

Mediware[®]

Cheat Sheet

After the massive changes to the IRF-PAI for FY 2017, it's a huge relief that CMS is making only minor changes for FY 2018. However, the proposed rule for FY 2019 is a different story entirely, filling some 211 pages (unless you prefer the reformatted and compressed version, which totals only 58 pages of tiny type).

To help you navigate the IRF PPS rule changes for FY 2018 and the proposed FY 2019 changes, we have assembled this quick guide, which goes straight to the details you need to know.

FY 2018 Final Rule: Discharges on or after October 1, 2017

No more item #27, Swallowing Status

With the addition of Section K (Swallowing/Nutritional Status) to the IRF-PAI, CMS determined that item 27, Swallowing Status, is no longer necessary.



*** TIP:** If you are currently collecting this data on the IRF-PAI, develop a plan to phase it out.

KEY CHANGES IN THE IRF PPS FOR FISCAL YEARS 2018 AND 2019

BMI now calculated using IRF-PAI data



For cases of lower extremity single joint replacement, the BMI calculation that determines whether each case counts toward your presumptive compliance percentage will now rely on patient height and weight data collected in the IRF-PAI. The medical review model will no longer be used to qualify these cases.

*** TIP:** No IRF-PAI changes are required because this is already a mandatory field.

ICD-10 codes updated

Since ICD-10 implementation, CMS planned to update the presumptive methodology lists. These are some of the changes for FY 2018:

- TBI—Removing the combination codes exclusions for four codes (S02.101B, S02.102B, S02.101A, S02.102A)
- Hip fracture—Removing exclusion for a fracture of “unspecified part of neck of femur”
- Two or more of the three major multiple trauma codes from the lists (in the specified code combinations) meet the presumptive methodology requirements

*** TIP:** Download the list of codes [here](#).

New payment rates

Changes in payment rates are always expected. CMS is currently proposing these changes:



- **Market basket** – a 1% increase
- **IRF standard payment conversion factor** – increased to \$15,838 (from \$15,708)
- **Outlier threshold amount** – Increased to \$8,679 (from \$7,984)
- **Elimination of the 25% payment penalty** for late transmissions of the IRF-PAI (although timely filing requirements have not changed)

For more information, review the CMS Fact Sheet, “Proposed Fiscal Year 2018 Payment and Policy Changes for Medicare Inpatient Rehabilitation Facilities (CMS-1671-P).”

Our thanks to Virginia Littlepage, MS, CCC-SLP, a Mediware clinical consultant, for her help preparing this cheat sheet.


FY 2019 Proposed Rule: Discharges on or after October 1, 2018

As part of the ongoing evolution necessitated by the IMPACT Act of 2014, CMS's proposed rule for FY 2019 includes revisions and updates to the IRF Quality Reporting Program (QRP). Additional information will need to be collected, which may require additional training for your team.

IRF-PAI additions

Several new additions are being proposed, including an entirely new section. Some of the most notable include:

- B0100.Comatose
- B0200.Hearing
- B1000.Vision
- C1310.Signs and Symptoms of Delirium (from CAM)
- D0150.Patient Health Questionnaire
- E0200.Behavioral Symptoms
- K0520.Nutritional Approaches (will replace K0110)
- Section N.Medications

 **TIP:** To download our chart of proposed IRF-PAI changes, complete with helpful guidance on these new measures, [click here](#).

IRF-PAI modifications

CMS is suggesting these revisions to existing measures, primarily for clarification:

- BB0800.Understanding Verbal Content—Altered wording for clarification
- BIMS—Making wording consistent across all post-acute tools
- Section GG—Admission and discharge performance sections revised for clarification, and new code—10: *Not attempted due to environmental limitations*—to be added
 - GG0110.Prior Device Use—Altered wording for clarification
 - GG0130.Discharge Goal Coding—Added several goal options (07, 09, 10, 88)
- GG0170-I.Walk 10 feet—Added “skip” pattern to the form
- J800.Falls Since Admission—Modified form’s “skip” pattern
- Section M—Several elements altered to make wording consistent across all post-acute tools, and some are to be deleted (see next section)




To review the proposed rule in its entirety, [click here](#).

Section O

The “Special Treatments, Procedures, and Programs” section is recommended for multiple revisions. Although the list of additions is a bit lengthy, most should be fairly simple to complete. In addition:

- These items will be considered at both admission and discharge—*with a 14-day lookback*.
- Item 0100N, Total Parenteral Nutrition, is to be eliminated.

IRF-PAI deletions

 CMS is proposing that these items be removed.

- GG0170-H1 and H3
- K0110. Swallowing/Nutritional Status (replaced by K0520)
- M0800.Worsening in Pressure Ulcer Status
- M0900.Healed Pressure Ulcer(s)

MediLinks IRF Management software helps your inpatient rehab facility be prepared for whatever changes CMS has in store.

For more information, go to

www.mediware.com/rehabilitation/inpatient.