Rules of Engagement: Adapting to Change

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Objectives

1. Review IRF PPS changes scheduled for implementation on October 1, 2017
2. Discuss the expansion of the IRF-PAI scheduled for implementation on October 1, 2018
Post-ICD-10 implementation:
• Now that ICD-10 has been implemented and is going into its third year, CMS had enough data to review against the ICD-10 version of the presumptive compliance codes.

60% Presumptive Compliance

Looking Back to the Future...
• Although a comprehensive analysis of the presumptive methodology diagnosis code lists in ICD-10 showed that the process for converting ICD-9 diagnosis codes to ICD-10 codes in the FY 2014 and FY 2015 final rules worked as intended, further analysis identified areas for improvement.
• During the ICD-10 conversion, some codes were inadvertently added as exclusions under certain impairment groups.
Comprehensive ICD-10 Code Review

• CMS’s comprehensive review of the ICD-10 code lists for the presumptive methodology revealed that excluded diagnosis codes in two IGC categories were largely affected by the ICD-10 translation:
  • Traumatic brain injury
  • Hip fracture

There were also issues with ICD-10 diagnosis codes that were added to the list of IGC exclusions and presumptive list of ICD codes related to the following:
  • Unspecified codes
  • Arthritis
  • Other myopathies
  • Major multiple trauma
    • Codes that did not translate exactly from ICD-9 to ICD-10…hence T07, Unspecified multiple injuries…?
60% Presumptive Compliance: Traumatic Brain Injury

Effective October 1, 2017

Traumatic brain injury code exclusions to be removed:

- **S06.370A**, Contusion, laceration, and hemorrhage of cerebellum *without* loss of consciousness, initial encounter
- **S06.379A**, Contusion, laceration, and hemorrhage of cerebellum with loss of consciousness of *unspecified duration*, initial encounter
- **S06.380A**, Contusion, laceration, and hemorrhage of brainstem *without* loss of consciousness, initial encounter
- **S06.389A**, Contusion, laceration, and hemorrhage of brainstem with loss of consciousness of *unspecified duration*, initial encounter
- **S06.4X0A**, Epidural hemorrhage *without* loss of consciousness, initial encounter
- **S06.4X9A**, Epidural hemorrhage with loss of consciousness of *unspecified duration*, initial encounter
- **S06.5X0A**, Traumatic subdural hemorrhage *without* loss of consciousness, initial encounter
- **S06.5X9A**, Traumatic subdural hemorrhage with loss of consciousness of *unspecified duration*, initial encounter
Effective October 1, 2017

60% Presumptive Compliance: Traumatic Brain Injury

Traumatic brain injury code exclusions to be removed:

- **S06.6X0A**, Traumatic subarachnoid hemorrhage without loss of consciousness, initial encounter
- **S06.6X9A**, Traumatic subarachnoid hemorrhage with loss of consciousness of unspecified duration, initial encounter

60% Presumptive Compliance: Skull Fractures

- CMS is removing the combination code exclusions on the IGC exclusion list, thereby allowing these codes to count toward the presumptive compliance criteria
  - **S02.101A**, Fracture of base of skull, right side, initial encounter for closed fracture
  - **S02.101B**, Fracture of base of skull, right side, initial encounter for open fracture
  - **S02.102A**, Fracture of base of skull, left side, initial encounter for closed fracture
  - **S02.102B**, Fracture of base of skull, left side, initial encounter for open fracture
60% Presumptive Compliance: Hip Fractures
Effective October 1, 2017
Hip fractures code exclusions to be removed:

- **S72.001A**, Fracture of unspecified part of neck of right femur, initial encounter for closed fracture
- **S72.001B**, Fracture of unspecified part of neck of right femur, initial encounter for closed fracture
- **S72.001C**, Fracture of unspecified part of neck of right femur, initial encounter for open fracture type IIIA, IIIB, or IIIC

60% Presumptive Compliance: Hip Fractures
Effective October 1, 2017
Hip fractures code exclusions to be removed:

- **S72.002A**, Fracture of unspecified part of neck of left femur, initial encounter for closed fracture
- **S72.002B**, Fracture of unspecified part of neck of left femur, initial encounter for open fracture type I or II
- **S72.002C**, Fracture of unspecified part of neck of left femur, initial encounter for open fracture type IIIA, IIIB, or IIIC
In most cases, codes titled “unspecified” are used when the information in the medical record is insufficient to assign a more specific code.

In and of itself, the “unspecified” descriptor does not necessarily mean that the case fails to comply with the 60% rule criteria.

In some instances when you look up a specific code, the descriptor may still contain “unspecified” and therefore does not “capture” the degree of specificity documented by the provider.

In light of the points above, CMS has decided to take a more cautious approach and to give further consideration to the removal of unspecified codes.

For now, CMS will:

1. Retain the unspecified codes that were discussed in the FY 2018 IRF PPS proposed rule on the list of ICD-10-CM Codes That Meet Presumptive Compliance Criteria

2. Continue to work together with the National Center for Health Statistics (NCHS), the American Hospital Association (AHA), and other organizations that provide guidance and education on the ICD-10 code set to encourage providers to code to the highest level of specificity possible.
60% Presumptive Compliance: Arthritis

• Though CMS removed arthritis diagnosis codes from the presumptively compliant list of ICD-9 codes prior to the ICD-10 conversion process, some ICD-10 arthritis codes are listed due to the straight translation

• For now, CMS will retain the ICD-10 diagnosis codes related to rheumatoid polyneuropathy with rheumatoid arthritis codes that were reintroduced back onto the lists through the ICD-10 conversion process

• Facilities should continue educating providers about the appropriate use of these codes because CMS will continue to analyze whether they are appropriate for inclusion on the presumptive compliant list

60% Presumptive Compliance: G72.89, Other Specified Myopathy

• G72.89, Other specified myopathies, which CMS believes is used inappropriately, will not be an excluded code, as originally proposed

• CMS included ICD-10 code G72.89, Other specified myopathies, on the presumptive compliance code list with the understanding that this condition would represent a reasonably narrow set of specified myopathies that had been confirmed by the results of specific medical testing and well documented
A review of IRFs’ extremely high use of the code revealed that some IRFs were using this code more generally, even to represent patients with generalized weakness, which did not meet the requirements in the 60% rule.

Let’s take a step back and review this code from a coder’s perspective, based strictly on ICD-10 guidelines.

60% Presumptive Compliance: G72.89, Other Specified Myopathy

- G72.81, Critical illness myopathy, is a type of myopathy
- G72.89, Other specified myopathies (currently compliant)

ICD-10 guidelines: Codes titled “other” or “other specified” should be used when the information in the medical record provides detail for which a “specific” code does not exist.
If the physician documents “myopathy due to prolonged immobilization,” the accurate code would be **G72.9, Myopathy unspecified**, which is noncompliant because the “type” of myopathy is not indicated.

Prolonged immobilization is not a “disease process” that supports a specific “type” of myopathy.

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**60% Presumptive Compliance: G72.89, Other Specified Myopathies**

- In order to allow IRFs to appropriately count multiple fractures that include lower-extremity fractures under the presumptive methodology, cases will count if the IRF-PAI contains two or more ICD-10 codes from the three major multiple trauma lists.
- These codes would need to be specifically combined so that:
  1. At least one lower extremity fracture is combined with an upper extremity fracture and/or a rib/sternum fracture, and
  2. Fractures are present in both lower extremities.
60% Presumptive Compliance: Major Multiple Trauma
Effective October 1, 2017

• In order for patients with multiple fractures to qualify as meeting the 60% rule requirement for IRFs, the following codes could be used if combined as:
  • Major multiple trauma codes
    • List A: Lower extremity fracture
    • List B: Upper extremity fracture
    • List C: Ribs and sternum fracture

• In other words…
  • The etiologic diagnosis on IRF-PAI (item 22) will require two or more codes:
    • Item 22A: Lower extremity fracture
    • Item 22B: Upper extremity fracture
    • Item 22C: Ribs and/or sternum fracture
60% Presumptive Compliance: BMI

Effective October 1, 2017

• Previously, the IRF-PAI had not contained any information that facilities could use to calculate the BMI, which would consider lower-extremity joint replacement patients with a BMI greater than 50 as compliant with the 60% rule using the presumptive compliance methodology.

• The FY 2014 IRF PPS final rule added two items to the IRF-PAI:
  • Item 25A, Height
  • Item 26A, Weight

• This information can be used to calculate BMI and therefore provides the data necessary to presumptively identify and count lower extremity single-joint replacement cases with a BMI of 50 or more.
Some ICD codes will remain excluded as a combination code, and physician documentation has to specific to support a better code choice. CMS believes that more specific information should be documented in the health record to describe a disease, condition, or injury, and some codes on the presumptive list would be more appropriate, based on documentation. Laterality also plays a huge role in compliance.

Effective October 1, 2017

Traumatic brain injury code that will remain excluded as a combination code:

S06.9X9A, Unspecified intracranial injury with loss of consciousness of unspecified duration, initial encounter.
60% Presumptive Compliance

Effective October 1, 2017

**Hip fractures:** Codes that lack laterality and will remain excluded as a combination code

- S72.009A, Fracture of *unspecified* part of neck of *unspecified* femur, initial encounter for closed fracture
- S72.009B, Fracture of *unspecified* part of neck of *unspecified* femur, initial encounter for open fracture type I or II
- S72.009C, Fracture of *unspecified* part of neck of *unspecified* femur, initial encounter for open fracture type IIIA, IIIB, or IIIC

These codes were replaced by added codes which contain more specificity

- **S02.10XA**, Unspecified fracture of base of skull, initial encounter for closed fracture
- **S02.10XB**, Unspecified fracture of base of skull, initial encounter for open fracture
  - These codes do not contain *laterality*
CMS has established a formal process for updating the lists of ICD-10 codes used in the presumptive compliance methodology, using a subregulatory process to avoid a recurrence of invalid codes.

**Example:** ICD-10 category M50.02, Cervical disc disorder with myelopathy, mid-cervical region, is one of the ICD-10 codes on the presumptive compliance methodology list that made a patient compliant with the 60% rule requirements.

However, effective October 1, 2016, this and other codes in this category became **invalid codes** because the most recent ICD-10 update had not been applied.

The new update process has been applied and will now allow the patient to count as meeting the 60% rule requirements **effective October 1, 2017**.

- **M50.020**, Cervical disc disorder with myelopathy, mid-cervical region, unspecified level
- **M50.021**, Cervical disc disorder at C4–C5 level with myelopathy
- **M50.022**, Cervical disc disorder at C5–C6 level with myelopathy
- **M50.023**, Cervical disc disorder at C6–C7 level with myelopathy
Update Process to Changes in ICD-10 Presumptive Code List

Going forward...

• To ensure that the lists of ICD-10 codes used in the presumptive compliance methodology are updated in accordance with changes to the ICD-10 code set, CMS will obtain the list of changes to the code set from the ICD-10 Coordination and Maintenance Committee and through a subregulatory process

• CMS will then apply all relevant changes to the lists of codes used in the presumptive compliance methodology in order to maintain consistency with the most current ICD-10 medical code updates

Presumptive Compliance Review

Summary: Effective 10/1/2017

• Traumatic brain injury, skull fracture, and traumatic hip fracture codes as described in this presentation will become compliant

• G72.89, Other specified myopathies, will be retained as meeting compliance…for now

• CMS will also retain the “unspecified” codes…for now

• Major multiple trauma codes will qualify as described in this presentation if combined

• Height and weight can be used to calculate BMI to count lower extremity single joint replacement as compliant

• CMS is using a subregulatory process to avoid a recurrence of invalid codes, and this new process to update ICD-10 codes has been applied
Final IRF-PAI, Version 1.5

Implementation Date: October 1, 2017

IRF-PAI v1.5 Updates

- Implementation date: October 1, 2017
  - The IRF-PAI remains eighteen pages long (including the signature page)
  - CMS estimates that the average time required to complete the information is 110.8 minutes
    - This includes time to review instructions, search existing data resources, gather the necessary data, and complete and review the collected information
- Deleted on admission and discharge assessments
  - Item 27, Swallowing Status
    - No longer needed because section K, Swallowing/Nutritional Status (added to IRF-PAI v1.4), collects the same info
IRF-PAI Late Transmission Penalty

- For all discharges occurring on or after October 1, 2017, facilities will no longer be subject to a 25% penalty for late transmissions of the IRF-PAI
  - Rationale: IRFs receive payment for Medicare A fee-for-service cases only when both an IRF claim and an IRF-PAI are submitted
    - Facilities are financially motivated to submit both timely
    - Medicare C IRF-PAIs must still be submitted to CMS to be included in a facility’s 60% presumptive calculations

Final IRF-PAI, Version 2.0

Implementation Date: October 1, 2018
IRF-PAI v2.0 Updates

- Implementation date: October 1, 2018
  - The IRF-PAI will decrease to seventeen pages (including the signature page)
  - CMS estimates that the average time required to complete the information is 115.8 minutes
    - This includes time to review instructions, search existing data resources, gather the necessary data, and complete and review the collected information
IRF-PAI v2.0 Updates

- Implementation date: October 1, 2018
- Section C, Cognitive Patterns
- Admission

**C2096. Repetition of Three Words**

Ask patient: "I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are each, blue, and bed. Now tell me the three words." Number of words repeated after first attempt:

- Three
- Two
- One
- None

After the patient's first attempt, repeat the words using cues ("tomb, something to wear, blue, a colored/bed, a piece of furniture"). You may repeat the words up to five more times.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Correct</td>
</tr>
<tr>
<td>2</td>
<td>Mixed by 1 year</td>
</tr>
<tr>
<td>3</td>
<td>Mixed by 2 - 5 years</td>
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<tr>
<td>0</td>
<td>Mixed by &gt; 5 years, incorrect answer</td>
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</tbody>
</table>

**C4090. Recall**

Ask patient: "Let's go back to an earlier question. What were those three words that I asked you to repeat? If unable to remember a word, give use something to wear, a color, a piece of furniture for that word.

- Able to recall "tomb":
  - Yes, no cue required
  - Yes, after cued ("something to wear")
  - No, could not recall

- Able to recall "blue":
  - Yes, no cue required
  - Yes, after cued ("a color")
  - No, could not recall

- Able to recall "bed":
  - Yes, no cue required
  - Yes, after cued ("a piece of furniture")
  - No, could not recall
IRF-PAI v2.0 Updates

- Implementation date: October 1, 2018
  - Section GG0130, Self-Care
  - Section GG0170, Mobility
    - Admission
    - Coding scale modifications

<table>
<thead>
<tr>
<th>Section GG</th>
<th>Functional Abilities and Goals</th>
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</thead>
<tbody>
<tr>
<td>GG0130</td>
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<td>GG0170</td>
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</table>

**New instruction**

**New code**

IRF-PAI v2.0 Updates

- Implementation date: October 1, 2018
  - Section GG0130, Self-Care
  - Section GG0170, Mobility
  - Discharge
  - Coding scale modifications

**New instruction**

**New code**
## IRF-PAI v2.0 Updates

- Implementation date: October 1, 2018

<table>
<thead>
<tr>
<th>A. Eating</th>
<th>The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient.</th>
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</table>

- Removed “includes modified food consistency”

<table>
<thead>
<tr>
<th>B. Oral hygiene</th>
<th>The ability to use suitable items to clean teeth. Dentures (if applicable). The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.</th>
</tr>
</thead>
</table>

- Removed “adjust clothes before and after using the toilet, commode, bedpan or urinal”

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<thead>
<tr>
<th>C. Toileting hygiene</th>
<th>The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include emptying the opening but not managing equipment.</th>
</tr>
</thead>
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## IRF-PAI v2.0 Updates

- Implementation date: October 1, 2018

<table>
<thead>
<tr>
<th>E. Shower/bathe self</th>
<th>The ability to bathe self, including washing, rinsing, and drying self (includes washing of back and hair). Does not include transferring in/out of tub/shower.</th>
</tr>
</thead>
</table>

- Removed reference to bathing in “shower or tub”

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<tr>
<th>F. Upper body dressing</th>
<th>The ability to dress and undress above the waist, including fasteners, if applicable.</th>
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- Removed ability “to put on and remove shirt or pajama top; includes buttoning”

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<thead>
<tr>
<th>H. Putting on/taking off footwear</th>
<th>The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility, including fasteners, if applicable.</th>
</tr>
</thead>
</table>
IRF-PAI v2.0 Updates

- Implementation date: October 1, 2018
- Section GG0170, Mobility
  - Admission and discharge

  A. Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back on the bed.

  B. Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.

  C. Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.

  D. Chair/bed to chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).

  E. Toilet transfer: The ability to get on and off a toilet or commode.

- Removed “safely” from items C–F
  - The coding instructions refer to safe performance, which applies to all self-care and mobility items

IRF-PAI v2.0 Updates

- Implementation date: October 1, 2018
- Admission item GG0170H1

- Discharge item GG0170H3

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IRF-PAI v2.0 Updates

- Implementation date: October 1, 2018
- Admission and discharge

L. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. If admission performance is coded 07, 09, 16, or 88, skip to G0xP171M, 1 step (curb).

L. Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces, indoor or outdoor, such as turf or gravel.

M. 1 step (curb): The ability to go up and down a curb and/or up and down one step. If admission performance is coded 01, 09, 16, or 88, skip to G0xP171M, Picking up object.

M. 4 steps: The ability to go up and down four steps with or without a rail. If admission performance is coded 01, 09, 16, or 88, skip to G0xP171M, Picking up object.

- The term “injury” has been added to reflect updated terminology supported by NPUAP
IRF-PAI v2.0 Updates

• Implementation date: October 1, 2018
  • Admission
    • Item M0300, Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage
      1. Number of unhealable pressure injuries presenting as deep tissue injury
      2. Number of unhealable pressure injuries that were present upon admission - enter how many were noted at the time of admission

      • Deleted “suspected deep tissue injury in evolution”
  • Discharge

IRF-PAI v2.0 Updates

• Implementation date: October 1, 2018
  • Discharge
    • Items M0800A–M0800F, Worsening in Pressure Ulcer Status since Admission
    • Items M900A–M900D, Healed Pressure Ulcer(s)
    • “Deleted to reduce the provider burden”
IRF-PAI v2.0 Updates

• Implementation date: October 1, 2018

• Admission

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<thead>
<tr>
<th>Medications</th>
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<tbody>
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<td>N2001: Drug Regimen Review</td>
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<td>N2003: Medication Follow-up</td>
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• Discharge

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<tr>
<td>N2005: Medication Intervention</td>
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IRF-PAI v2.0 Updates

• ETC's plan for October 2017 implementation:
  • Training
    • 60% rule changes
  • Provide webinars/workshops on changes
  • Update resources
  • Compliant code lists

• ETC's plan for October 2018 implementation:
  • Update all resources
  • Update training materials
  • Provide webinars/workshops on changes
Thank You!

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