

# SECTION 9: REQUIRED/VOLUNTARY IRF-PAI ITEMS

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This section of the manual includes a table that allows providers to easily identify which IRF-PAI items are required or required if available and which items are voluntary. This table was created on April 15, 2016.<sup>1</sup>

For questions regarding the IRF-PAI items on pages 1 through 3 and page 18, please contact: [IRFCoverage@cms.hhs.gov](mailto:IRFCoverage@cms.hhs.gov)

For questions regarding the IRF-PAI Quality Indicator items (pages 4 to 17) on the IRF-PAI please contact: [IRF.Questions@cms.hhs.gov](mailto:IRF.Questions@cms.hhs.gov)

The following is an overall key for the table:

**R** = Required for submission. This item is **required** for determining payment, quality measure calculation, or internal consistency checks related to the quality measure's data logic algorithm. Failure to provide an appropriate response for all required items will lead to record rejection by the system, and may subject your IRF to a two percentage point reduction to the applicable fiscal year annual payment update (APU). Please refer to the IRF-PAI Data Submission Specifications for item-level responses that the QIES ASAP submission system will accept as a valid response to an item on the IRF-PAI for data submission starting on October 1, 2016. All responses should have supporting documentation in the patient's medical record.

**RIAV** = Required if information is available. This item is not required for measure calculation purposes or for determining payment, but may be important for record matching or other administrative purposes. Please refer to the IRF-PAI Data Submission Specifications for item-level responses that the QIES ASAP submission system will accept as a valid response to an item on the IRF-PAI for data submission starting on October 1, 2016.

**N/A**: Not applicable

**V** = Voluntary

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<sup>1</sup> The IRF-PAI Manual effective October 1, 2016 should be the primary source for information pertaining to accurately completing the IRF-PAI version 1.4.

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IRF-PAI Item Number	IRF-PAI Item Name	IRF-PAI Version 1.4	
		Admission	Discharge
<b>Identification Information</b>			
1A	Facility Name	R	N/A
1B	Facility Medicare Provider Number	R	N/A
2	Patient Medicare Number	R	N/A
3	Patient Medicaid Number	RIAV	N/A
4	Patient First Name	R	N/A
5A	Patient Last Name	R	N/A
5B	Patient Identification Number	R	N/A
6	Birth Date	R	N/A
7	Social Security Number	RIAV	N/A
8	Gender	R	N/A
9	Race/Ethnicity	RIAV	N/A
10	Marital Status	RIAV	N/A
11	Zip Code of Patient's Pre-Hospital Residence	R	N/A
12	Admission Date	R	N/A
13	Assessment Reference Date	R	N/A
14	Admission Class	R	N/A
15A	Admit From	R	N/A
16A	Pre-Hospital Living Setting	R	N/A
17	Pre-Hospital Living With	R	N/A
18	DELETED	-	-
19	DELETED	-	-
20	Payment Source	R	N/A
<b>Medical Information</b>			
21	Impairment Group	R	R
22	Etiologic Diagnosis	R	N/A
23	Date of Onset of Impairment	R	N/A
24	Comorbid Conditions	R	N/A
24A	Are there any arthritis recorded in items #21, #22, or #24 that meet all of the regulatory requirement for IRF classification?	R	N/A
25	DELETED	-	-
26	DELETED	-	-
25A	Height on admission (in inches)	R	N/A
26A	Weight on admission (in pounds)	R	N/A

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27	Swallowing Status	V	V
28	DELETED	-	-
<b>Function Modifiers</b>			
29	Bladder Level of Assistance	R	R
30	Bladder Frequency of Accidents	R	R
31	Bowel Level of Assistance	R	R
32	Bowel Frequency of Accidents	R	R
33	Tub Transfer	R	R
34	Shower Transfer	R	R
35	Distance Walked	R	R
36	Distance Traveled in Wheelchair	R	R
37	Walk	R	R
38	Wheelchair	R	R
<b>FIM™ Instrument</b>			
39	Self-Care, Sphincter Control, Transfers, Locomotion, Communication, Social Cognition	R	R
39	Self-Care, Sphincter Control, Transfers, Locomotion, Communication, Social Cognition (Goals)	V	N/A
<b>Discharge Information</b>			
40	Discharge Date	N/A	R
41	Patient Discharged Against Medical Advice	N/A	R
42	Program Interruption(s)	N/A	R
43	Program Interruption Dates	N/A	R
44C	Was the Patient Discharged Alive	N/A	R
44D	Patient's Discharge Destination/Living Setting	N/A	R
45	Discharge to Living With	N/A	R
46	Diagnosis for Interruption or Death	N/A	R
47	Complications During Rehabilitation Stay	N/A	R
<b>Therapy Information</b>			
00401A	Week 1: Total of Number of Minutes Provided: Physical Therapy	N/A	R
00401B	Week 1: Total of Number of Minutes Provided: Occupational Therapy	N/A	R
00401C	Week 1: Total of Number of Minutes Provided: Speech-Language Therapy	N/A	R

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<b>O0402A</b>	Week 2: Total of Number of Minutes Provided: Physical Therapy	N/A	R
<b>O0402B</b>	Week 2: Total of Number of Minutes Provided: Occupational Therapy	N/A	R
<b>O0402C</b>	Week 2: Total of Number of Minutes Provided: Speech-Language Therapy	N/A	R
<b>Quality Indicators</b>			
<b>Section B – Hearing, Speech, and Vision</b>			
<b>BB0700</b>	Expression of Ideas and Wants	R	N/A
<b>BB0800</b>	Understanding Verbal Content	R	N/A
<b>Section C - Cognitive Patterns</b>			
<b>C0100</b>	Should Brief Interview for Mental Status (C0200-C0500) be conducted?	R	N/A
<b>C0200</b>	Brief Interview for Mental Status (BIMS) Repetition of Three Words	R	N/A
<b>C0300</b>	Brief Interview for Mental Status (BIMS) – Continued Temporal Orientation: Year, Month, Day	R	N/A
<b>C0400</b>	Brief Interview for Mental Status (BIMS) – Continued Recall	R	N/A
<b>C0500</b>	BIMS Summary Score	R	N/A
<b>C0600</b>	Should the Staff Assessment for Mental Status (C0900) be Conducted?	R	N/A
<b>C0900</b>	Memory/Recall Ability Check all that the patient was normally able to recall	R	N/A
<b>Section GG – Functional Abilities and Goals – Prior Functioning: Everyday Activities</b>			
<b>GG0100A</b>	Self-Care	R	N/A
<b>GG0100B</b>	Indoor Mobility (Ambulation)	R	N/A
<b>GG0100C</b>	Stairs	R	N/A
<b>GG0100D</b>	Functional Cognition	R	N/A
<b>Section GG – Functional Abilities and Goals – Prior Device Use</b>			
<b>GG0110</b>	Prior Device Use.	R	N/A
<b>Section GG – Functional Abilities and Goals – Self-Care – Admission Performance</b>			
<b>GG0130A1</b>	Self-Care Admission Performance: Eating	R	N/A
<b>GG0130B1</b>	Self-Care Admission Performance: Oral hygiene	R	N/A

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<b>GG0130C1</b>	Self-Care Admission Performance: Toileting hygiene	R	N/A
<b>GG0130E1</b>	Self-Care Admission Performance: Shower/bathe self	R	N/A
<b>GG0130F1</b>	Self-Care Admission Performance: Upper body dressing	R	N/A
<b>GG0130G1</b>	Self-Care Admission Performance: Lower body dressing	R	N/A
<b>GG0130H1</b>	Self-Care Admission Performance: Putting on/taking off footwear	R	N/A
<b>Section GG – Functional Abilities and Goals – Self-Care – Discharge Goals*</b>			
<b>GG0130A2</b>	Self-Care Discharge Goal: Eating	R*	N/A
<b>GG0130B2</b>	Self-Care Discharge Goal: Oral hygiene	R*	N/A
<b>GG0130C2</b>	Self-Care Discharge Goal: Toileting hygiene	R*	N/A
<b>GG0130E2</b>	Self-Care Discharge Goal: Shower/bathe self	R*	N/A
<b>GG0130F2</b>	Self-Care Discharge Goal: Upper body dressing	R*	N/A
<b>GG0130G2</b>	Self-Care Discharge Goal: Lower body dressing	R*	N/A
<b>GG0130H2</b>	Self-Care Discharge Goal: Putting on/taking off footwear	R*	N/A
<b>Section GG – Functional Abilities and Goals – Self-Care – Discharge Performance</b>			
<b>GG0130A3</b>	Self-Care Discharge Performance: Eating	N/A	R
<b>GG0130B3</b>	Self-Care Discharge Performance: Oral hygiene	N/A	R
<b>GG0130C3</b>	Self-Care Discharge Performance: Toileting hygiene	N/A	R
<b>GG0130E3</b>	Self-Care Discharge Performance: Shower/bathe self	N/A	R
<b>GG0130F3</b>	Self-Care Discharge Performance: Upper body dressing	N/A	R
<b>GG0130G3</b>	Self-Care Discharge Performance: Lower body dressing	N/A	R
<b>GG0130H3</b>	Self-Care Discharge Performance: Putting on/taking off footwear	N/A	R
<b>Section GG – Functional Abilities and Goals – Mobility – Admission Performance</b>			
<b>GG0170A1</b>	Mobility Admission Performance: Roll left and right	R	N/A
<b>GG0170B1</b>	Mobility Admission Performance: Sit to lying	R	N/A
<b>GG0170C1</b>	Mobility Admission Performance: Lying to sitting on side of bed	R	N/A
<b>GG0170D1</b>	Mobility Admission Performance: Sit to stand	R	N/A

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<b>GG0170E1</b>	Mobility Admission Performance: Chair/ bed-to-chair-transfer	R	N/A
<b>GG0170F1</b>	Mobility Admission Performance: Toilet Transfer	R	N/A
<b>GG0170G1</b>	Mobility Admission Performance: Car Transfer	R	N/A
<b>GG0170H1</b>	Does the patient walk?	R	N/A
<b>GG0170I1</b>	Mobility Admission Performance: Walk 10 feet	R	N/A
<b>GG0170J1</b>	Mobility Admission Performance: Walk 50 feet with two turns	R	N/A
<b>GG0170K1</b>	Mobility Admission Performance: Walk 150 feet	R	N/A
<b>GG0170L1</b>	Mobility Admission Performance: Walking 10 feet on uneven surfaces	R	N/A
<b>GG0170M1</b>	Mobility Admission Performance: 1 step (curb)	R	N/A
<b>GG0170N1</b>	Mobility Admission Performance: 4 steps	R	N/A
<b>GG0170O1</b>	Mobility Admission Performance: 12 steps	R	N/A
<b>GG0170P1</b>	Mobility Admission Performance: Picking up object	R	N/A
<b>GG0170Q1</b>	Does the patient use a wheelchair/ scooter?	R	N/A
<b>GG0170R1</b>	Mobility Admission Performance: Wheel 50 feet with two turns	R	N/A
<b>GG0170RR1</b>	Indicate the type of wheelchair/ scooter used.	R	N/A
<b>GG0170S1</b>	Mobility Admission Performance: Wheel 150 feet	R	N/A
<b>GG0170SS1</b>	Indicate the type of wheelchair/ scooter used.	R	N/A
<b>Section GG – Functional Abilities and Goals – Mobility – Discharge Goal*</b>			
<b>GG0170A2</b>	Mobility Discharge Goal: Roll left and right	R*	N/A
<b>GG0170B2</b>	Mobility Discharge Goal: Sit to lying	R*	N/A
<b>GG0170C2</b>	Mobility Discharge Goal: Lying to sitting on side of bed	R*	N/A
<b>GG0170D2</b>	Mobility Discharge Goal: Sit to stand	R*	N/A
<b>GG0170E2</b>	Mobility Discharge Goal: Chair/ bed-to-chair-transfer	R*	N/A
<b>GG0170F2</b>	Mobility Discharge Goal: Toilet Transfer	R*	N/A
<b>GG0170G2</b>	Mobility Discharge Goal: Car Transfer	R*	N/A
<b>GG0170I2</b>	Mobility Discharge Goal: Walk 10 feet	R*	N/A
<b>GG0170J2</b>	Mobility Discharge Goal: Walk 50 feet with two turns	R*	N/A
<b>GG0170K2</b>	Mobility Discharge Goal: Walk 150 feet	R*	N/A
<b>GG0170L2</b>	Mobility Discharge Goal: Walking 10 feet on uneven surfaces	R*	N/A
<b>GG0170M2</b>	Mobility Discharge Goal: 1 step (curb)	R*	N/A
<b>GG0170N2</b>	Mobility Discharge Goal: 4 steps	R*	N/A

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		Admission	Discharge
<b>GG0170O2</b>	Mobility Discharge Goal: 12 steps	R*	N/A
<b>GG0170P2</b>	Mobility Discharge Goal: Picking up object	R*	N/A
<b>GG0170R2</b>	Mobility Discharge Goal: Wheel 50 feet with two turns	R*	N/A
<b>GG0170S2</b>	Mobility Discharge Goal: Wheel 150 feet	R*	N/A
<b>Section GG – Functional Abilities and Goals – Mobility – Discharge Performance</b>			
<b>GG0170A3</b>	Mobility Discharge Performance: Roll left and right	N/A	R
<b>GG0170B3</b>	Mobility Discharge Performance: Sit to lying	N/A	R
<b>GG0170C3</b>	Mobility Discharge Performance: Lying to sitting on side of bed	N/A	R
<b>GG0170D3</b>	Mobility Discharge Performance: Sit to stand	N/A	R
<b>GG0170E3</b>	Mobility Discharge Performance: Chair/ bed-to-chair-transfer	N/A	R
<b>GG0170F3</b>	Mobility Discharge Performance: Toilet Transfer	N/A	R
<b>GG0170G3</b>	Mobility Discharge Performance: Car Transfer	N/A	R
<b>GG0170H3</b>	Does the patient walk?	N/A	R
<b>GG0170I3</b>	Mobility Discharge Performance: Walk 10 feet	N/A	R
<b>GG0170J3</b>	Mobility Discharge Performance: Walk 50 feet with two turns	N/A	R
<b>GG0170K3</b>	Mobility Discharge Performance: Walk 150 feet	N/A	R
<b>GG0170L3</b>	Mobility Discharge Performance: Walking 10 feet on uneven surfaces	N/A	R
<b>GG0170M3</b>	Mobility Discharge Performance: 1 step (curb)	N/A	R
<b>GG0170N3</b>	Mobility Discharge Performance: 4 steps	N/A	R
<b>GG0170O3</b>	Mobility Discharge Performance: 12 steps	N/A	R
<b>GG0170P3</b>	Mobility Discharge Performance: Picking up object	N/A	R
<b>GG0170Q3</b>	Does the patient use a wheelchair/ scooter?	N/A	R
<b>GG0170R3</b>	Mobility Discharge Performance: Wheel 50 feet with two turns	N/A	R
<b>GG0170RR3</b>	Indicate the type of wheelchair/ scooter used.	N/A	R
<b>GG0170S3</b>	Discharge Performance: Wheel 150 feet	N/A	R
<b>GG0170SS3</b>	Indicate the type of wheelchair/ scooter used.	N/A	R
<b>Section H – Bladder and Bowel</b>			
<b>H0350</b>	Bladder Continence	R	N/A
<b>H0400</b>	Bowel Continence	R	N/A

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IRF-PAI Item Number	IRF-PAI Item Name	IRF-PAI Version 1.4	
		Admission	Discharge
<b>Section I – Active Diagnoses – Comorbidities and Co-existing Conditions**</b>			
<b>I0900</b>	Active diagnoses: Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD)	R	N/A
<b>I2900</b>	Active diagnoses: Diabetes Mellitus (DM)	R	N/A
<b>I7900</b>	None of the above	R	N/A
<b>Section J – Health Conditions</b>			
<b>J0750</b>	History of Falls	R	N/A
<b>J1800</b>	Any Falls Since Admission	N/A	R
<b>J1900A</b>	Number of Falls Since Admission: No injury	N/A	RIAV
<b>J1900B</b>	Number of Falls Since Admission: Injury (except major)	N/A	RIAV
<b>J1900C</b>	Number of Falls Since Admission: Major injury	N/A	R
<b>J2000</b>	Prior Surgery	R	N/A
<b>Section K – Swallowing/Nutritional Status</b>			
<b>K0110</b>	Swallowing/Nutritional Status	R	N/A
<b>Section M – Skin Conditions</b>			
<b>M0210</b>	Unhealed Pressure Ulcer(s)	R	R
<b>M0300A</b>	Stage 1: Number of Stage 1 pressure ulcers	V	V
<b>M0300B1</b>	Stage 2: Number of Stage 2 pressure ulcers	R	R
<b>M0300B2</b>	Stage 2: Number of these Stage 2 pressure ulcers that were present upon admission	N/A	R
<b>M0300C1</b>	Stage 3: Number of Stage 3 pressure ulcers	R	R
<b>M0300C2</b>	Stage 3: Number of these Stage 3 pressure ulcers that were present upon admission	N/A	R
<b>M0300D1</b>	Stage 4: Number of Stage 4 pressure ulcers	R	R
<b>M0300D2</b>	Stage 4: Number of these Stage 4 pressure ulcers that were present upon admission	N/A	R
<b>M0300E1</b>	Unstageable – Non-removable dressing: Number of unstageable pressure ulcers due to non-removable dressing/device	R	V
<b>M0300E2</b>	Unstageable - Non-removable dressing: Number of these unstageable pressure ulcers that were present upon admission	N/A	V
<b>M0300F1</b>	Unstageable – Slough and/or eschar: Number of unstageable pressure ulcers due to coverage of wound by slough/and or eschar	R	V

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<b>M0300F2</b>	Unstageable - Slough and/or eschar: Number of these unstageable pressure ulcers that were present upon admission	N/A	V
<b>M0300G1</b>	Unstageable - Deep tissue injury: Number of unstageable pressure ulcers with suspected deep tissue injury in evolution	R	V
<b>M0300G2</b>	Unstageable - Deep tissue injury: Number of these unstageable pressure ulcers that were present upon admission	N/A	V
<b>M0800A</b>	Worsening in Pressure Ulcer Status Since Admission: Stage 2	N/A	R
<b>M0800B</b>	Worsening in Pressure Ulcer Status Since Admission: Stage 3	N/A	R
<b>M0800C</b>	Worsening in Pressure Ulcer Status Since Admission: Stage 4	N/A	R
<b>M0800D</b>	Worsening in Pressure Ulcer Status Since Admission: Unstageable - Non-removable dressing	N/A	V
<b>M0800E</b>	Worsening in Pressure Ulcer Status Since Admission: Unstageable - Slough and/or eschar	N/A	V
<b>M0800F</b>	Worsening in Pressure Ulcer Status Since Admission: Unstageable – Deep tissue injury	N/A	V
<b>M0900A</b>	Healed Pressure Ulcer(s): Stage 1	N/A	V
<b>M0900B</b>	Healed Pressure Ulcer(s): Stage 2	N/A	V
<b>M0900C</b>	Healed Pressure Ulcer(s): Stage 3	N/A	V
<b>M0900D</b>	Healed Pressure Ulcer(s): Stage 4	N/A	V
<b>Section O – Special Treatments, Procedures, and Programs</b>			
<b>O0100N</b>	Total Parenteral Nutrition	R	N/A
<b>O0250A</b>	Influenza Vaccine: Did the patient receive the influenza vaccine in this facility for this year's influenza vaccination season?	N/A	R
<b>O0250B</b>	Influenza Vaccine: Date influenza vaccine received	N/A	RIAV
<b>O0250C</b>	Influenza Vaccine: If influenza vaccine not received, state reason	N/A	R
<b>Signature Page</b>			
<b>Z0400A</b>	Signature of Persons Completing the Assessment	R	R

\*At least one discharge goal is required for one of the GG0130 - Self-Care or GG0170 - Mobility items on the Admission assessment to fulfill requirements of the IRF QRP.

\*\*Check all comorbidities and co-existing conditions that apply OR check None of the above (I7900) to fulfill requirements of the IRF QRP.