



IRF-PAI Quarterly Q&As, September 2020

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*This document is intended to provide guidance on IRF-PAI questions that were received by CMS help desks.
Responses contained in this document may be superseded by guidance published by CMS at a later date.*

Rescinded

Question 1: Rescinded 10/5/20

Answer 1: Rescinded 10/5/20

44D

Question 2: We had a patient who transferred from our IRF to the COVID Field Hospital in our area. Would the discharge disposition be Acute Care Hospital?

Answer 2: We interpret your question to be about Item 44D – Discharge disposition in the IRF-PAI. The two discharge dispositions that potentially apply are:

- **Short-term General Hospital** – refers to a short-term acute care hospital
- **Critical Access Hospital (CAH)** – used to identify an admission/transfer to a critical access hospital for inpatient care

If a field hospital is operating as an extension of a Medicare participating hospital (operating as a mobile unit), as long as the mobile unit complies with all the hospital conditions of participation (including the Life Safety Code), and the provider-based rules (including remaining within 35 miles of the main provider), and meets the provider-based regulations in 42 C.F.R. § 413.65, the mobile unit uses the associated main hospital’s provider number. Item 44D is coded based on the classification of the main hospital and the definitions above.

If the mobile unit does not meet these criteria, it is treated as a freestanding clinic and item 44D is scored as 99 – Not listed.

GG0100, GG0110

Question 3: We have questions regarding prior level of functioning and prior device use. A patient is admitted to our facility for rehab, has a medical issue, and is discharged to an acute care hospital for a week. When the patient returns to our facility, would the prior level of functioning reported in GG0100B – Prior Functioning: Indoor Mobility reflect the patient’s ambulation status prior to the original admission (which is the reason we are still treating the patient) or is the prior level of functioning based on what the patient was doing during the hospital stay? Would this also apply to GG0110 – Prior Device Use?

Answer 3: The intent of GG0100B – Prior Functioning: Indoor Mobility is to report the patient’s need for assistance with walking from room to room, with or without a device such as a cane, crutch, or walker, prior to the current illness, exacerbation, or injury. The intent of GG0110 – Prior Device Use is to indicate which devices and aids were used by the patient prior to the current illness, exacerbation, or injury. The assessing clinician must consider each patient’s unique circumstances and use clinical judgment to determine how prior functioning and prior device use apply for each individual patient.

In responding to GG0100 – Prior Functioning: Everyday Activities, the activities should be reported based on the patient’s usual ability prior to the current illness, exacerbation, or injury. This is the patient’s functional ability prior to the onset of the current illness, exacerbation of a chronic condition, or injury, whichever is most recent, that initiated this episode of care. Clinicians should use clinical judgment within these parameters in determining the time frame that is considered “prior to the current illness, exacerbation, or injury.”

The same approach should be used in determining Prior Device Use for GG0110.

GG0130, GG0170

Question 4: We understand that if a patient initially refuses to attempt an activity during the assessment period, but later agrees to perform the activity, the code that represents the patient’s actual performance supersedes the refusal code (07). What if on day 1 or day 2 a safety or medical issue prevents the patient from attempting an activity, but on day 3, after benefiting from therapeutic intervention, the patient can now perform the activity? Which code should be reported on the IRF-PAI: Code 88 – Not attempted due to medical condition or safety concerns, or one of the performance codes, 01-06?

Answer 4: At Admission, the self-care or mobility performance code is to reflect the patient’s baseline ability to complete the activity, prior to the benefit of services provided by your facility staff. “*Prior to the benefit of services*” means prior to provision of any care by your facility staff that would result in more independent coding.

Use of an “activity not attempted” code should occur only after determining that the activity is not completed prior to the benefit of services, and the performance code cannot be determined based on patient/caregiver report, collaboration with other facility staff, or assessment of similar activities.

If this is the case in your scenario code 88 even if the patient’s status changes and the patient is able to complete the activity on a later day during the assessment period.

GG0130E

Question 5: For GG0130E – Shower/bathe self, does the shower/bathing have to be an actual wet shower or bath, or can a simulated performance be scored?

Answer 5: The intent of GG0130E – Shower/bathe self is to assess the patient’s ability to wash, rinse, and dry self (excluding washing of back and hair), regardless of where the bathing takes place. It does not include transferring in/out of a tub/shower, or onto or off a tub bench.

Coding of an activity may be based on observation, patient/caregiver report, collaboration with other facility staff, or assessment of similar activities.

Use clinical judgment to determine if simulating the shower/bath allows the clinician to adequately assess the patient’s ability to complete the activity of shower/bathe self (GG0130E). If the clinician

determines that this observation is adequate, code based on the type and amount of assistance required to complete the shower/bathing activity.

GG0130H

Question 6: We have a question regarding the following scenario. On day 2 of the patient's stay, the occupational therapist (OT) evaluates and assesses all the GG self-care activities. During that evaluation, for footwear, the patient only dons hospital socks (regular shoes and socks are not available) and requires only cueing. Toward the end of the session (after the assessment), the OT initiates the intervention of ADL re-training. On day 3, after the initiation of ADL re-training, the patient's spouse brings in socks and tennis shoes with laces, which are the patient's preferred footwear. The patient now requires greater than 50% assistance of one helper for donning footwear. Even though it is post intervention, can the "greater than 50% assistance" score be reported since it is still within the assessment time frame?

Answer 6: The intent of GG0130H – Footwear is to assess the patient's ability to put on and take off socks and shoes or other footwear that is appropriate for safe transfer and/or ambulation (mobility), including fasteners (if applicable).

When assessing self-care and mobility activities, allow the patient to complete each activity as independently as possible, as long as he/she is safe.

At Admission, the self-care or mobility performance code is to reflect the patient's baseline ability to complete the activity, prior to the benefit of services provided by your facility staff.

Clinicians should use clinical judgment to determine if observing the patient putting on and taking off the footwear (i.e., hospital socks) worn during the first assessment allows the clinician to adequately assess the patient's baseline ability to complete the activity of putting on/taking off footwear (GG0130H). If the clinician determines that this observation is adequate, code based on the type and amount of assistance required to complete the activity.

GG0170

Question 7: Please provide guidance for discharge IRF-PAI coding in this scenario: A patient is scheduled to be discharged on a Tuesday. On the preceding Friday, the patient participates in strengthening exercises. On Saturday, the patient is in dialysis. On Sunday, the patient's family visits and decides to take the patient home right away, and the patient is discharged before a discharge assessment is completed. All discharge self-care items can be coded because the patient performed them with nursing staff. However, the patient was last assessed performing the walking and stair activities on Thursday – 4 days prior to discharge – and walked 50 feet with 2 turns and negotiated 4 steps independently. Can the assessment for those items be used to code the IRF-PAI, based on the above-described circumstances? It seems that coding a dash or a Not Attempted code would not accurately represent the patient's true baseline status.

Answer 7: In the scenario you describe, it appears that you know the patient’s performance level for ambulation and on stairs from 4 days prior to discharge but the patient has not completed the walking or the stair activities since that time.

Use of an “activity not attempted” code should occur only after determining that the activity is not completed, and that the performance code cannot be determined based on patient/caregiver report, collaboration with other staff, or assessment of similar activities, in conjunction with all current discharge assessment findings.

If based on the guidance stated above you are able to determine the patient’s discharge ability in conjunction with all current discharge assessment findings, then code the walking and stair activities with the performance code that best represents the type and amount of assistance needed at discharge to safely complete the activity.

GG0170F

Question 8: If a patient gets up off the side of the bed, walks to the bathroom, and then sits down on the toilet, is the effort necessary to lift up off the bed considered for coding GG0170F – Toilet transfer?

Answer 8: The intent of GG0170F – Toilet transfer is to assess the patient’s ability to get on and off a toilet (with or without a raised toilet seat) or commode once the patient is at the toilet or commode.

In the scenario described, the effort necessary to lift up off the bed does not count toward the toilet transfer in GG0170F – Toilet transfer.

GG0170G

Question 9: What constitutes set-up/clean-up assistance for GG0170G – Car transfer? The guidance says it does not include the ability to open/close a door or fasten a seat belt. What, then, is set-up or clean-up assistance for a car transfer?

Answer 9: The intent of GG0170G – Car transfer is to assess the patient’s ability to transfer in and out of a car or van on the passenger side. As you mention, the item does not include the ability to open/close a door or fasten a seat belt.

Code 05 Set-up or clean-up assistance is selected when a patient requires a helper to set up or clean up; patient completes the activity and the helper is required to assist only prior to or following the activity.

An example of set-up or clean-up assistance with a car transfer is a caregiver who folds a walker and places it in the back seat after the patient transfers into the car, then retrieves the walker and sets it up for the patient prior to the patient transferring out of the car. If the patient requires the set-up (or clean-up) of this walker in order to complete the car transfer, but no assistance is needed during the completion of the activity, Code 05 Set-up/clean-up assistance would be appropriate.

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Use clinical judgment to determine if the assistance the patient requires from a helper before or after the car transfer meets the definition of set-up or clean-up as above. If it does, and the patient requires no further assistance to complete the car transfer activity, code GG0170G as 05 Set-up/Clean-up.

GG0170I, GG0170J, GG0170K, GG0170L

Question 10: Can you give some clarification regarding scoring a performance with the help of a second person (if this second person is helping push an oxygen tank, IV pole, or wheelchair following the patient) because the first helper is physically assisting the patient during the walking activity? Both helpers are needed to complete the activity safely. The IRF-PAI manual says “if two or more helpers are required to assist the patient to complete the activity, code as 01, Dependent.”

Answer 10: The intent of the GG0170 walking items is to assess the patient’s ability once standing to safely walk the stated distances and circumstances in each item.

You are correct that if a patient requires the assistance of two helpers to complete an activity (one to provide support to the patient and a second to manage the necessary equipment to allow the safe walk), Code 01 – Dependent is the appropriate code.

If a single helper only manages the oxygen tank or the IV pole and otherwise the patient needs no assistance to safely complete the walking activity, code the walking activity as 04 – Supervision or touching assistance. This is because the helper is required to be present during the activity for the patient to complete the activity safely.

GG0170M

Question 11: A question has come up regarding when it is appropriate to use Code 09 – Not applicable for functional tasks such as a curb/step and stairs. If a patient has a ramp at home used to enter the home due to past medical issues would we use Code 09 – Not applicable? Or do we use Code 88 – Not attempted due to medical conditions or safety concerns?

Answer 11: The intent of GG0170M – 1 step (curb) is to assess the patient’s ability to go up and down a curb and/or up and down one step. If, at the time of the assessment, the patient is unable to complete the activity and the performance cannot be determined based on patient/caregiver report, collaboration with other facility staff, or assessment of similar activities use the appropriate “activity not attempted” code.

Code 88 – Not attempted due to medical conditions or safety concerns indicates the patient performed the activity prior to the current illness, exacerbation, or injury, but does not perform the activity at the time of assessment due to a medical issue or safety concern.

Code 09 – Not applicable indicates that the patient did not perform the activity prior to the current illness, exacerbation, or injury and the patient does not perform the activity at the time of assessment.

GG0170M, GG0170N, GG0170O

Question 12: I have a question about how to code a specific scenario. A patient did NOT perform stairs prior to this illness, exacerbation, or injury due to frequent falls and fear of falling; however, during the evaluation, the patient told the therapist she has a goal to do stairs because her daughter recently moved into a house with 2 stairs to enter. The therapist felt it was unsafe to perform stairs within the first 3 days of the IRF stay but thought it would be a reasonable goal for the patient to perform 1-2 steps, with assistance, at discharge. Should we code the admission performance with a Code 09 – Not applicable or Code 88 – Not attempted due to medical condition or safety concerns, and if we use an activity not attempted for the performance code, how do we code the discharge goal?

Answer 12: The intent of the GG step activities is to assess the patient’s ability to go up and down 1 step/curb, 4 steps, and 12 steps with or without a railing.

Use of an “activity not attempted” code should occur only after determining that the activity is not completed, and the performance code cannot be determined based on patient/caregiver report, collaboration with other facility staff, or assessment of similar activities.

The definitions of Code 88 and Code 09 are as follows:

Code 88 – Not attempted due to medical condition or safety concerns if at the time of assessment, the patient is unable to complete the stair activities due to medical conditions/safety concerns but could perform the activities prior to the current illness, exacerbation, or injury.

Code 09 – Not applicable if at the time of assessment if the patient is unable to complete the stair activities due to medication conditions/safety concerns and could not perform the activities prior to the current illness, exacerbation, or injury.

If the admission performance of an activity was coded using one of the “activity not attempted” codes, a discharge goal may be submitted using the 6-point scale if the patient is expected to be able to perform the activity by discharge.