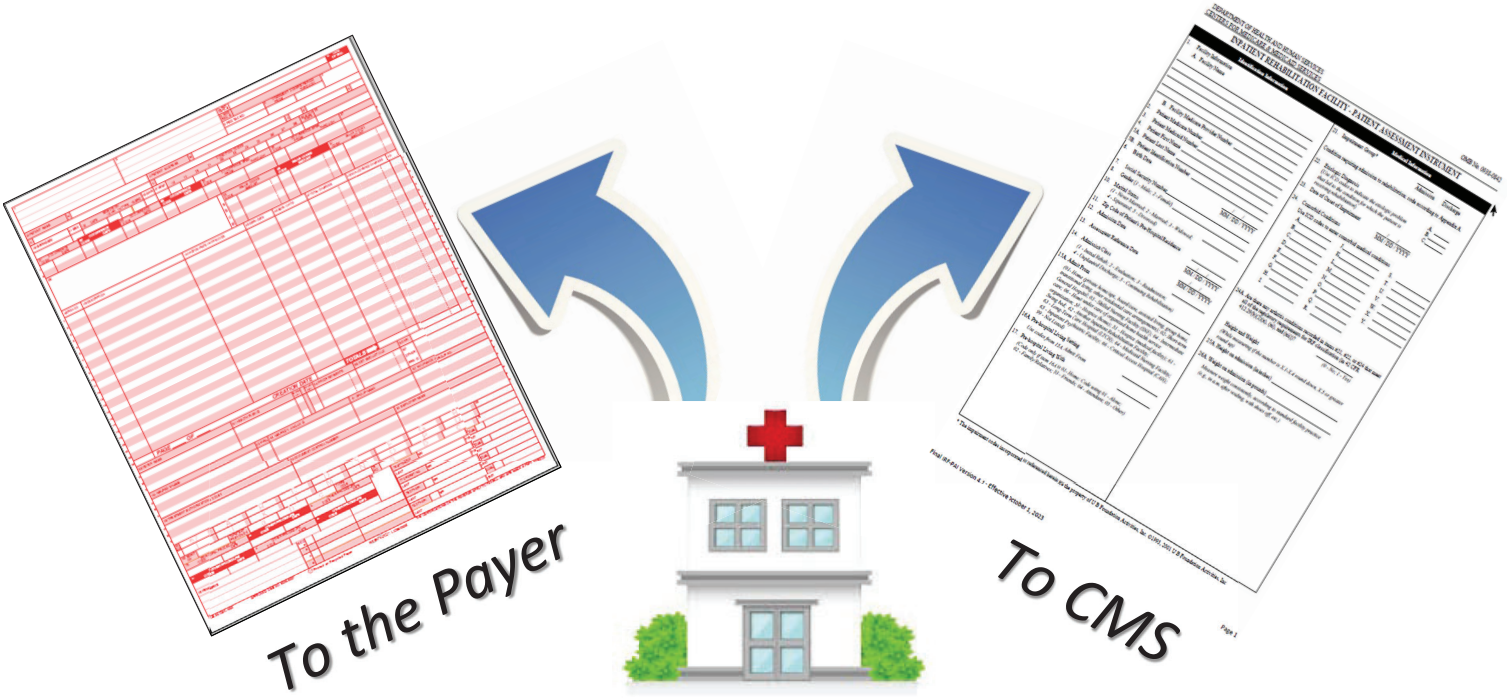


Where does this information go?



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

Regulations About Documentation

- **Compliance**
- **E & M (General Documentation Guidelines) – Physician Billing Level**
  - Levels based on MD/NPP documented details of EACH Encounter:
  - Determined by documented Medical Decision Making ONLY or TIME

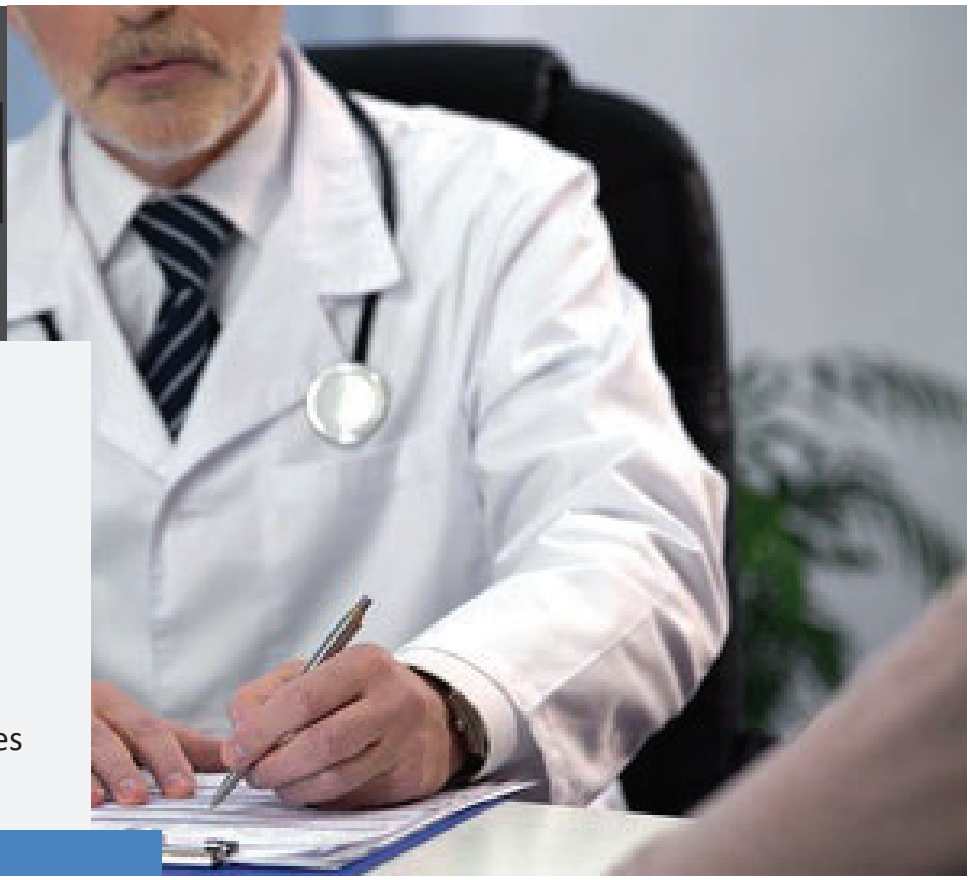
Regulations About Documentation

- **Conditions of Participation (CMS)**
- **IRF Criteria**
  - Interdisciplinary Approach
- **Teaching Guidelines – Resident Notes Require Physician Validation**
- **MBPM Sec 110**
- **Facility Specific Bylaws/Rules**

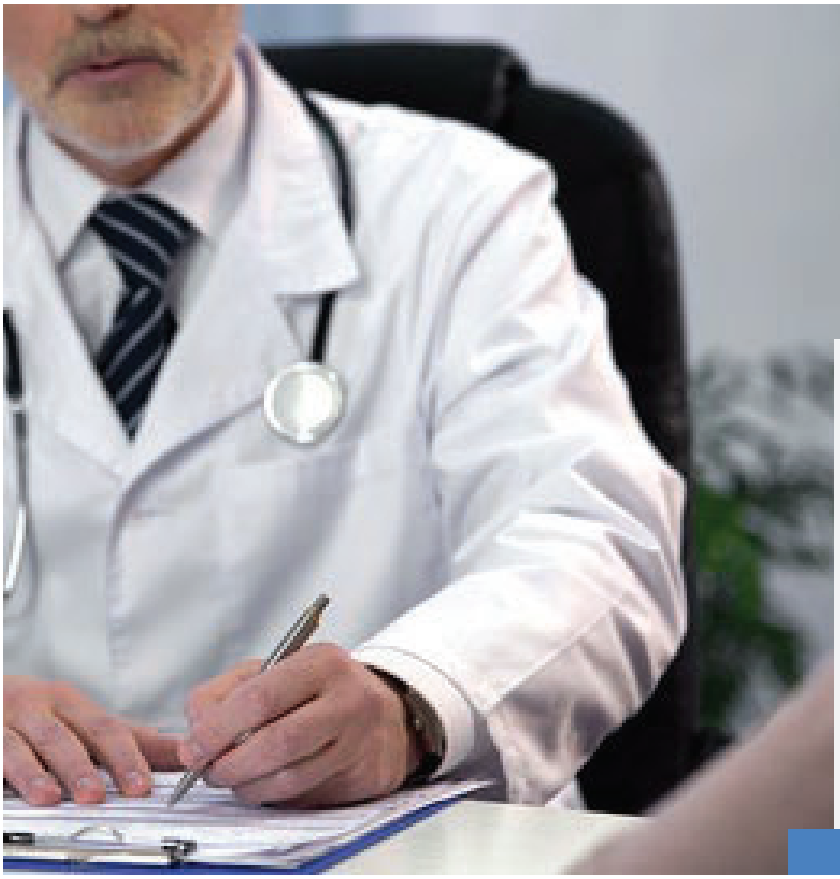
IRF (Physician) Requirements (MBPM)

- **IRF Criteria - MUST prove interdisciplinary approach; need for inpatient services; ability to participate as required**
  - **Pre-Admission Screen (PAS)**
  - **History & Physical (H&P)**
  - **Individual Overall Plan of Care (IOPOC)**
  - **3 Face to Face visits per week (minimum requirement) and progress notes for additional visits**
    - **Functional and Medical Addressed**
  - **Team Conference – 1 every 7 days**
  - **Orders (Admission and Otherwise)**
  - Progress Notes
  - Therapy Notes to support services and time (by therapist)
  - **IRF-PAI**

IRF Physicians Must Document



- Underlying Reason for Impairment/Admission
- Accuracy and Details **(INCLUDING DEFICITS AND CLINICAL INDICATORS)** to support coding of each existing comorbidity
  - Treated/Utilizing a Resource
  - Impacting Treatment
  - Extending the Length of Stay
- Association of ALL treated diagnoses to medications/treatment



IRF Physicians Must Document

- Underlying Impairment cause
- Status of conditions (History/Current/Resolved/Active)
- Relevance of lab tests
- ICD-10-CM Diagnosis statements (Specificity is Key to Success)
- Functional and Medical and the interrelationship between them
- Clarify any reasons for interruption in expected therapy
- Overall Note – services performed

Session 1 Assignments

Connect with Kristine and take the quiz for CE Credit

Introduce yourself and SHARE in the Social Group what you hope to learn in this course.