

CHAPTER 4: CODING THE CMS PATIENT DATA SYSTEM

4.1 Coding Forms

It is critical to complete the questions on the IRF-PAI carefully and accurately. As shown in the CMS patient data system flow diagram below, patient data are collected within the facility and submitted to iQIES. These data are used for payment purposes and quality reporting. In addition, the data will be used to develop an analytical database for monitoring and assessing implementation of the IRF prospective payment system. Additional information about iQIES and how to create an account is available at <https://iqies.cms.gov/> and the QIES Technical Support Office (QTSO) webpage at <https://qtso.cms.gov/news-and-updates/register-iqies-account-action-required-0>

4.2 CMS Patient Data System Flow

Figure 1 depicts the following steps:

1. Complete the assessment on paper or in an electronic health record (EHR) application..
 - If using an EHR, save completed assessments to a zip file.
2. Submit the assessment in iQIES.
 - The assessment goes to the CMS Repository.
 - A success or failure notification indicates if upload was successful.
3. The CMS Case Mix Group (CMG) is generated after entering the (discharge) assessment information into the data entry software. IQIES will also recalculate the CMG Code as part of the record processing. If the value calculated by the data entry software is different than the iQIES calculated value, the provider should submit the iQIES calculated value on the Medicare claim.
4. The IRF submits a Medicare claim.
5. The Medicare Administrative Contractor (MAC) processes the claim through its software system, called the “Pricer” software. The Pricer software uses the CMG code, along with other specific claim data elements and provider-specific data, to calculate the IRF’s prospective payment.

Figure 1: CMS Patient Data System

