Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI) V4.0 and Unplanned Discharges Q&A

The Centers for Medicare and Medicaid (CMS) is issuing this Questions and Answer (Q&A) to address concerns about coding items on the Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI) IRF-PAI V4.0 when a patient has an unplanned discharge from the IRF. It is not CMS' intention to inappropriately penalize providers, and we will be closely monitoring data submissions related to these concerns. Below we include some of the commonly asked questions, along with current CMS guidance. IRFs should continue to code the IRF-PAI V4.0 with published guidance.

Patients who meet the criteria for unplanned discharges are:

- Patients who are discharged to an acute care setting, such as short-stay acute hospital, critical access hospital, inpatient psychiatric facility, or Long-term Care Hospital (LTCH);
- Patients who die; and
- Patients who leave an IRF against medical advice.

If the patient meets the criteria for an unplanned discharge, complete the discharge IRF-PAI Quality Indicator items using the following discharge assessment guidance: If assessment of an item was not completed prior to the unplanned discharge, code the item using available documentation/information. When the patient is unable to respond and it is allowable, code 8 – Patient unable to respond or code X – Patient unable to respond. If assessment of an item was not completed prior to the unplanned discharge and no information is available, a dash is a valid response for certain items. Please review the guidance manual for item-specific guidance.

You can also access this guidance in the CMS IRF-PAI Quarterly Q&As, September 2022, Consolidated June 2020 to September 2022, published on September 7, 2022; found here: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/IRF-PAI-and-IRF-PAI-Manual

For concerns regarding AIF compliance, please contact the IRF Reconsiderations Help Desk at IRFQRPReconsiderations@cms.hhs.gov. For questions regarding coding guidance, please contact the IRF QRP Help Desk at IRF.Questions@cms.hhs.gov.

Question 1: In the event that a patient discharges from the IRF due to an acute medical issue, or discharges against medical advice and cannot or will not participate in interviews, would it be appropriate to record:

- Code X or Y (as applicable) for item A1250, Transportation;
- Code 7 or 8 (as applicable) for item B1300, Health Literacy;
- Code 9 (as applicable) for items D0150A through A0150I, Patient Mood Interview
- Code 7 or 8 (as applicable) for item D0700, Social Isolation; and
- Code 8 for items J0510, Pain Effect on Sleep, J0520, Pain Interference with Therapy Activities, and J0530, Pain Interference with Day-to-Day Activities.

Answer 1: For items A1250, Transportation, B1300, Health Literacy, and D0700, Social Isolation, responses X or Y or responses 7 or 8 (as applicable) would be appropriate to code if a patient discharges from the IRF due to an acute medical issue, or discharges against medical advice and cannot or will not participate in interviews. For D0150, Patient Mood Interview (PHQ-2 to 9), if a patient discharges from the IRF due to an acute medical issue, or discharges against medical advice and cannot or will not

participate in interviews, enter code 9 in D0150A through D0150I, and code D0160, Total Severity Score 99. For J0510, Pain Effect on Sleep, J0520, Pain Interference with Therapy Activities, and J0530, Pain Interference with Day-to-Day Activities, response 8 (as applicable) would be appropriate to code if a patient discharges from the IRF due to an acute medical issue, or discharges against medical advice and cannot or will not participate in interviews. An IRF would need to determine what code is applicable to the specific patient scenario. Please note that a "dash" is not an allowable option for some of these items. We encourage IRFs to refer to the FY 2024 IRF Quality Reporting Program (QRP) Annual Increase Factor (AIF) table for more information on what items allow for a "dash" as a valid response.

Question 2: What is CMS' guidance for IRF patients who have unplanned discharges back to acute care/short term hospital (or other changes in discharge plan) in which clinicians and providers cannot complete discharge assessments? Can you please provide CMS guidance on how to handle these cases and avoid issues with meeting the 95% threshold?

Answer 2: Code the IRF-PAI with the guidance that has been published by CMS. We are aware that some IRFs have higher numbers of unplanned discharges and are concerned they will not meet the 95% compliance threshold due to coding a "dash" as a response for certain patient interview items (e.g. C0200-0500, Brief Interview for Mental Status [BIMS] or D0150, Patient Mood Interview [PHQ- 2 to 9]) in the IRF PAI and having incomplete assessments. CMS will be monitoring this data very closely beginning October 1, 2022 and IRFs with higher numbers of unplanned discharges that have an increased number of incomplete assessments due to coding a "dash" in the new patient interview items as a result of following CMS guidance, will not be penalized for not meeting the 95% compliance threshold.

Question 3: When a patient is discharged to acute care from an IRF, how will the team fill out IRF-PAI V4.0 for CAM, BIMS and Patient Mood Interview discharge assessments? Will they be automatically greyed out on the IRF-PAI, or do we enter dashes?

Answer 3: When coding C1310, Signs and Symptoms of Delirium (from CAM©), the clinician may observe patient behavior during other cognitive assessments, during patient interactions and consult with other staff, family members/caregivers, and others in a position to observe the patient's behavior during the assessment period. The clinician may also review the medical documentation to determine patient's baseline status, fluctuations in behavior, and behaviors that might have occurred during the assessment period that were not observed during the cognitive assessment. If a clinician is not able to complete this item due to an unplanned discharge a "dash" is an allowable response.

When assessing C0200-0500 Brief Interview for Mental Status (BIMS) or D0150, Patient Mood Interview (PHQ- 2 to 9), a patient interview is required to complete these items. If a clinician is not able to complete these items due to an unplanned discharge a "dash" is an allowable response.

CMS will be monitoring this data very closely beginning October 1, 2022 and IRFs with higher numbers of unplanned discharges that have an increased number of incomplete assessments due to coding a "dash" in the patient interview items as a result of following CMS guidance, will not be penalized for not meeting the 95% compliance threshold. CMS will be monitoring this data to determine if a permanent fix is needed and will provide more information as it becomes available.

Question 4: Regarding the completion of the new IRF PAI V4.0 items at discharge, will any of them be skipped if a patient has an unplanned discharge to acute care that prevents us from being able to complete all the items? Specifically, some of the items can be answered based on chart review and some of the items give an option for "patient unable to respond". In the case of an acute care discharge that prevents us from asking patients these questions, should all items be answered as "patient unable to respond" or in the case of the BIMS and Patient Mood Interview, "No" for if the BIMS should be completed and "99" for the mood screen score?

Answer 4: When assessing C0200-0500, Brief Interview for Mental Status (BIMS) or D0150, Patient Mood Interview (PHQ- 2 to 9), a patient interview is required to complete these items. If a clinician is not able to complete these items due to an unplanned discharge, a "dash" is an allowable response.

For C0200-C0500, BIMS interview, if it is determined that the patient was rarely/never understood verbally, in writing, or using another method code 0 – No to C0100, Should the Brief Interviews for Mental Status be completed and skip C0200-C0500. If the interview should have been completed, but because of the of the unplanned discharge the clinician is not able to complete these items, a "dash" is an allowable response. If C0200 through C0400 are coded with a dash, then C0500 should also be coded with a dash. If the Patient Mood Interview could not be completed because of the unplanned discharge, then code D0150A1 -D0150I1 with a dash and code D0160 as 99.

CMS will be monitoring this data very closely beginning October 1, 2022 and IRFs with higher numbers of unplanned discharges that have an increased number of incomplete assessments due to coding a "dash" in the new patient interview items as result of following CMS guidance will not be penalized for not meeting the 95% compliance threshold. CMS will be monitoring this data to determine if a permanent fix is needed and will provide more information as it becomes available.