

Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)

Overview of Data Elements Used for Reporting Assessment-Based Quality Measures and Standardized Patient Assessment Data Elements Affecting FY 2027 Annual Increase Factor Determination (Revised)

The Centers for Medicare & Medicaid Services' (CMS's) Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP) requires IRFs to submit to CMS quality measure and standardized patient assessment data elements with respect to admission and discharge of all patients, regardless of payer.[^] For a given data submission period, the Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI) submitted by an IRF must meet the Annual Increase Factor (AIF) minimum data completion threshold of no less than 95 percent of the IRF-PAI assessments having 100 percent completion of the required IRF QRP data elements. These are the standardized patient assessment data elements and the data elements needed to calculate the IRF QRP quality measures. Successful assessment completion means that the assessment does not contain non-informative responses (i.e., “dash” [–]) for required data elements. **Please note that while the coding of a “dash” is an optional response value for many of the data elements listed in this table, its use does not count toward meeting the AIF minimum data completion threshold.** Failure to meet the minimum threshold may result in a 2 percentage point reduction in the IRF's AIF.

Below is a table indicating the IRF-PAI data elements that are used in determining the AIF minimum data completion threshold for the Fiscal Year (FY) 2027 IRF QRP determination. Revisions were made based on the FY 2026 IRF PPS Final Rule (90 FR 37678). The last column, “Data Collection Period (CY 2025),” provides the data elements for current version of the IRF-PAI:

(1) The IRF-PAI Version (V) 4.2 (effective October 1, 2024) is used for the calendar year (CY) 2025 (January–December 2025) data collection period.

An “X” in the table below indicates the valid assessment type and data collection reporting periods. For detailed measure specifications, please refer to the documents listed under “References” below.

Note: This table is limited to the data elements that are used for determining IRF QRP compliance and are included in the AIF data completion threshold. There are additional data elements used to risk adjust the quality measures used in the IRF QRP. Failure to submit all data elements used to calculate and risk adjust a quality measure can affect your IRF's quality measure calculations that are displayed on the Compare website.

References:

FY 2025 IRF PPS Final Rule (89 FR 64276) and FY 2026 IRF PPS Final Rule (90 FR 37678) on the [IRF Rules and Related Files](#) webpage.

IRF QRP Measure Calculations and Reporting User's Manual V6.0 found in the **Downloads** section on the [IRF Quality Reporting Measures Information](#) webpage.

IRF-PAI Manual V4.2 found in the **Downloads** section on the [IRF-PAI and IRF-PAI Manual](#) webpage.

[^] FY 2023 IRF PPS Final Rule (87 FR 47038) found on the [IRF Rules and Related Files](#) webpage.

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IRF-PAI Data Elements Used for FY 2027 IRF QRP AIF Determination		IRF-PAI Assessment Type		Data Collection Period (CY 2025)
IRF-PAI Section & Number	Data Element Label/Description	Admission	Discharge	IRF-PAI V4.2
				Q1, Q2, Q3, Q4 2025
44D*	Patient's discharge destination/living setting		X	X
A1005*	Ethnicity	X		X
A1010*	Race	X		X
A1110A	Language: What is your preferred language?	X		X
A1110B*	Language: Do you need or want an interpreter to communicate with a doctor or health care staff?	X		X
A1250	Transportation	X	X	X
A1400*	Payer Information	X		X
A2121*	Provision of Current Reconciled Medication List to Subsequent Provider at Discharge		X	X
A2122*	Route of Current Reconciled Medication List Transmission to Subsequent Provider		X	X
A2123*	Provision of Current Reconciled Medication List to Patient at Discharge		X	X
A2124*	Route of Current Reconciled Medication List Transmission to Patient		X	X
B0200	Hearing	X		X
B1000	Vision	X		X
B1300*	Health Literacy	X	X	X
C0100	Should Brief Interview for Mental Status (C0200-C0500) be Conducted?	X	X	X
C0200	Repetition of Three Words	X	X	X
C0300A	Temporal Orientation: Able to report correct year	X	X	X
C0300B	Temporal Orientation: Able to report correct month	X	X	X
C0300C	Temporal Orientation: Able to report correct day of the week	X	X	X
C0500	BIMS Summary Score	X	X	X
C1310A	Signs and Symptoms of Delirium (from CAM ©): Acute Onset Mental Status Change	X	X	X
C1310B	Signs and Symptoms of Delirium (from CAM ©): Inattention	X	X	X
C1310C	Signs and Symptoms of Delirium (from CAM ©): Disorganized thinking	X	X	X
C1310D	Signs and Symptoms of Delirium (from CAM ©): Altered level of consciousness	X	X	X
D0150A1	Symptom Presence: Little interest or pleasure in doing things	X	X	X
D0150A2*	Symptom Frequency: Little interest or pleasure in doing things	X	X	X
D0150B1	Symptom Presence: Feeling down, depressed, or hopeless	X	X	X

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				Q1, Q2, Q3, Q4 2025
D0150B2*	Symptom Frequency: Feeling down, depressed, or hopeless	X	X	X
D0150C1	Symptom Presence: Trouble falling or staying asleep, or sleeping too much	X	X	X
D0150C2*	Symptom Frequency: Trouble falling or staying asleep, or sleeping too much	X	X	X
D0150D1	Symptom Presence: Feeling tired or having little energy	X	X	X
D0150D2*	Symptom Frequency: Feeling tired or having little energy	X	X	X
D0150E1	Symptom Presence: Poor appetite or overeating	X	X	X
D0150E2*	Symptom Frequency: Poor appetite or overeating	X	X	X
D0150F1	Symptom Presence: Feeling bad about yourself – or that you are a failure or have let yourself or your family down	X	X	X
D0150F2*	Symptom Frequency: Feeling bad about yourself – or that you are a failure or have let yourself or your family down	X	X	X
D0150G1	Symptom Presence: Trouble concentrating on things, such as reading the newspaper or watching television	X	X	X
D0150G2*	Symptom Frequency: Trouble concentrating on things, such as reading the newspaper or watching television	X	X	X
D0150H1	Symptom Presence: Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	X	X	X
D0150H2*	Symptom Frequency: Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	X	X	X
D0150I1	Symptom Presence: Thoughts that you would be better off dead, or of hurting yourself in some way	X	X	X
D0150I2*	Symptom Frequency: Thoughts that you would be better off dead, or of hurting yourself in some way	X	X	X
D0160*	Total Severity Score	X	X	X
D0700*	Social Isolation	X	X	X
GG0130A1	Eating (Admission Performance)	X		X
GG0130A3	Eating (Discharge Performance)		X	X
GG0130B1	Oral hygiene (Admission Performance)	X		X
GG0130B3	Oral hygiene (Discharge Performance)		X	X
GG0130C1	Toileting hygiene (Admission Performance)	X		X

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GG0130C3	Toileting hygiene (Discharge Performance)		X	X
GG0130E1	Shower/bathe self (Admission Performance)	X		X
GG0130E3	Shower/bathe self (Discharge Performance)		X	X
GG0130F1	Upper body dressing (Admission Performance)	X		X
GG0130F3	Upper body dressing (Discharge Performance)		X	X
GG0130G1	Lower body dressing (Admission Performance)	X		X
GG0130G3	Lower body dressing (Discharge Performance)		X	X
GG0130H1	Putting on/taking off footwear (Admission Performance)	X		X
GG0130H3	Putting on/taking off footwear (Discharge Performance)		X	X
GG0170A1	Roll left and right (Admission Performance)	X		X
GG0170A3	Roll left and right (Discharge Performance)		X	X
GG0170B1	Sit to lying (Admission Performance)	X		X
GG0170B3	Sit to lying (Discharge Performance)		X	X
GG0170C1	Lying to sitting on side of bed (Admission Performance)	X		X
GG0170C3	Lying to sitting on side of bed (Discharge Performance)		X	X
GG0170D1	Sit to stand (Admission Performance)	X		X
GG0170D3	Sit to stand (Discharge Performance)		X	X
GG0170E1	Chair/bed-to-chair transfer (Admission Performance)	X		X
GG0170E3	Chair/bed-to-chair transfer (Discharge Performance)		X	X
GG0170F1	Toilet transfer (Admission Performance)	X		X
GG0170F3	Toilet transfer (Discharge Performance)		X	X
GG0170G1	Car transfer (Admission Performance)	X		X
GG0170G3	Car transfer (Discharge Performance)		X	X
GG0170I1	Walk 10 feet (Admission Performance)	X		X
GG0170I3	Walk 10 feet (Discharge Performance)		X	X
GG0170J1	Walk 50 feet with two turns (Admission Performance)	X		X
GG0170J3	Walk 50 feet with two turns (Discharge Performance)		X	X

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GG0170K1	Walk 150 feet (Admission Performance)	X		X
GG0170K3	Walk 150 feet (Discharge Performance)		X	X
GG0170L1	Walk 10 feet on uneven surfaces (Admission Performance)	X		X
GG0170L3	Walk 10 feet on uneven surfaces (Discharge Performance)		X	X
GG0170M1	1 step (curb) (Admission Performance)	X		X
GG0170M3	1 step (curb) (Discharge Performance)		X	X
GG0170N1	4 steps (Admission Performance)	X		X
GG0170N3	4 steps (Discharge Performance)		X	X
GG0170O1	12 steps (Admission Performance)	X		X
GG0170O3	12 steps (Discharge Performance)		X	X
GG0170P1	Picking up object (Admission Performance)	X		X
GG0170P3	Picking up object (Discharge Performance)		X	X
GG0170Q1	Does the patient use a wheelchair and/or scooter? (Admission)	X		X
GG0170Q3	Does the patient use a wheelchair and/or scooter? (Discharge)		X	X
GG0170R1	Wheel 50 feet with two turns (Admission Performance)	X		X
GG0170R3	Wheel 50 feet with two turns (Discharge Performance)		X	X
GG0170RR1	Indicate the type of wheelchair or scooter used (Admission)	X		X
GG0170RR3	Indicate the type of wheelchair or scooter used (Discharge)		X	X
GG0170S1	Wheel 150 feet (Admission Performance)	X		X
GG0170S3	Wheel 150 feet (Discharge Performance)		X	X
GG0170SS1	Indicate the type of wheelchair or scooter used (Admission)	X		X
GG0170SS3	Indicate the type of wheelchair or scooter used (Discharge)		X	X
H0400	Bowel continence	X		X
I0900	Peripheral vascular disease (PVD) or peripheral arterial disease (PAD)	X		X
I2900	Diabetes mellitus (DM)	X		X
J0510*	Pain Effect on Sleep	X	X	X
J0520*	Pain Interference with Therapy Activities	X	X	X

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				Q1, Q2, Q3, Q4 2025
J0530*	Pain Interference with Day-to-Day Activities	X	X	X
J1900C	Number of falls since admission: Major injury		X	X
K0520A1	Nutritional Approaches – On Admission: Parenteral/IV feeding (On Admission)	X		X
K0520A4	Nutritional Approaches – Last 7 days: Parenteral/IV feeding (Last 7 Days)		X	X
K0520A5	Nutritional Approaches – At discharge: Parenteral/IV feeding (At Discharge)		X	X
K0520B1	Nutritional Approaches – On Admission: Feeding tube (On Admission)	X		X
K0520B4	Nutritional Approaches – Last 7 days: Feeding tube (Last 7 Days)		X	X
K0520B5	Nutritional Approaches – At discharge: Feeding tube (At Discharge)		X	X
K0520C1	Nutritional Approaches – On Admission: Mechanically altered diet (On Admission)	X		X
K0520C4	Nutritional Approaches – Last 7 days: Mechanically altered diet (Last 7 Days)		X	X
K0520C5	Nutritional Approaches – At discharge: Mechanically altered diet (At Discharge)		X	X
K0520D1	Nutritional Approaches – On Admission: Therapeutic diet (On Admission)	X		X
K0520D4	Nutritional Approaches – Last 7 days: Therapeutic diet (Last 7 Days)		X	X
K0520D5	Nutritional Approaches – At discharge: Therapeutic diet (At Discharge)		X	X
K0520Z1	Nutritional Approaches – On Admission: None of the above (On Admission)	X		X
K0520Z4	Nutritional Approaches – Last 7 days: None of the above (Last 7 Days)		X	X
K0520Z5	Nutritional Approaches – At discharge: None of the above (At Discharge)		X	X
25A	Height (in inches)	X		X
26A	Weight (in pounds)	X		X
M0300B1	Number of Stage 2 pressure ulcers	X	X	X
M0300B2	Number of these Stage 2 pressure ulcers that were present upon admission		X	X
M0300C1	Number of Stage 3 pressure ulcers	X	X	X
M0300C2	Number of these Stage 3 pressure ulcers that were present upon admission		X	X
M0300D1	Number of Stage 4 pressure ulcers	X	X	X
M0300D2	Number of these Stage 4 pressure ulcers that were present upon admission		X	X
M0300E1	Number of unstageable pressure ulcers/injuries due to non-removable dressing/device	X	X	X

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M0300E2	Number of these unstageable pressure ulcers/injuries due to non-removable dressing/device that were present upon admission		X	X
M0300F1	Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar	X	X	X
M0300F2	Number of these unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar that were present upon admission		X	X
M0300G1	Number of unstageable pressure injuries presenting as deep tissue injury	X	X	X
M0300G2	Number of these unstageable pressure injuries presenting as deep tissue injury that were present upon admission		X	X
N0415A1	High-Risk Drug Classes: Use and Indication – Is taking: Antipsychotic	X	X	X
N0415A2	High-Risk Drug Classes: Use and Indication – Indication noted: Antipsychotic	X	X	X
N0415E1	High-Risk Drug Classes: Use and Indication – Is taking: Anticoagulant	X	X	X
N0415E2	High-Risk Drug Classes: Use and Indication – Indication noted: Anticoagulant	X	X	X
N0415F1	High-Risk Drug Classes: Use and Indication – Is taking: Antibiotic	X	X	X
N0415F2	High-Risk Drug Classes: Use and Indication – Indication noted: Antibiotic	X	X	X
N0415H1	High-Risk Drug Classes: Use and Indication – Is taking: Opioid	X	X	X
N0415H2	High-Risk Drug Classes: Use and Indication – Indication noted: Opioid	X	X	X
N0415I1	High-Risk Drug Classes: Use and Indication – Is taking: Antiplatelet	X	X	X
N0415I2	High-Risk Drug Classes: Use and Indication – Indication noted: Antiplatelet	X	X	X
N0415J1	High-Risk Drug Classes: Use and Indication – Is taking: Hypoglycemic (including insulin)	X	X	X
N0415J2	High-Risk Drug Classes: Use and Indication – Indication noted: Hypoglycemic (including insulin)	X	X	X
N0415Z1	High-Risk Drug Classes: Use and Indication – Is taking: None of the above	X	X	X
N2001	Drug Regimen Review	X		X
N2003	Medication Follow-up	X		X
N2005	Medication Intervention		X	X
O0110A1a	Special Treatments, Procedures, and Programs: Chemotherapy (On Admission)	X		X
O0110A1c	Special Treatments, Procedures, and Programs: Chemotherapy (At Discharge)		X	X
O0110A2a	Special Treatments, Procedures, and Programs: IV (On Admission)	X		X

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				Q1, Q2, Q3, Q4 2025
O0110A2c	Special Treatments, Procedures, and Programs: IV (At Discharge)		X	X
O0110A3a	Special Treatments, Procedures, and Programs: Oral (On Admission)	X		X
O0110A3c	Special Treatments, Procedures, and Programs: Oral (At Discharge)		X	X
O0110A10a	Special Treatments, Procedures, and Programs: Other (On Admission)	X		X
O0110A10c	Special Treatments, Procedures, and Programs: Other (At Discharge)		X	X
O0110B1a	Special Treatments, Procedures, and Programs: Radiation (On Admission)	X		X
O0110B1c	Special Treatments, Procedures, and Programs: Radiation (At Discharge)		X	X
O0110C1a	Special Treatments, Procedures, and Programs: Oxygen Therapy (On Admission)	X		X
O0110C1c	Special Treatments, Procedures, and Programs: Oxygen Therapy (At Discharge)		X	X
O0110C2a	Special Treatments, Procedures, and Programs: Continuous (On Admission)	X		X
O0110C2c	Special Treatments, Procedures, and Programs: Continuous (At Discharge)		X	X
O0110C3a	Special Treatments, Procedures, and Programs: Intermittent (On Admission)	X		X
O0110C3c	Special Treatments, Procedures, and Programs: Intermittent (At Discharge)		X	X
O0110C4a	Special Treatments, Procedures, and Programs: High-concentration (On Admission)	X		X
O0110C4c	Special Treatments, Procedures, and Programs: High-concentration (At Discharge)		X	X
O0110D1a	Special Treatments, Procedures, and Programs: Suctioning (On Admission)	X		X
O0110D1c	Special Treatments, Procedures, and Programs: Suctioning (At Discharge)		X	X
O0110D2a	Special Treatments, Procedures, and Programs: Scheduled (On Admission)	X		X
O0110D2c	Special Treatments, Procedures, and Programs: Scheduled (At Discharge)		X	X
O0110D3a	Special Treatments, Procedures, and Programs: As Needed (On Admission)	X		X
O0110D3c	Special Treatments, Procedures, and Programs: As Needed (At Discharge)		X	X
O0110E1a	Special Treatments, Procedures, and Programs: Tracheostomy Care (On Admission)	X		X
O0110E1c	Special Treatments, Procedures, and Programs: Tracheostomy Care (At Discharge)		X	X
O0110F1a	Special Treatments, Procedures, and Programs: Invasive Mechanical Ventilator (ventilator or respirator) (On Admission)	X		X

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				Q1, Q2, Q3, Q4 2025
O0110F1c	Special Treatments, Procedures, and Programs: Invasive Mechanical Ventilator (ventilator or respirator) (At Discharge)		X	X
O0110G1a	Special Treatments, Procedures, and Programs: Non-invasive Mechanical Ventilator (On Admission)	X		X
O0110G1c	Special Treatments, Procedures, and Programs: Non-invasive Mechanical Ventilator (At Discharge)		X	X
O0110G2a	Special Treatments, Procedures, and Programs: BiPAP (On Admission)	X		X
O0110G2c	Special Treatments, Procedures, and Programs: BiPAP (At Discharge)		X	X
O0110G3a	Special Treatments, Procedures, and Programs: CPAP (On Admission)	X		X
O0110G3c	Special Treatments, Procedures, and Programs: CPAP (At Discharge)		X	X
O0110H1a	Special Treatments, Procedures, and Programs: IV Medications (On Admission)	X		X
O0110H1c	Special Treatments, Procedures, and Programs: IV Medications (At Discharge)		X	X
O0110H2a	Special Treatments, Procedures, and Programs: Vasoactive medications (On Admission)	X		X
O0110H2c	Special Treatments, Procedures, and Programs: Vasoactive medications (At Discharge)		X	X
O0110H3a	Special Treatments, Procedures, and Programs: Antibiotics (On Admission)	X		X
O0110H3c	Special Treatments, Procedures, and Programs: Antibiotics (At Discharge)		X	X
O0110H4a	Special Treatments, Procedures, and Programs: Anticoagulation (On Admission)	X		X
O0110H4c	Special Treatments, Procedures, and Programs: Anticoagulation (At Discharge)		X	X
O0110H10a	Special Treatments, Procedures, and Programs: Other (On Admission)	X		X
O0110H10c	Special Treatments, Procedures, and Programs: Other (At Discharge)		X	X
O0110I1a	Special Treatments, Procedures, and Programs: Transfusions (On Admission)	X		X
O0110I1c	Special Treatments, Procedures, and Programs: Transfusions (At Discharge)		X	X
O0110J1a	Special Treatments, Procedures, and Programs: Dialysis (On Admission)	X		X
O0110J1c	Special Treatments, Procedures, and Programs: Dialysis (At Discharge)		X	X
O0110J2a	Special Treatments, Procedures, and Programs: Hemodialysis (On Admission)	X		X
O0110J2c	Special Treatments, Procedures, and Programs: Hemodialysis (At Discharge)		X	X
O0110J3a	Special Treatments, Procedures, and Programs: Peritoneal dialysis (On Admission)	X		X
O0110J3c	Special Treatments, Procedures, and Programs: Peritoneal dialysis (At Discharge)		X	X

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O011001a	Special Treatments, Procedures, and Programs: IV Access (On Admission)	X		X
O011001c	Special Treatments, Procedures, and Programs: IV Access (At Discharge)		X	X
O011002a	Special Treatments, Procedures, and Programs: Peripheral (On Admission)	X		X
O011002c	Special Treatments, Procedures, and Programs: Peripheral (At Discharge)		X	X
O011003a	Special Treatments, Procedures, and Programs: Midline (On Admission)	X		X
O011003c	Special Treatments, Procedures, and Programs: Midline (At Discharge)		X	X
O011004a	Special Treatments, Procedures, and Programs: Central (e.g., PICC, tunneled, port) (On Admission)	X		X
O011004c	Special Treatments, Procedures, and Programs: Central (e.g., PICC, tunneled, port) (At Discharge)		X	X
O0110Z1a	Special Treatments, Procedures, and Programs: None of the Above (On Admission)	X		X
O0110Z1c	Special Treatments, Procedures, and Programs: None of the Above (At Discharge)		X	X
O0350 [†]	Patient's COVID-19 vaccination is up to date		X	X

* Dash (-) is not an allowable response value for this item.

[†] This item will be optional on the IRF-PAI V4.2 effective October 1, 2025 (Q4 2025), and will be removed from the IRF-PAI with the FY 2028 IRF QRP.