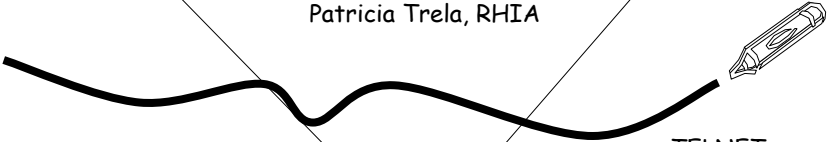


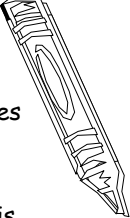
# Inpatient Rehabilitation Coding Update: 2009

## Questions and Answers

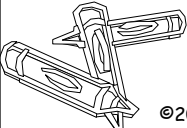
Presented by  
Patricia Trela, RHIA



TELNET  
June 16, 2009  
1-3 pm EDT



- **Patricia Trela** is the Director, HIM and Rehabilitation Services for Diskriter, Inc., a consulting firm offering integrated HIM Rehabilitation Consulting Services including HIM Interim management, IRF PPS compliance and education, coding and auditing support, dictation/transcription, assembly and analysis and other solutions for HIM. She has over 25 years of health care industry experience. She was responsible for the initial start-up of HIM at three large acute medical rehabilitation hospitals and designed, developed and implemented policies and processes. She was a member of the 11-member task force that developed the Functional Independence Measure (FIM™) and the minimum data set for the Uniform Data System for Medical Rehabilitation (UDSmr), an integral part of Medicare's prospective payment system for Inpatient Rehabilitation Facilities (IRF). As a consultant, Pat has worked with many acute care hospitals, rehabilitation hospitals and units, and long term acute care hospitals (LTACH). Pat facilitates the AHIMA Coding Physical Medicine Rehabilitation Community of Practice (COP).



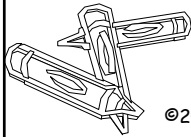
» Patricia Trela  
» [Pat.trela@diskriter.com](mailto:Pat.trela@diskriter.com)  
» (412) 965-4094

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## Abbreviations

- CMG Case Mix Group
- CMI Case Mix Index
- FIM Functional Independence Measure
- FY Fiscal Year
- HIM Health Information Management
- IGC Impairment Group Code
- IRF Inpatient Rehabilitation Facility
- PAI Patient Assessment Instrument
- RIC Rehabilitation Impairment Category
- UB-04 Uniform Billing Claim Form



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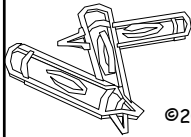


Inpatient Rehabilitation Facility  
Patient Assessment Instrument



## Patient Assessment Instrument (PAI)

- Item # 21: Impairment Group Code
  - Represents the reason the patient requires an IRF rehabilitation program
  - Problems
    - History and physical does not indicate the impairments
    - Physician orders do not address a specific impairment
    - Therapy documentation is sparse and does not show the impairment being treated by therapy

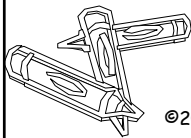


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## Patient Assessment Instrument (PAI)

- Item # 21: Impairment Group Code
  - Examples of Impairments
    - Hemiparesis
    - Debility (Deconditioning)
    - Pain
    - Amputation
    - Paralysis/Paresis

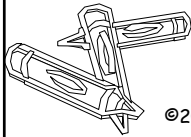


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## Patient Assessment Instrument (PAI)

- Item # 21: Impairment Group Code
  - Hemiparesis - Weakness on one side of the body with a neurologic origin
  - Muscle weakness due to inactivity or immobility

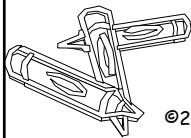


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## Patient Assessment Instrument (PAI)

- Item # 22: Etiology
  - The condition responsible for the Impairment
  - Problems
    - The etiology does not relate to the IGC reported
    - The physician does not abstract the information from the acute care record
    - The code selected to report the etiology is inappropriate
      - Code does not represent the acute condition responsible for the impairment
      - Code for acute condition is reported when a prior IRF program was completed for the same impairment.

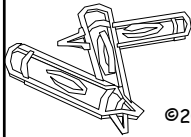


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## Patient Assessment Instrument (PAI)

- Item # 23: Date of Impairment
  - Date relates to the IGC reported in Item #21
  - Guidelines for each IGC in Training Manual
  - Problems
    - The physician does not document the onset date
    - The coder does not review the guidelines in the Training Manual
    - The physician does not document when the impairment occurred

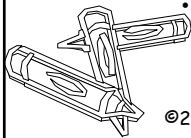


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## Patient Assessment Instrument (PAI)

- Item # 24: Comorbid Conditions
  - Conditions present on admission
  - Complications that develop during the IRF admission
  - Determine the Payment Tier
  - Problems
    - The condition is already reported by the etiology or the IGC
    - The physician documents
      - a current condition as status post
      - A condition that is resolved as a current condition
    - Comorbid conditions in excess of 10 are reported as complications

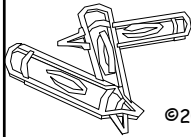


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## Patient Assessment Instrument (PAI)

- Item # 47: Complications
  - Conditions not present on admission
  - Identified during the IRF admission
  - Problems
    - A condition that is discovered on the day of discharge or the day prior to discharge
    - A condition present on admission to the IRF, but not documented by the physician until later during the IRF admission
    - Complications assigned to a Payment Tier are not included in Item #24, as a comorbid condition.

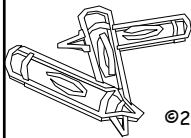


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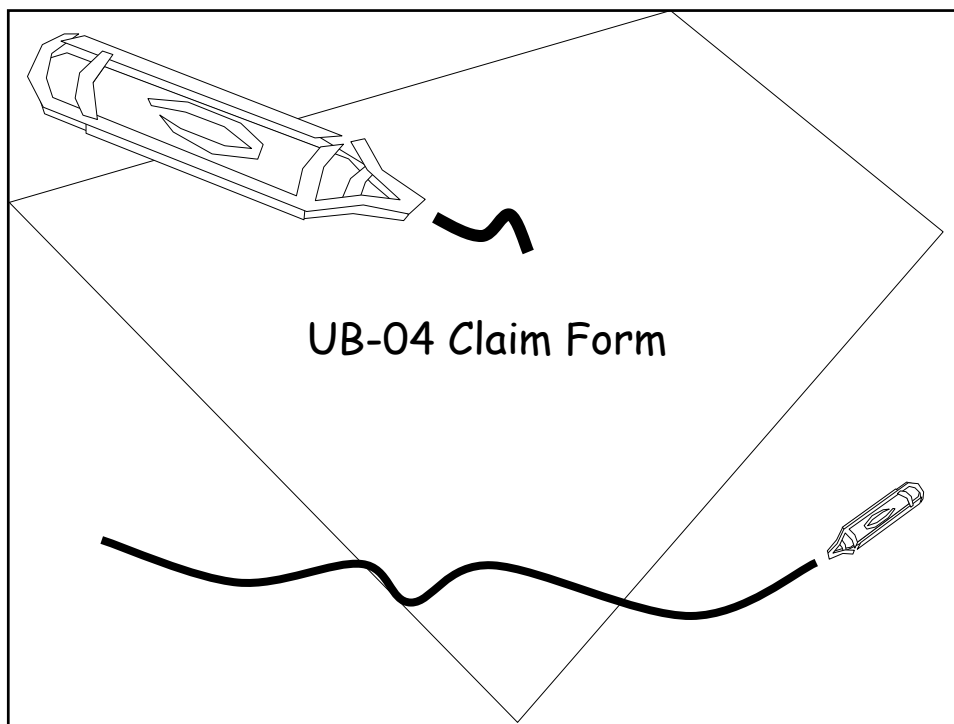
## Patient Assessment Instrument (PAI)

- Item # 46: Reason for Interrupted Stay or Death
  - The condition or symptom responsible for the interrupted stay
  - Problems
    - A code is reported and the patient does not return to the IRF before the 3<sup>rd</sup> midnight
    - A code that represents the reason for the interruption is not reported




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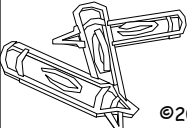


## UB-04 Claim Form



## UB-04 Claim Form

- Form Locator 67 - Principal Diagnosis
  - The reason the patient was admitted to the IRF
  - ICD-9-CM Official Guidelines for Coding and Reporting - Effective October 1, 2008
  - Problems
    - Code is not from the V57.8x series of codes.

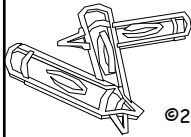


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## UB-04 Claim Form

- Field Locator 67A-Q Other Diagnosis Codes
  - Conditions that coexist at the time of admission to the IRF
  - Conditions that develop during the IRF admission
  - Problems
    - Codes for acute conditions are reported for conditions already treated at acute care hospital
    - Codes are not reported for conditions documented in the health record by the physician
    - Codes are reported for conditions that no longer exist

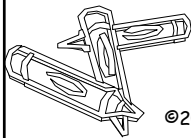


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## UB-04 Claim Form

- Present on Admission (POA)
  - Currently **not** required for IRF
  - Could be required by your State or other payer

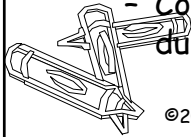


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## UB-04 Sequence of Codes

- Principal Diagnosis selected from V57.xx series of codes
  - Admission not for rehabilitation therapy
- Sequence of additional conditions based on
  - First additional condition should be reason for IRF admission (impairment, etiology if appropriate to report)
  - Conditions that impact the assigned CMG
  - Conditions that required significant resources during the IRF admission

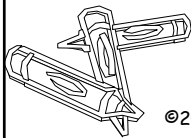


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## UB-04 Code Assignment

- Medicare software looks at first 9 codes
- Medicare guidance indicates codes should be assigned and reported for all conditions.
- UB-04 has space for 18 codes

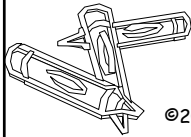


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## UB-04 and IRF PAI Code Agreement or Disagreement

- Agreement (UB-04 and IRF PAI)
  - Codes should not be assigned for conditions that are not confirmed.
  - Codes should be assigned for unresolved (resolving) conditions



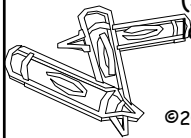
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## UB-04 and IRF PAI Code Agreement or Disagreement

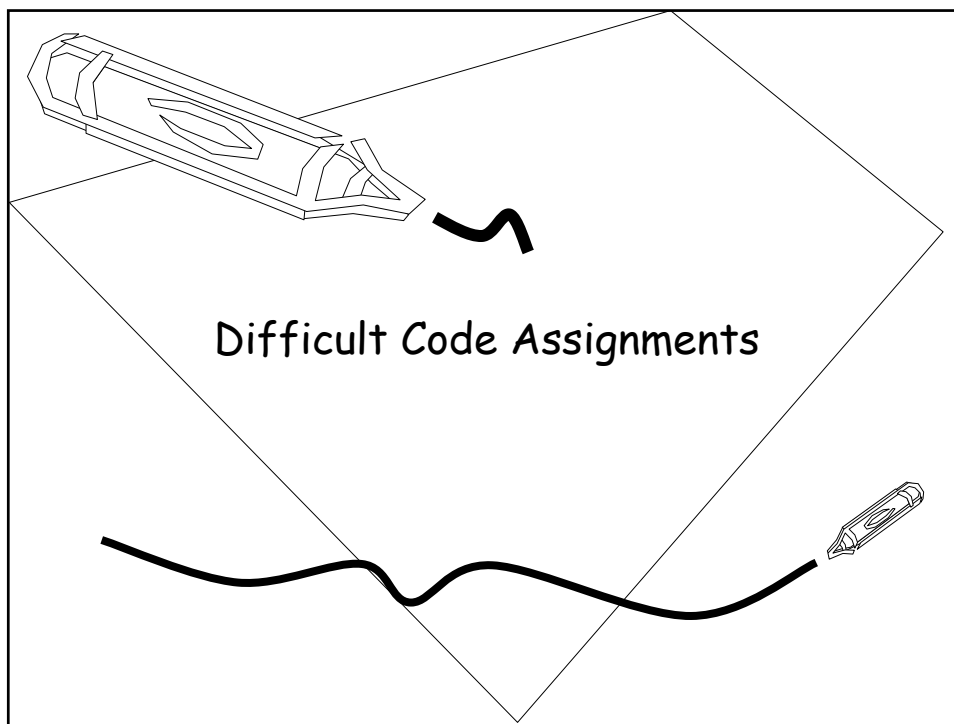
### Disagreement

- Codes for conditions no longer present
  - Reported as the etiology on the IRF PAI
  - Not reported on the UB-04
- Codes for acute condition vs. status post/aftercare
  - IRF PAI etiology code is for acute condition that resulted in the impairment
  - UB-04 reports conditions that have received treatment (stroke, fractures, injuries) with codes for status post, late effects, post-procedural



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## Joint Replacement

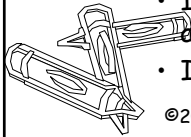
- IRF PAI
  - Etiology - The condition that required the joint replacement
  - Comorbid Condition - The presence of the prosthetic joint if not shown by the IGC (V43.6x)
- UB-04
  - The condition that required joint replacement is no longer present - Do not assign code
  - Report the following codes
    - prosthetic joint status (V43.6x)
    - aftercare following joint replacement V54.81 and

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## Infection Following Removal of Prosthetic Joint

- IRF PAI
  - IGC - 08.9, Other orthopedic
  - Etiology: Code 996.66, Infection due to internal joint prosthesis
- UB-04
  - Principal Diagnosis: Code V57.89 Admission for rehabilitation therapies
  - Additional Conditions:
    - If infection still being treated (i.e., antibiotics) 996.66 and V43.6x to identify the joint.
    - If infection is no longer an issue, V54.89

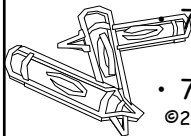


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## Osteoarthritis

- IRF PAI
  - Patient admitted to acute care hospital for right hip replacement due to osteoarthritis.
  - Etiology: Osteoarthritis (OA)
  - Documentation indicates patient has osteoarthritis in the right hip, bilateral knees, bilateral shoulders
  - Options for the etiology are:
    - 715.35 OA hip, localized, not specified primary or secondary
    - 715.89 OA, involving more than one site, not specified as generalized
    - 715.95 OA hip, unspecified as generalized or localized



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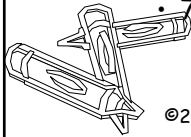
## Osteoarthritis

- IRF PAI

- Patient admitted to acute care hospital for right hip replacement due to osteoarthritis (OA). Patient also has OA of bilateral knees
- Etiology: Osteoarthritis (OA)

Options for the etiology are:

- 715.35 OA hip, localized, not specified primary or secondary
- 715.89 OA, involving more than one site, not specified as generalized
- 715.95 OA hip, unspecified as generalized or localized



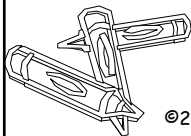
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## Osteoarthritis

- UB-04 (Same Case)

- Patient admitted to acute care hospital for right hip replacement due to osteoarthritis (OA). Patient also has OA of bilateral knees
- V57.89 Admission for rehabilitation therapies
- V54.81 Admission following joint replacement
- V43.64 Hip replacement status
- 715.36 OA localized or 715.96 OA unspecified whether localized or generalized

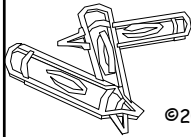


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## Hip Fractures

- **IRF PAI**
  - IGC - 08.11
  - Etiology:
    - Codes 820.xx-820.9 Traumatic hip fracture or
    - Code 733.15 Pathologic fracture of hip
- **UB-04**
  - Principal Diagnosis:
    - V57.89 Admission for rehabilitation therapies
  - Additional Conditions:
    - V54.13 Aftercare for healing traumatic fracture of hip or
    - V54.23 Aftercare for healing pathologic fracture of hip

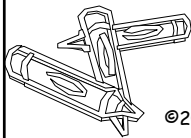


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## Hip Fractures - Complications

- Code 996.44, Periprosthetic fracture around prosthetic joint
- Code 996.43, Prosthetic joint implant failure  
(Fracture of the prosthesis)
- Code 996.42, Dislocation of prosthetic joint

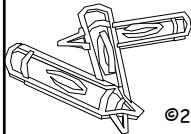


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## Cognitive Deficits

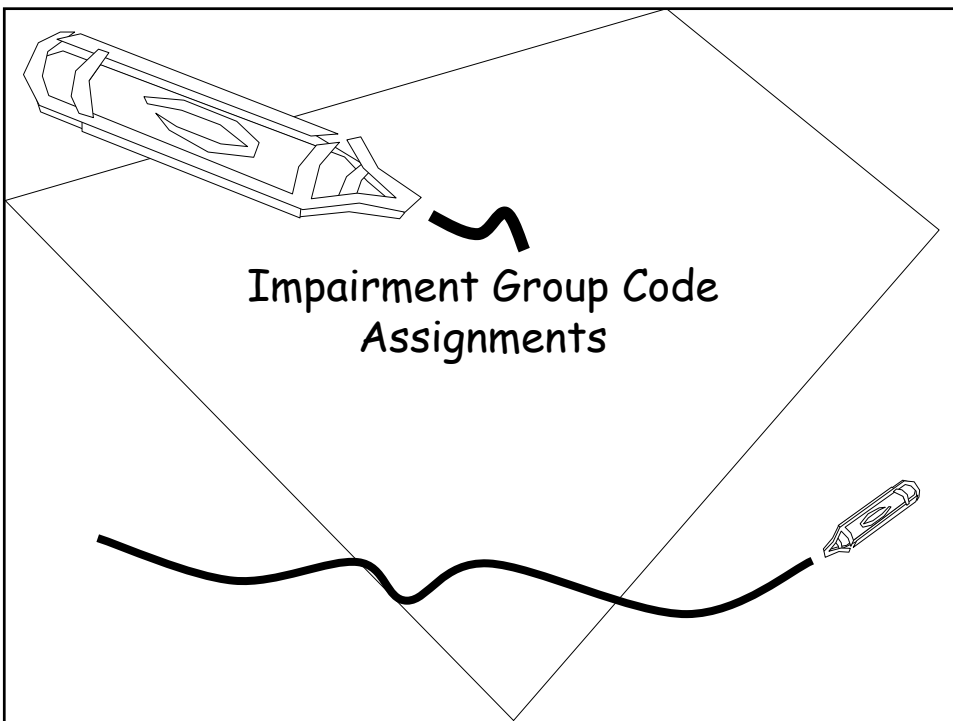
- IRF-PAI
  - Code 310.1, cognitive changes - Due to acute stroke or traumatic brain injury (TBI),
- UB-04
  - Code 438.0, Cognitive changes due to an old stroke
    - Stroke received treatment prior to admission to the IRF
    - Report even if cognitive deficits resolve during the IRF admission



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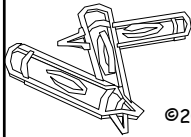
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## Impairment Group Code Assignments



## Who Assigns the Impairment Group Code

- Assignment of IGC
  - Coder
  - PPS Coordinator
  - Clinician
  - Physician

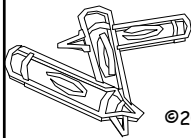


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## Debility or Medically Complex

- IGC 17.x Medically Complex
  - Primary reason for admission is to treat medical condition
  - IGC 17.x added for sub-acute care facilities
  - Identifies cases not admitted for rehabilitation
- IGC 16 Debility
  - Primary reason for admission is for intensive 3 hour per day 5 days per week therapy program

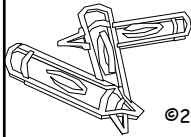


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## Debility or Medically Complex

- Patient admitted following pneumonia and surgery. Patient is debilitated from being in bed for prolonged period. Patient admitted to receive an intensive therapy program and complete antibiotic therapy.
  - IGC 16, Debility
  - IGC 17.52, Respiratory disorder

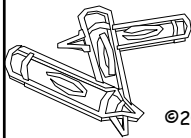


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## Debility or Medically Complex

- Patient has weakness due to aggressive chemotherapy program with multiple drugs. Patient cannot tolerate chemotherapy as an outpatient. Admitted to IRF to receive chemotherapy and therapy to improve ability to perform ADLs.
  - IGC 16, Debility
  - IGC 17.2, Medically complex due to neoplasm

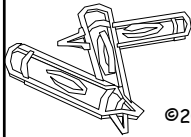


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## Amputations

- Metatarsal or foot amputation
  - IGC 05.9, Other amputation assigns a CMG for upper extremity amputation
  - Assign IGC 13, Other disabling impairments

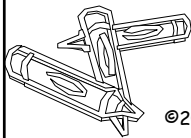


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## Arthritis

- IGC 06.1 Admission to provide therapy for arthritic joints
- If joint is replaced immediately prior to admission, assign IGC for joint replacement
- Criteria must be met for compliance



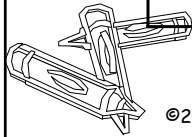
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## Arthritis

- Patient admitted with flare up of arthritis for therapy and medication adjustment.
  - Query physician for type of arthritis

IGC	CMG	National Reimbursement
06.2 Osteoarthritis M25.2 Tier C	C1203	\$19,885.35
06.1 Rheumatoid arthritis M25.2 Tier C	C1303	\$22,298.13



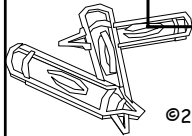
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## Arthritis

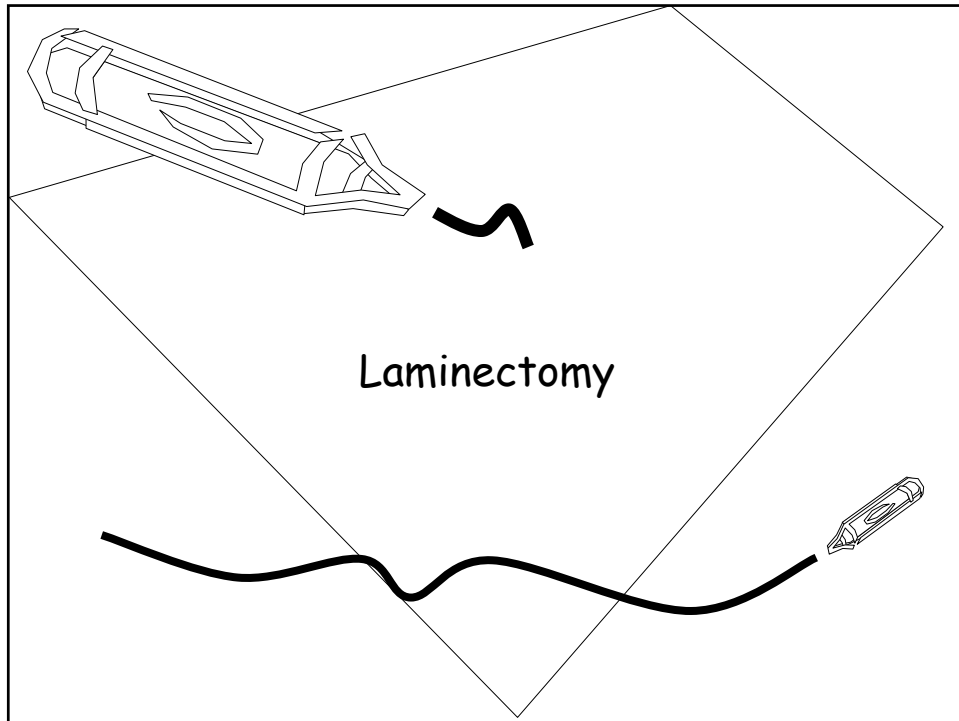
- Patient admitted with flare up of arthritis for therapy and medication adjustment.
  - Query physician for type of arthritis

IGC	CMG	National Reimbursement
06.2 Osteoarthritis M37.0 Tier D	D1202	\$13,884.50
06.1 Rheumatoid arthritis M37.0 Tier D	D1301	\$11,013.00



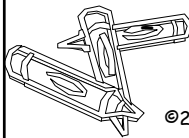
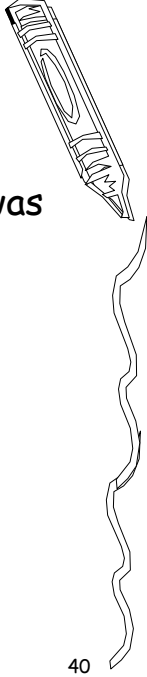
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## Laminectomy

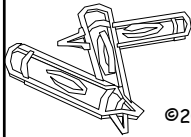
- Evaluate the reason why the patient was admitted
- Review the impairments
  - Pain
  - Debility
  - Paralysis
- Manifestations
  - Foot drop
  - Bowel and bladder involvement
  - Generalized weakness



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## Laminectomy

- Impairment Group Code Assignment is **Confusing**. Choices include:
  - Non-traumatic spinal cord injury
  - Neurologic condition
  - Pain Syndrome
  - Other Orthopedic
  - Debility

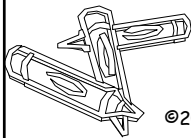


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## Laminectomy

- Etiology on IRF-PAI
  - What condition(s) required surgery
  - Physician documentation determines code assignment
- UB-04
  - If condition is no longer present following the surgery, do not report the condition on the UB-04



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## Comparison: UB-04 to PAI

- Admission following laminectomy and fusion to treat spinal stenosis

### UB-04

#### *Principal Diagnosis*

V57.89 Admission for rehabilitation

#### *Other Diagnoses*

V58.78 Admission following surgery of the musculoskeletal system

V45.4 Arthrodesis status

### PAI

#### *Etiology*

724.02 Spinal stenosis, lumbar region

#### *Other Diagnoses*

V45.4 Arthrodesis status

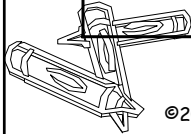


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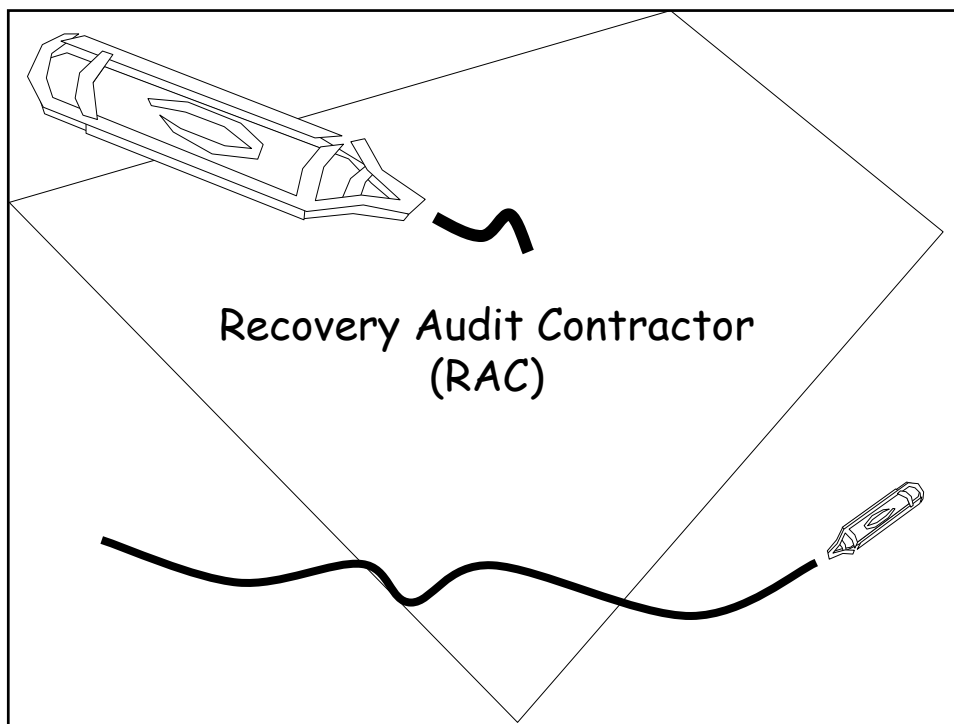
## Laminectomy

<i>Impairment</i>	<i>Impairment Group Code</i>	<i>Etiology Code</i>	<i>UB-04 Principal Dx</i>
Foot Drop (due to nerve root impingement)	03.9 Other Neurologic	724.02	V57.89
Pain	07.2 Pain Management	724.02	V57.89
Lower Extremity paralysis with bladder involvement	04.110 Non-traumatic SCI w Paraplegia,unspecified	724.02	V57.89
Difficulty Walking	08.9 Other Orthopedic	724.02	V57.89
Weakness & Deconditioning	16 Debility	724.02	V57.89



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## Recovery Audit Contractor (RAC)

- Purpose:
  - CMS contract with RAC to find and correct past improper payments
  - CMS, Carriers, FIs and MACs will develop procedures to prevent future improper payments
- Claims available for review
  - All Medicare Fee-for-Service claims
  - Only post payment reviews
  - 3 years from date of claim but no further back than 10/01/07

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## Recovery Audit Contractor (RAC)

- Types of Review
  - Automated (no medical record review)
  - Complex (medical record required)
- RAC Payment
  - Contingency basis for both under and overpayments
- Appeals
  - If RAC denies claim, provider has the opportunity to discuss with RAC.
  - If provider still does not agree with RAC, provider should file an appeal



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## Recovery Audit Contractor (RAC)

- RAC must employ staff of
  - Nurses
  - Therapists
  - Certified coders and a
  - Physician
- Issues reviewed by RAC will be approved by CMS prior to widespread review
- Approved issues will be listed on RAC website before widespread review

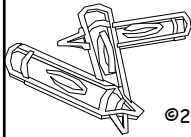


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## Recovery Audit Contractor (RAC)

- Provider agrees with RAC decision
  - Pay money back
  - Do not appeal
- Provider disagrees with RAC decision
  - Pay by check before Day 30, File appeal by day 120
  - Stop recoupment by filing appeal before Day 31

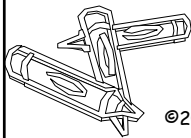


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## Recovery Audit Contractor (RAC)

- Changes to the RAC program
  - RAC look back period limited to 3 years
  - 10/01/2007 oldest date included in program
  - Number of medical record requests is limited
    - Inpatient Hospital -10% of average monthly Medicare claims (max 200) per 45 days
    - Outpatient Hospital, Home Health - 1% of average monthly Medicare claims (max 200) per 45 days
  - RAC will accept imaged medical records on CD/DVD

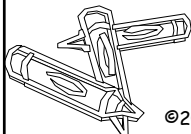


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## Recovery Audit Contractor (RAC)

- Changes to the RAC program (continued)
  - If RAC loses at any level of appeal, must pay contingency fee back

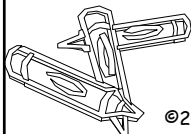


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## Recovery Audit Contractor (RAC)

- How providers can get ready
  - Know where improper payments are being found
    - Review demonstration program findings (cms website)
    - Permanent RAC findings on RAC website
    - OIG reports
    - CERT reports

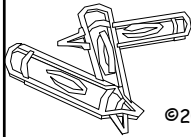


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## Recovery Audit Contractor (RAC)

- How providers can get ready (continued)
  - Know if you are submitting claims for improper payment
    - Perform internal assessment or have independent coding compliance review
    - Implement corrective actions if necessary
    - Provide coder education

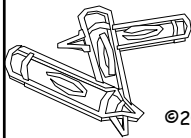


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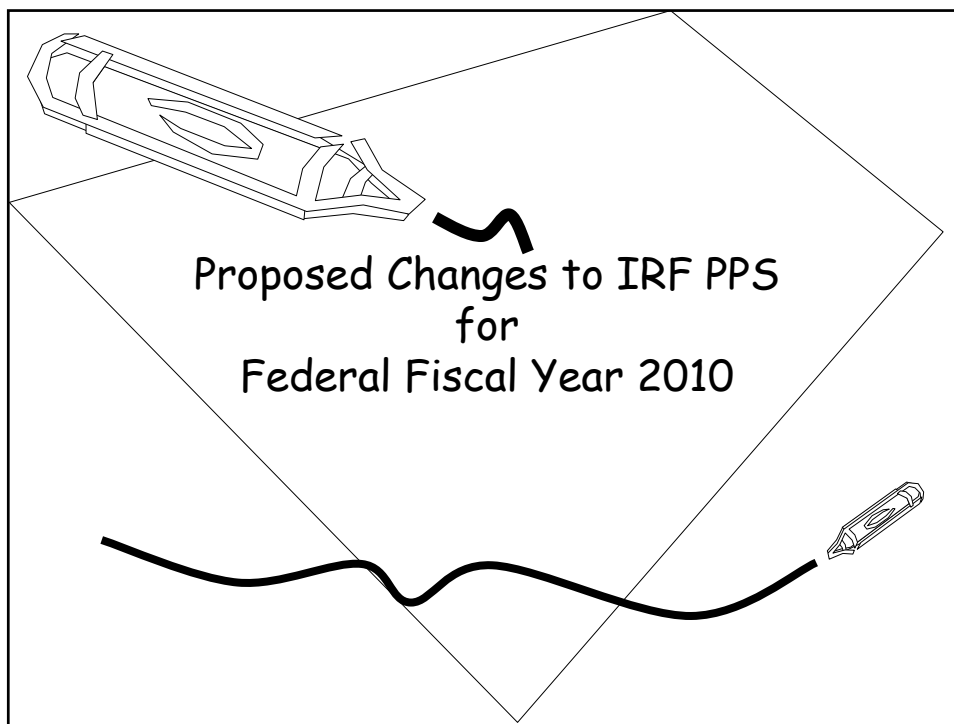
## Recovery Audit Contractor (RAC)

- How providers can get ready (continued)
  - Ascertain that RAC has exact address and contact person to receive request for medical records
  - Be ready to respond to RAC medical record requests
- Appeal if necessary
- Keep track of denied claims



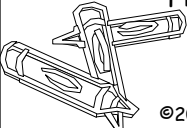
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### Proposed Changes to IRF PPS for Fiscal Year 2010

- Updates to IRF PPS for FY 2010
  - CMG relative weights and average length of stay
  - Facility level adjustments
  - Payment rates by proposed market basket
  - Payment rates by proposed wage index and labor-related share
  - Outlier threshold lowered
    - From \$10,250 to \$9,976
  - Standard Payment Conversion Factor increased
    - From \$12,958 to \$13,587



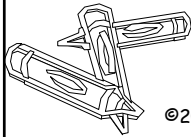
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This slide contains a list of proposed changes to IRF PPS for FY 2010. The text is arranged in a list format with bullet points. To the right of the text is a vertical illustration of a pencil. At the bottom left, there is an illustration of a ruler and a pencil. The copyright notice '©2009 PATrela' is located at the bottom left, and the number '56' is at the bottom right.

## Proposed Changes to IRF PPS for Fiscal Year 2010

- Proposed Regulatory Changes
  - Require IRF to provide the following services that must be ordered by a rehabilitation physician
    - Rehabilitation nursing
    - Physical therapy
    - Occupational therapy
    - Speech language pathology
    - Social services
    - Psychological services
    - Orthotic services



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## Proposed Changes to IRF PPS for Fiscal Year 2010

- Patients must meet admission criteria
- Documented pre-admission screening
- Post admission evaluation documented by rehab physician within 24 hours of admission
- Post-admission evaluation deleted
- Face to face visits by physician at least 3 days per week
- Team meetings at least once each week
- Defines the Interdisciplinary team

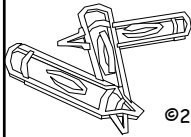


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## Proposed Changes to IRF PPS for Fiscal Year 2010

- Calculation of Sixty percent compliance
  - Addition of Medicare Advantage patients in calculation to determine the 60% compliance
  - Require IRF PAI completed and transmitted to Medicare for Medicare Advantage patients



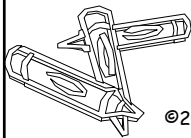
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The End -----

Thank you!

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