

**The Centers for Medicare & Medicaid Services**

**INPATIENT REHABILITATION FACILITY PATIENT ASSESSMENT INSTRUMENT  
(IRF-PAI) MANUAL**

**Version 4.2 Errata Change Table**



## **CMS Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP) Contacts**

For further information regarding the IRF QRP, please visit the CMS IRF QRP Web site:  
<https://www.cms.gov/medicare/quality/inpatient-rehabilitation-facility>

Questions regarding information presented in this manual should be directed to  
[IRF.questions@cms.hhs.gov](mailto:IRF.questions@cms.hhs.gov).

## Chapter 2 Section J Updates

Edit #	Chapter, Section, Page	IRF-PAI Manual Version 4.2 – Effective October 1, 2024	IRF-PAI Manual Version 4.2 Errata – Effective January 1, 2026	Description of Change
2.J.1	Chapter 2 Section J Page J-11	<p><b>DEFINITION</b></p> <p><b>FALL</b></p> <ul style="list-style-type: none"> <li>Unintentional change in position coming to rest on the ground, floor, or onto the next lower surface (e.g., onto a bed, chair, or bedside mat). The fall may be witnessed, reported by the patient or an observer, or identified when a patient is found on the floor or ground. Falls are not a result of an overwhelming external force (e.g., a patient pushes another patient).</li> <li>An intercepted fall is considered a fall. An intercepted fall occurs when the patient would have fallen if they had not caught themselves or had not been intercepted by another person. However, an anticipated loss of balance resulting from a supervised therapeutic intervention where the patient's balance is being intentionally challenged during balance training is not considered a fall.</li> </ul>	<p><b>DEFINITION</b></p> <p><b>FALL</b></p> <ul style="list-style-type: none"> <li>Unintentional change in position coming to rest on the ground, floor, or onto the next lower surface (e.g., onto a bed, chair, or bedside mat). The fall may be witnessed, reported by the patient or an observer, or identified when a patient is found on the floor or ground. <del>Falls are not a result of an overwhelming external force (e.g., a patient pushes another patient).</del></li> <li>An intercepted fall is considered a fall. An intercepted fall occurs when the patient would have fallen if they had not caught themselves or had not been intercepted by another person.- However, an anticipated loss of balance resulting from a supervised therapeutic intervention where the patient's balance is being intentionally challenged during balance training is not considered an <b>intercepted</b> fall. <ul style="list-style-type: none"> <li><b>An exception would be if a major injury results from a fall or intercepted fall that occurs when a clinician is intentionally challenging a patient's balance during balance training, it would be reported as both a fall and a major injury in J1800 - Any Falls Since Admission and J1900 – Number of Falls Since Admission.</b></li> </ul> </li> </ul>	Updated definition to reflect updates to guidance.

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2.J.2	Chapter 2 Section J Page J-11	<p>2. A patient is participating in balance training during a therapy session. The therapist is intentionally challenging the patient’s balance, anticipating a loss of balance. The patient has a loss of balance to the left due to hemiplegia and the physical therapist provides steadying/contact guard assistance to allow the patient to maintain standing.</p> <p><b>Coding:</b> J1800, any falls since admission would be coded 0, no.</p> <p><b>Rationale:</b> the patient’s balance was intentionally being challenged, so a loss of balance is anticipated by the physical therapist. When assistance is provided to a patient to allow them to maintain standing during an anticipated loss of balance, this is not considered a fall or “intercepted fall.”</p>	<p>2. A patient is participating in balance training during a therapy session. The therapist is intentionally challenging the patient’s balance, anticipating a loss of balance. The patient has a loss of balance to the left due to hemiplegia and the physical therapist provides steadying/contact guard assistance to allow the patient to maintain standing.</p> <p><b>Coding:</b> J1800, any falls since admission would be coded 0, no.</p> <p><b>Rationale:</b> the patient’s balance was intentionally being challenged, so a loss of balance is anticipated by the physical therapist. <del>When assistance is provided to a patient to allow them to maintain standing during an anticipated loss of balance, this is not considered a fall or “intercepted fall.”</del> When the patient experiences an anticipated loss of balance resulting from a supervised therapeutic intervention where the patient’s balance is being intentionally challenged during balance training, unless there was a fall or “intercepted” fall that resulted in a major injury, it would not be coded as a fall in J1800.</p>	Revised to reflect updates to guidance.

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2.J.3	Chapter 2 Section J Page J-14	<p><b>Coding Tips</b></p> <ul style="list-style-type: none"> <li>For item J1900, include all falls that occurred since the time of admission. This would include any falls that occurred outside of the LTCH facility during a program interruption.</li> <li>Facilities are encouraged to utilize accurate and/or new information regarding fall-related injuries as information becomes known. For example, injuries can present themselves later than the time of the fall. The facility may not learn of the level of injury until after the LCDS assessment is completed or the patient has left the facility (e.g., because the patient was transported to an emergency room and admitted to an inpatient facility post-fall). Errors should be corrected following the facility’s correction policy and in accordance with guidance from Chapter 4: Submission and Correction of the LTCH Care Data Set (LCDS) Assessment Records in this manual.</li> </ul>	<p><b>Coding Tips</b></p> <ul style="list-style-type: none"> <li>For item J1900, include all falls that occurred since the time of admission. This would include any falls that occurred outside of the LTCH facility during a program interruption.</li> <li>Fractures confirmed to be pathologic (vs traumatic) are not to be considered a major injury resulting from a fall</li> <li>Facilities are encouraged to utilize accurate and/or new information regarding fall-related injuries as information becomes known. For example, injuries can present themselves later than the time of the fall. The facility may not learn of the level of injury until after the LCDS assessment is completed or the patient has left the facility (e.g., because the patient was transported to an emergency room and admitted to an inpatient facility post-fall). Errors should be corrected following the facility’s correction policy and in accordance with guidance from Chapter 4: Submission and Correction of the LTCH Care Data Set (LCDS) Assessment Records in this manual.</li> </ul>	Coding Tips revised to reflect updates to guidance.

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2.J.4	Chapter 2 Section J Page J-14	<p><b>DEFINITIONS</b></p> <p><b>NO INJURY</b> No evidence of any injury noted on assessment; no complaints of pain or injury by the patient; no change in the patient's behavior is noted after the fall.</p> <p><b>INJURY (EXCEPT MAJOR)</b> Includes skin tears, abrasions, lacerations, superficial bruises, hematomas, and sprains; or any fall-related injury that causes the patient to complain of pain.</p> <p><b>MAJOR INJURY</b> Includes bone fractures, joint dislocations, closed head injuries with altered consciousness, and subdural hematoma.</p>	<p><b>DEFINITIONS</b></p> <p><del><b>NO INJURY</b> No evidence of any injury noted on assessment; no complaints of pain or injury by the patient; no change in the patient's behavior is noted after the fall.</del></p> <p><b>INJURY (EXCEPT MAJOR)</b> Includes, <del>but is not limited to</del>, skin tears, abrasions, lacerations, superficial bruises, hematomas, and sprains; or any fall-related injury that causes the patient to complain of pain.</p> <p><b>MAJOR INJURY</b> Includes, <del>but is not limited to</del>, traumatic bone fractures, joint dislocations/<del>subluxations</del>, internal organ injuries, amputations, traumatic spinal cord injuries, head injuries, and crush injuries<del>closed head injuries with altered consciousness, and subdural hematoma.</del></p>	Revised the definitions to reflect updates to guidance.

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2.J.5	Chapter 2 Section J Page J-15	<b>Examples</b> <b>Did not exist</b>	<p>4. The therapist had a patient, who has Parkinson’s disease, stand on one foot during their therapy session to intentionally challenge the patient’s balance. Despite safety precautions, including contact guard assistance and safety mats, the patient fell while standing on one foot and landed on their left side. Due to pain and swelling in their left wrist, the physician ordered a left wrist x-ray for the patient. The x-ray confirmed a distal radius fracture (non-displaced) of the left wrist.</p> <p><b>Coding:</b> J1800 would be <b>coded 1, Yes</b> and J1900C would be <b>coded 1, One</b>.</p> <p><b>Rationale:</b> Despite safety precautions in place the patient sustained a radius fracture, a major injury, during a therapeutic intervention with physical therapy where their balance was being intentionally challenged. This is being considered a fall as there was a major injury even though the fall and major injury occurred when the patient’s balance was being intentionally challenged.</p>	Added to reflect updates to guidance.

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2.J.6	Chapter 2 Section J Page J-15	<b>Examples</b> <b>Did not exist</b>	<p><b>Differentiating from Traumatic vs Pathological Fractures</b></p> <p>5. A patient with osteoporosis falls, resulting in a right hip fracture. The physician confirms that the fracture is a result of the patient's bone disease and not a result of the fall.</p> <p><b>Coding:</b> J1800 would be coded 1, Yes and J1900C would be <b>coded 0, None.</b></p> <p><b>Rationale:</b> The physician determined that the fracture was a pathological fracture and was a result of osteoporosis. Because it is not considered a traumatic fracture it would not be considered a major injury.</p> <p>6. A patient with osteoporosis falls, resulting in a right hip fracture. The physician confirms that the fracture is a result of the patient's fall and not due to the patient's history of osteoporosis.</p> <p><b>Coding:</b> J1800 would be coded 1, Yes and J1900C would be <b>coded 1, One.</b></p> <p><b>Rationale:</b> Because the physician determined that the fracture was a result of the fall it would be considered a traumatic fracture and therefore would be considered a major injury.</p>	Added to reflect updates to guidance.