

SECTION 8: IRF-PAI CODING FORM

This section of the manual contains the final version of the IRF-PAI from the IRF PPS FY 2014 final rule. While we have not included the FY 2015 final rule IRF-PAI updates in this iteration of the training manual, we intend to finalize another iteration of this training manual prior to the October 1, 2015 effective date of the IRF-PAI.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-0842**. The time required to complete this information collection is estimated to average **54.5 minutes** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Identification Information*	Payer Information*																															
<p>1. Facility Information</p> <p>A. Facility Name _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>B. Facility Medicare Provider Number _____</p> <p>2. Patient Medicare Number _____</p> <p>3. Patient Medicaid Number _____</p> <p>4. Patient First Name _____</p> <p>5A. Patient Last Name _____</p> <p>5B. Patient Identification Number _____</p> <p>6. Birth Date _____ / _____ / _____ MM / DD / YYYY</p> <p>7. Social Security Number _____</p> <p>8. Gender (1 - Male; 2 - Female) _____</p> <p>9. Race/Ethnicity (Check all that apply)</p> <p style="padding-left: 40px;">American Indian or Alaska Native A. _____</p> <p style="padding-left: 100px;">Asian B. _____</p> <p style="padding-left: 40px;">Black or African American C. _____</p> <p style="padding-left: 40px;">Hispanic or Latino D. _____</p> <p style="padding-left: 40px;">Native Hawaiian or Other Pacific Islander E. _____</p> <p style="padding-left: 100px;">White F. _____</p> <p>10. Marital Status _____ (1 - Never Married; 2 - Married; 3 - Widowed; 4 - Separated; 5 - Divorced)</p> <p>11. Zip Code of Patient's Pre-Hospital Residence _____</p> <p>12. Admission Date _____ / _____ / _____ MM / DD / YYYY</p> <p>13. Assessment Reference Date _____ / _____ / _____ MM / DD / YYYY</p> <p>14. Admission Class (1 - Initial Rehab; 2 - Evaluation; 3 - Readmission; 4 - Unplanned Discharge; 5 - Continuing Rehabilitation)</p> <p>15A. Admit From (01 - Home (private home/apt., board/care, assisted living, group home, transitional living); 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 (institutional 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; 99 - Not Listed)</p> <p>16A. Pre-hospital Living Setting _____ Use codes from 15A. Admit From</p> <p>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)</p> <p>18. DELETED</p> <p>19. DELETED</p>	<p>20. Payment Source (02 - Medicare Fee For Service; 51 - Medicare-Medicare Advantage; 99 - Not Listed)</p> <p>A. Primary Source _____</p> <p>B. Secondary Source _____</p> <tr style="background-color: black; color: white;"> <th colspan="2" style="text-align: center;">Medical Information*</th> </tr> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>21. Impairment Group _____</p> <p style="text-align: right;">Admission _____ Discharge _____</p> <p>Condition requiring admission to rehabilitation; code according to Appendix A.</p> <p>22. Etiologic Diagnosis _____ (Use ICD codes to indicate the etiologic problem that led to the condition for which the patient is receiving rehabilitation)</p> <p style="text-align: right;">A. _____ B. _____ C. _____</p> <p>23. Date of Onset of Impairment _____ / _____ / _____ MM / DD / YYYY</p> <p>24. Comorbid Conditions Use ICD codes to enter comorbid medical conditions</p> <table style="width: 100%;"> <tr> <td>A. _____</td> <td>J. _____</td> <td>S. _____</td> </tr> <tr> <td>B. _____</td> <td>K. _____</td> <td>T. _____</td> </tr> <tr> <td>C. _____</td> <td>L. _____</td> <td>U. _____</td> </tr> <tr> <td>D. _____</td> <td>M. _____</td> <td>V. _____</td> </tr> <tr> <td>E. _____</td> <td>N. _____</td> <td>W. _____</td> </tr> <tr> <td>F. _____</td> <td>O. _____</td> <td>X. _____</td> </tr> <tr> <td>G. _____</td> <td>P. _____</td> <td>Y. _____</td> </tr> <tr> <td>H. _____</td> <td>Q. _____</td> <td></td> </tr> <tr> <td>I. _____</td> <td>R. _____</td> <td></td> </tr> </table> <p>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)</p> <p>25. DELETED</p> <p>26. DELETED</p> <p>Height and Weight (While measuring if the number is X.1-X.4 round down, X.5 or greater round up)</p> <p>25A. Height on admission (in inches) _____</p> <p>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.)</p> <p>27. Swallowing Status _____</p> <table style="width: 100%;"> <tr> <td style="width: 45%;"></td> <td style="width: 55%; text-align: right;">Admission _____ Discharge _____</td> </tr> </table> <p>3- <u>Regular Food</u>: solids and liquids swallowed safely without supervision or modified food consistency</p> <p>2- <u>Modified Food Consistency/Supervision</u>: subject requires modified food consistency and/or needs supervision for safety</p> <p>1- <u>Tube/Parenteral Feeding</u>: tube/parenteral feeding used wholly or partially as a means of sustenance</p> <p>28. DELETED</p> </div> </div>	Medical Information*		A. _____	J. _____	S. _____	B. _____	K. _____	T. _____	C. _____	L. _____	U. _____	D. _____	M. _____	V. _____	E. _____	N. _____	W. _____	F. _____	O. _____	X. _____	G. _____	P. _____	Y. _____	H. _____	Q. _____		I. _____	R. _____			Admission _____ Discharge _____
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R. Memory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																			
<p>* The FIM data set, measurement scale and impairment codes incorporated or referenced herein are the property of U B Foundation Activities, Inc. ©1993, 2001 U B Foundation Activities, Inc. The FIM mark is owned by UBFA, Inc.</p>			<p>FIM LEVELS</p> <p><i>No Helper</i></p> <p>7 Complete Independence (Timely, Safely)</p> <p>6 Modified Independence (Device)</p> <p><i>Helper - Modified Dependence</i></p> <p>5 Supervision (Subject = 100%)</p> <p>4 Minimal Assistance (Subject = 75% or more)</p> <p>3 Moderate Assistance (Subject = 50% or more)</p> <p><i>Helper - Complete Dependence</i></p> <p>2 Maximal Assistance (Subject = 25% or more)</p> <p>1 Total Assistance (Subject less than 25%)</p>																																																																																																																																																			
			<p>0 Activity does not occur; Use this code only at admission</p>																																																																																																																																																			

Discharge Information*	Therapy Information
<p>40. Discharge Date ____/____/____ MM / DD / YYYY</p> <p>41. Patient discharged against medical advice? _____ (0 - No; 1 - Yes)</p> <p>42. Program Interruption(s) _____ (0 - No; 1 - Yes)</p> <p>43. Program Interruption Dates (Code only if item 42 is 1 - Yes)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>A. 1st Interruption Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div> MM / DD / YYYY</p> <p>C. 2nd Interruption Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div> MM / DD / YYYY</p> <p>E. 3rd Interruption Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div> MM / DD / YYYY</p> </div> <div style="width: 45%;"> <p>B. 1st Return Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div> MM / DD / YYYY</p> <p>D. 2nd Return Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div> MM / DD / YYYY</p> <p>F. 3rd Return Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div> MM / DD / YYYY</p> </div> </div> <p>44C. Was the patient discharged alive? _____ (0 - No; 1 - Yes)</p> <p>44D. Patient's discharge destination/living setting, using codes below: (answer only if 44C = 1; if 44C = 0, skip to item 46)</p> <p style="margin-left: 20px;"><i>(01 - Home (private home/apt., board/care, assisted living, group home, transitional living); 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 (institutional 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; 99 - Not Listed)</i></p> <p>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)</p> <p>46. Diagnosis for Interruption or Death _____ (Code using ICD code)</p> <p>47. Complications during rehabilitation stay (Use ICD codes to specify up to six conditions that began with this rehabilitation stay)</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p>A. _____</p> <p>C. _____</p> <p>E. _____</p> </div> <div style="width: 45%;"> <p>B. _____</p> <p>D. _____</p> <p>F. _____</p> </div> </div>	<p>O0401. Week 1: Total Number of Minutes Provided</p> <p>O0401A: Physical Therapy</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p>a. Total minutes of individual therapy</p> <p>b. Total minutes of concurrent therapy</p> <p>c. Total minutes of group therapy</p> <p>d. Total minutes of co-treatment therapy</p> </div> <div style="width: 15%; text-align: right;"> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> </div> </div> <p>O0401B: Occupational Therapy</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p>a. Total minutes of individual therapy</p> <p>b. Total minutes of concurrent therapy</p> <p>c. Total minutes of group therapy</p> <p>d. Total minutes of co-treatment therapy</p> </div> <div style="width: 15%; text-align: right;"> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> </div> </div> <p>O0401C: Speech-Language Pathology</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p>a. Total minutes of individual therapy</p> <p>b. Total minutes of concurrent therapy</p> <p>c. Total minutes of group therapy</p> <p>d. Total minutes of co-treatment therapy</p> </div> <div style="width: 15%; text-align: right;"> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> </div> </div> <p>O0402. Week 2: Total Number of Minutes Provided</p> <p>O0402A: Physical Therapy</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p>a. Total minutes of individual therapy</p> <p>b. Total minutes of concurrent therapy</p> <p>c. Total minutes of group therapy</p> <p>d. Total minutes of co-treatment therapy</p> </div> <div style="width: 15%; text-align: right;"> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> </div> </div> <p>O0402B: Occupational Therapy</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p>a. Total minutes of individual therapy</p> <p>b. Total minutes of concurrent therapy</p> <p>c. Total minutes of group therapy</p> <p>d. Total minutes of co-treatment therapy</p> </div> <div style="width: 15%; text-align: right;"> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> </div> </div> <p>O0402C: Speech-Language Pathology</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p>a. Total minutes of individual therapy</p> <p>b. Total minutes of concurrent therapy</p> <p>c. Total minutes of group therapy</p> <p>d. Total minutes of co-treatment therapy</p> </div> <div style="width: 15%; text-align: right;"> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> </div> </div>

* The FIM data set, measurement scale and impairment codes incorporated or referenced herein are the property of U B Foundation Activities, Inc. © 1993, 2001 U B Foundation Activities, Inc. The FIM mark is owned by UBFA, Inc.

Quality Indicators- Admission Assessment		Quality Indicators- Discharge Assessment	
<p>Enter Code</p> <input type="checkbox"/>	<p>Unhealed Pressure Ulcer(s)- Admission</p> <p>M0210. Does this patient have one or more unhealed pressure ulcer(s) at Stage 1 or higher at Admission?</p> <p>0. No → skip to question I0900 on Admission Assessment</p> <p>1. Yes → continue to question M0300A on Admission Assessment</p>	<p>Enter Code</p> <input type="checkbox"/>	<p>Unhealed Pressure Ulcer(s)- Discharge</p> <p>M0210. Does this patient have one or more unhealed pressure ulcer(s) at Stage 1 or higher on Discharge?</p> <p>0. No → skip to question M0900A on Discharge Assessment</p> <p>1. Yes → continue to question M0300A on Discharge Assessment</p>
<p>M0300. Current Number of Unhealed Pressure Ulcers at Each Stage- Admission</p>		<p>M0300. Current Number of Unhealed Pressure Ulcers at Each Stage- Discharge</p>	
<p>Enter Number</p> <input type="checkbox"/>	<p>M0300A. Stage 1: Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have a visible blanching; in dark skin tones it may appear with persistent blue or purple hues.</p> <p>M0300A1. Number of Stage 1 pressure ulcers: enter how many were noted at the time of admission</p>	<p>Enter Number</p> <input type="checkbox"/> <p>Enter Number</p> <input type="checkbox"/> <p>Enter Number</p> <input type="checkbox"/>	<p>M0300A. Stage 1: Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have a visible blanching; in dark skin tones it may appear with persistent blue or purple hues.</p> <p>M0300A1. Enter total number of pressure ulcers currently at Stage 1. If patient has no Stage 1 pressure ulcers at discharge, skip to Item M0300B1.</p> <p>M0300A2. Of these Stage 1 pressure ulcers present at discharge, enter number that were: (a) present on admission as a Stage 1 and (b) remained at Stage 1 at discharge.</p> <p>M0300A3. Of these Stage 1 pressure ulcers, enter the number that were not present on admission. (i.e. – New stage 1 pressure ulcers that have developed during the IRF stay)</p>
<p>Enter Number</p> <input type="checkbox"/>	<p>M0300B. Stage 2: Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. May also present as an intact or open/ruptured blister.</p> <p>M0300B1. Number of Stage 2 pressure ulcers: enter how many were noted at the time of admission</p>	<p>Enter Number</p> <input type="checkbox"/> <p>Enter Number</p> <input type="checkbox"/> <p>Enter Number</p> <input type="checkbox"/> <p>Enter Number</p> <input type="checkbox"/>	<p>M0300B. Stage 2: Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. May also present as an intact or open/ruptured blister.</p> <p>M0300B1. Enter total number of pressure ulcers currently at Stage 2. (If patient has no Stage 2 pressure ulcers at discharge, skip to Item M0300C1.)</p> <p>M0300B2. Of these Stage 2 pressure ulcers present at discharge, enter the number that were: (a) present on admission, and (b) remained at Stage 2 at discharge.</p> <p>M0300B3. Of these Stage 2 pressure ulcers present at discharge, enter the number that were: (a) present on admission as an unstageable pressure ulcer due to the presence of a non-removable device and (b) when it became stageable, the pressure ulcer was staged as a Stage 2, and (c) it remained at Stage 2 at the time of discharge.</p> <p>M0300B4. Of these Stage 2 pressure ulcers present at discharge, enter the number that were: (a) not present on admission; or (b) were at a lesser stage at admission and worsened to a Stage 2 during the IRF stay</p>

Quality Indicators- Admission Assessment, Continued		Quality Indicators-Discharge Assessment, Continued	
	M0300. Current Number of Unhealed Pressure Ulcers at Each Stage- Admission, Continued		M0300. Current Number of Unhealed Pressure Ulcers at Each Stage-Discharge, Continued
<p>Enter Number</p> <input type="text"/>	<p>M0300C. Stage 3: Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.</p> <p>M0300C1. Number of Stage 3 pressure ulcers: enter how many were noted at the time of admission</p>	<p>Enter Number</p> <input type="text"/> <p>Enter Number</p> <input type="text"/> <p>Enter Number</p> <input type="text"/> <p>Enter Number</p> <input type="text"/>	<p>M0300C. Stage 3: Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.</p> <p>M0300C1. Enter total number of pressure ulcers currently at Stage 3. (If patient has no Stage 3 pressure ulcers at discharge, skip to Item M0300D1.</p> <p>M0300C2. Of <u>these</u> Stage 3 pressure ulcers present at discharge, enter the number that were: (a) present on admission, and (b) remained at Stage 3 at discharge.</p> <p>M0300C3. Of <u>these</u> Stage 3 pressure ulcers present at discharge, enter the number that were: (a) present on admission as an unstageable pressure ulcer, and (b) when it became stageable, it was staged as a Stage 3; and (c) it remained at Stage 3 at the time of discharge.</p> <p>M0300C4. Of <u>these</u> Stage 3 pressure ulcers present at discharge, enter the number that were: (a) not present on admission; or (b) were at a lesser stage at admission and worsened to a Stage 3 during the IRF stay; or (c) were unstageable due to a non-removeable device at admission, initially became stageable at a lesser stage, , but then progressed to a Stage 3 by the time of discharge.</p>
<p>Enter Number</p> <input type="text"/>	<p>M0300D. Stage 4: Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling.</p> <p>M0300D1. Number of Stage 4 pressure ulcers: enter how many were noted at the time of admission</p>	<p>Enter Number</p> <input type="text"/> <p>Enter Number</p> <input type="text"/> <p>Enter Number</p> <input type="text"/> <p>Enter Number</p> <input type="text"/>	<p>M0300D. Stage 4: Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling.</p> <p>M0300D1. Enter total number of pressure ulcers currently at Stage 4. (If patient has no Stage 4 pressure ulcers at discharge, skip to Item M0300E1.)</p> <p>M0300D2. Of <u>these</u> Stage 4 pressure ulcers present at discharge, enter number that were: (a) present on admission at Stage 4 , and (b) remained at Stage 4 at discharge.</p> <p>M0300D3. Of <u>these</u> Stage 4 pressure ulcers present at discharge, enter the number that were: (a) present on admission as an unstageable pressure ulcer, and (b) when it became stageable, it was staged as a Stage 4, and (c) it remained at Stage 4 at the time of discharge.</p> <p>M0300D4. Of <u>these</u> Stage 4 pressure ulcers present at discharge, enter the number that were: (a) not present on admission); or (b) were at a lesser stage at admission and worsened to a Stage 4 by discharge; or (c) were unstageable on admission, initially became stageable at a lesser stage, and then progressed to a Stage 4 by the time of discharge.</p>

Quality Indicators-Admission Assessment, Continued		Quality Indicators-Discharge Assessment, Continued	
<p>Enter Number</p> <input type="text"/>	<p>M0300E. Unstageable Pressure Ulcers due to non-removable dressing/device: Known but not stageable due to the presence of a non-removable dressing/device.</p> <p>M0300E1. Number of unstageable pressure ulcers due to non-removable dressing/device: enter how many were noted at the time of admission</p>	<p>Enter Number</p> <input type="text"/>	<p>M0300E. Unstageable Pressure Ulcers due to a non-removable dressing or device: pressure ulcers that are known but not stageable due to the presence of a non-removable dressing or device.</p> <p>M0300E1. Enter total number of pressure ulcers currently Unstageable due to a Non-removable dressing or device. (If patient has no pressure ulcers Unstageable due to Non-Removable Device at discharge, skip to Item M0300F1.)</p> <p>M0300E2. Of <u>these</u> Unstageable pressure ulcers due to a non-removable dressing or device present at discharge, enter number that were:(a) present on admission as an unstageable pressure ulcer due to non-removable dressing or device; and (b) remained unstageable due to non-removable dressing or device until discharge.</p> <p>M0300E3. Of <u>these</u> Unstageable pressure ulcers due to non-removable dressing or device present at discharge, enter number that were (a) present on admission as a stageable pressure ulcer and became unstageable due to non-removable dressing or device during the IRF stay; and (b) remained unstageable due to a non-removable dressing or device until discharge.</p>
<p>Enter Number</p> <input type="text"/>	<p>M0300F. Unstageable Pressure Ulcers due to slough and/or eschar: pressure ulcers that are known but not stageable due to coverage of wound bed by slough and/or eschar.</p> <p>M0300F1. Number of unstageable pressure ulcers due to slough and/ or eschar: enter how many were noted at the time of admission</p>	<p>Enter Number</p> <input type="text"/>	<p>M0300F. Unstageable Pressure Ulcers due to slough or eschar: pressure ulcers that are known but not stageable due to coverage of wound bed by slough and/or eschar.</p> <p>M0300F1. Enter total number of pressure ulcers currently Unstageable due to a Slough and/or Eschar. (If patient has no pressure ulcers Unstageable due to Slough and/or Eschar at discharge, skip to Item M0300G1.)</p> <p>M0300F2. Of <u>these</u> Unstageable pressure ulcers due to slough and/or eschar present at discharge, enter number that were: (a) present on admission as an unstageable pressure ulcer due to slough and/or eschar; and (b) remained unstageable due to slough and/or eschar until discharge.</p> <p>M0300F3. Of <u>these</u> Unstageable pressure ulcers due to slough or eschar present at discharge, enter number that were: (a) present on admission as a stageable pressure ulcer and became unstageable due to slough and/or eschar, during the IRF stay; and (b) remained unstageable due to slough and/or eschar until discharge.</p>
<p>Enter Number</p> <input type="text"/>	<p>M0300G. Unstageable Pressure Ulcers with Suspected Deep Tissue Injury (DTI) in evolution: suspected deep tissue injury in evolution.</p> <p>M0300G1. Number of unstageable pressure ulcers with Suspected Deep Tissue Injury in evolution: enter how many were noted at the time of admission</p>	<p>Enter Number</p> <input type="text"/>	<p>M0300G. Unstageable Pressure Ulcers with Suspected Deep Tissue Injury (DTI) in evolution: suspected deep tissue injury in evolution.</p> <p>M0300G1. Enter total number of unstageable pressure ulcers with Suspected Deep Tissue Injury. (If patient has no Unstageable pressure ulcers with Suspected Deep Tissue Injury at discharge, skip to Item M0900A.)</p> <p>M0300G2. Of <u>these</u> unstageable pressure ulcers with Suspected DTI present at discharge, enter number that were:(a) present on admission as an unstageable pressure ulcer due to a suspected deep tissue injury; and (b) remained unstageable due to a suspected DTI until discharge.</p>

Quality Indicators- Admission Assessment, Continued		Quality Indicators-Discharge Assessment, Continued	
I0900. Pressure Ulcer Risk Conditions- Admission		M0900. Healed Pressure Ulcers- Discharge	
<p>Indicate below if the patient has any of the following pressure ulcer risk conditions: (NOTE: You must also document the appropriate ICD codes for any pressure ulcer risk conditions documented below in Item 24 "Comorbid Conditions" above.)</p> <p>Enter Number <input type="checkbox"/></p> <p>Enter Number <input type="checkbox"/></p> <p>Enter Number <input type="checkbox"/></p> <p>Enter Number <input type="checkbox"/></p> <p>Enter Number <input type="checkbox"/></p> <p>Enter Number <input type="checkbox"/></p> <p>I0900A. Peripheral Vascular Disease (PVD) 0. No 1. Yes</p> <p>I0900B. Peripheral Arterial Disease(PAD) 0. No 1. Yes</p> <p>I2900A. Diabetes Mellitus (DM) <i>If I2900A = 0, skip I2900B-D</i> 0. No 1. Yes</p> <p>I2900B. Diabetic Retinopathy 0. No 1. Yes</p> <p>I2900C. Diabetic Nephropathy 0. No 1. Yes</p> <p>I2900D. Diabetic Neuropathy 0. No 1. Yes</p>		<p>Indicate the number of pressure ulcers that were: (a) present on Admission; and (b) have completely closed (resurfaced with epithelium) upon Discharge. If there are no healed pressure ulcers noted at a given stage, enter 0.</p> <p>M0900A. Stage 1</p> <p>M0900B. Stage 2</p> <p>M0900C. Stage 3</p> <p>M0900D. Stage 4</p>	
		00250. Influenza Vaccine – Discharge - Refer to current version of IRF-PAI Training Manual for current influenza vaccination season and reporting period.	
		<p>Enter Code <input type="checkbox"/></p> <p>Enter Code <input type="checkbox"/></p> <p>00250A. Did the patient receive the influenza vaccine <i>in this facility</i> for this year's influenza vaccination season? 0. No → Skip to 00250C, If influenza vaccine not received, state reason 1. Yes → Continue to 00250B, Date influenza vaccine received</p> <p>00250B. Date influenza vaccine received → Complete date and skip to Z0400A, Signature of Persons Completing the Assessment</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM DD YYYY</p> <p>00250C. If influenza vaccine not received, state reason:</p> <ol style="list-style-type: none"> 1. Patient not in this facility during this year's influenza vaccination season 2. Received outside of this facility 3. Not eligible - medical contraindication 4. Offered and declined 5. Not offered 6. Inability to obtain influenza vaccine due to a declared shortage. 9. None of the above 	

Item Z0400A. Signature of Persons Completing the Assessment*

I certify that the accompanying information accurately reflects patient assessment information for this patient and that I collected or coordinated collection of this information on the dates specified. To the best of my knowledge, this information was collected in accordance with applicable Medicare and Medicaid requirements. I understand that this information is used as a basis for ensuring that patients receive appropriate and quality care, and as a basis for payment from federal funds. I further understand that payment of such federal funds and continued participation in the government-funded health care programs is conditioned on the accuracy and truthfulness of this information, and that I may be personally subject to or may subject my organization to substantial criminal, civil, and/or administrative penalties for submitting false information.

Signature	Title	Date Information is Provided	Time
A.			
B.			
C.			
D.			
E.			
F.			
G.			
H.			
I.			
J.			
K.			
L.			