Change Table Summarizing Updates to the IRF-PAI Version 3.0 Manual

	Section & Page	IRF-PAI v2.0 Manual – April 2018	IRF-PAI v3.0 Manual – April 2019	Rationale for Change
General Updates to Manual				
1.	All chapters/ sections	IRF-PAI Training Manual Version 2.0	IRF-PAI Manual Version 3.0	Updated name and version number throughout manual.
2.	All chapters/ sections	N/A*	Removed guidance related to the FIM™ and associated Function Modifiers	Removed guidance related to the FIM™ and Function Modifiers as these items are not included in IRF-PAI Version 3.0.
3.	Chapter 1	N/A	**1.1 Purpose and Content of the IRF-PAI Training Manual Version 3.0**	Added header
4.	Chapter 1	N/A	**1.2 Background of IRF PPS**	Added header
5.	Chapter 1	N/A	Added "1.3 Background of the IRF QRP" and corresponding information	Added background of the IRF Quality Reporting Program due to consolidation of IRF PPS and IRF QRP manual sections.
6.	Chapter 2	N/A	**Chapter 2: Overview to the Item-By-Item Guide to the Inpatient Rehabilitation Facility-Patient Assessment Instrument**	Added overview of Chapter 2, including a guide and for using this chapter, outline of Chapter 2, information about item completion, and QRP data collection information.
7.	Chapter 3	Section 11: Finalized Clarification of Terminology	**Chapter 3: Clarification of Terminology**	Moved previous Section 11 to Chapter 3.
8.	Chapter 3	N/A	Added new terminology.	Added new terminology based on consolidation of Quality Indicator sections and frequently asked questions to IRF help desks

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9.	Chapter 3	N/A	Removed outdated terminology.	Removed outdated terminology related to FIM™ and Function Modifiers.
10.	Chapter 4	Section 12: Coding the CMS Patient Data System	**Chapter 4: Coding the CMS Patient Data System**	Moved previous Section 12 to Chapter 4
11.	Appendix A: Impairment Group Codes and Associate ICD-10 Codes	Section 5: Impairment Group Codes Section 6: Finalized ICD-10-CM Codes Related to Specific Impairment Groups Section 7: Finalized Comorbid Conditions	**Appendix A: Impairment Group Codes and Associate ICD-10 Codes**	Combined previous Section 5, Section 6, and Section 7 into Appendix A.
12.	Section A: Administrative Information	Section 2: Item-by-Item IRF-PAI Coding Instructions	**Section A: Administrative Information**	The previous Section 2: Item-by-Item IRF-PAI Coding Instructions was renamed and added under the consolidated Chapter 2: Item-by-Item Guide to the Inpatient Rehabilitation Facility-Patient Assessment Instrument.
13.	Section B Section C Section GG Section H Section I Section J Section K Section M Section N Section O Section Z	Posted separately as Section 4 – Quality Indicators	**Sections moved to Chapter 2:** Item-by-Item Guide to the Inpatient Rehabilitation Facility-Patient Assessment Instrument.	Moved to Chapter 2 due to consolidation of IRF PPS and IRF QRP manual sections.

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	Section & Page	IRF-PAI v2.0 Manual – April 2018	IRF-PAI v3.0 Manual – April 2019	Rationale for Change
Section A				
1.	Section A	N/A	Reformatted section to include headers for coding instructions, coding tips, examples, etc.	Reformatted section to match other sections in Chapter 2: Item-by-Item Coding Instructions.
2.	A-1	N/A	**NOTE:** In an effort to fight identity theft for Medicare beneficiaries, CMS is replacing the SSN-based Health Insurance Claim Number (HICN) with a new Medicare Beneficiary Identifier (MBI). **April 2019 – December 31, 2019:** enter the patient's HICN, or the patient's new MBI. **After December 31, 2019:** Enter the MBI. Do not report the patient's SSN-based HICN.	Added coding instruction for item 2 Patient Medicare Number.
3.	A-4, A-5	N/A	**Examples and Specific Coding Tips for Change in Payer Source** **1**. **Scenario 1:** The patient is admitted to an IRF on December 20, 2018. On January 1, 2019, the patient becomes eligible for Medicare (either by turning 65 in the month of January or by becoming eligible due to a disability or by some other means). Coding and Rationale: According to Medicare's billing rules in the Medicare Claims Processing Manual, Chapter 3, Section 40 (Pub. 100-04 located at https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs.html), the hospital (including an IRF) can only begin billing Medicare for the stay when the patient becomes eligible for Medicare, which in this example is February 1, 2019. Since Medicare's portion of the stay begins on that day,	Added examples and coding tips about changes in payer source for clarity.

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			we also require the facility to complete an IRF-PAI for the patient based on that day being day "1" of the Medicare stay. **2. Scenario 2:** The patient is admitted to the IRF on January 9, 2019 as an enrollee of a Medicare Advantage Plan. On February 1, 2019, the patient officially dis-enrolls from the Medicare Advantage Plan and is covered instead under the Medicare fee-for-service program. Coding and Rationale: According to Chapter 1, Section 90 of the Medicare Claims Processing Manual (Pub. 100-04 located at https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs.html), whichever payer the patient is enrolled in at the time of admission continues to be the payer for the patient's entire stay. Thus, the Medicare Advantage Plan would continue to be the payer for the patient's entire IRF stay and the facility would not complete another IRF-PAI. The IRF stay would continue as planned under the Medicare Advantage Plan. **3. Scenario 3:** The patient is admitted to the IRF on January 19, 2019 as a Medicare fee-for-service beneficiary. On February 20, 2019, the patient officially enrolls in a Medicare Advantage Plan. Coding and Rationale: According to Chapter 1, Section 90 of the Medicare Claims Processing Manual (Pub. 100-04 located at	

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			https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs.html), whichever payer the patient is enrolled in at the time of admission continues to be the payer for the patient's entire stay. Thus, Medicare fee-for-service would continue to be the payer for the patient's entire IRF stay and the facility would not complete another IRF-PAI. The IRF stay would just continue as planned under Medicare fee-for-service.	
4.	A-6, A-7	Date of Impairment Onset	Reorganized list of specific instructions for determining date of onset for major impairment groups into a table.	Reformatted into a table for clarity.
Section GG				
1.	GG-2	• Record the patient's usual ability to perform self-care, indoor mobility (ambulation), stair and functional cognition prior to the current illness, exacerbation, or injury.	• Record the patient's usual ability to perform self-care, indoor mobility (ambulation), stairs and functional cognition prior to the current illness, exacerbation, or injury.	Typo correction.
2.	GG-2	**Rationale:** Prior to her hip fracture, the patient completed the self-care tasks of eating, bathing, dressing, and using the toilet helper safely without any assistance from a helper. The patient may use an assistive device, such as a raised toilet seat and still be coded as independent.	**Rationale:** Prior to her hip fracture, the patient completed the self-care tasks of eating, bathing, dressing, and using the toilet ~~helper~~ safely without any assistance from a helper. The patient may use an assistive device, such as a raised toilet seat and still be coded as independent.	Typo correction.
3.	GG-2	2. Self-Care: Mr. T was admitted to an acute care facility after sustaining complex lumbar surgery and subsequently admitted to the IRF for intensive rehabilitation. Prior to the surgery, Mr. T was independent in eating, and using the toilet; however, Mr. T required assistance for bathing and putting on and taking off his shoes and socks. The assistance needed was due to severe arthritic	2. Self-Care: Mr. T was admitted to an acute care facility after undergoing ~~sustaining~~ complex lumbar surgery and subsequently admitted to the IRF for intensive rehabilitation. Prior to the surgery, Mr. T was independent in eating, and using the toilet; however, Mr. T required assistance for bathing and putting on and taking off his shoes and socks. The assistance needed	Edited for clarity.

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		lumbar pain upon bending, which limited his ability to access his feet.	was due to severe arthritic lumbar pain upon bending, which limited his ability to access his feet.	
4.	GG-5	N/A	• For GG0110C, Mechanical lift, includes sit-to-stand, stand assist, stair lift, and full-body-style lifts.	Added coding tip for alignment with RAI Manual.
5.	GG-7	1. Assess the patient's self-care performance based on direct observation as well as the patient's self-report and reports from clinicians, care staff, or family documented in the patient's medical record during the 3-day assessment period. CMS anticipates that an interdisciplinary team of clinicians is involved in assessing the patient during the 3-day assessment period.	1. Assess the patient's self-care performance based on direct observation, incorporating ~~as well as~~ the patient's self-report and reports from clinicians, care staff, or family documented in the patient's medical record during the 3-day assessment period. CMS anticipates that an interdisciplinary team of clinicians is involved in assessing the patient during the 3-day assessment period.	Edited for clarity.
6.	GG-7 and GG-27	**USUAL STATUS**	**USUAL PERFORMANCE**	Changed "usual status" to "usual performance" for alignment with RAI Manual.
7.	GG-7	The assessment should occur prior to the prior to the start of therapy services to capture the patient's true admission baseline status.	The assessment should occur prior to the patient benefitting from treatment interventions to capture the patient's true admission baseline status.	Edited for clarity
8.	GG-7	N/A	**QUALIFIED CLINICIAN** Healthcare professionals practicing within their scope of practice and consistent with Federal, State, and local law and regulations.	Added definition.
9.	GG-8, GG-9	N/A	Added Section GG Decision Tree	Added decision tree to help clinicians code Section GG items.
10.	GG-9, GG-10	• When reviewing the patient's medical record, interviewing staff, and observing the patient, be familiar with the definition for each activity. For	• When reviewing the patient's medical record, interviewing staff, and observing the patient, be familiar with the definition for each activity. For	Edited for clarity

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		example, when assessing Eating (item GG0130A), determine the type and amount of assistance required to bring food and liquid to the mouth and swallow food and liquid once the meal is placed in front of the patient.	example, when assessing Eating (item GG0130A), determine the type and amount of assistance required to bring food and liquid to the mouth and swallow food and liquid once the meal is placed before ~~in front of~~ the patient.	
11.	GG-10	• If two or more helpers are required to assist the patient in completing the activity, code as 01, Dependent.	• If two or more helpers are required to assist the patient to complete ~~in completing~~ the activity, code as 01, Dependent.	Grammar correction
12.	GG-11	N/A	• GG0130A, Eating involves bringing food and liquids to the mouth and swallowing food. The administration of tube feedings and parenteral nutrition is not considered when coding this activity. The following is guidance for some situations in which a resident receives tube feedings or parenteral nutrition.	Added for alignment with RAI Manual.
13.	Section GG	Total parenteral nutrition (TPN)	Parenteral nutrition	Changed TPN to "parenteral nutrition" where appropriate to address partial parenteral nutrition
14.	GG-13	9. Mr. F is fed by the certified nursing assistant, because Mr. F has severe arm weakness, and he is unable to assist in the eating activity.	9. Mr. F is fed all meals by the certified nursing assistant, because Mr. F has severe arm weakness, and he is unable to assist in the eating activity.	Added for alignment with RAI Manual
15.	GG-14	5. Oral hygiene: Mr. G has Parkinson's disease, resulting in tremors and incoordination. The certified nursing assistant retrieves all oral hygiene items for Mr. G and applies toothpaste to his toothbrush. Mr. G requires assistance to guide the toothbrush into his mouth and to steady his elbow while he brushes his teeth. Mr. G usually starts tooth brushing and the certified nursing assistant usually completes the activity by performing more than half of this activity.	5. Oral hygiene: Mr. G has Parkinson's disease, resulting in tremors and incoordination. The certified nursing assistant retrieves all oral hygiene items for Mr. G and applies toothpaste to his toothbrush. Mr. G requires assistance to guide the toothbrush into his mouth and to steady his elbow while he brushes his teeth. Mr. G usually starts by brushing his upper and lower front teeth and the certified nursing assistant completes the activity by brushing the rest of his teeth.	Added for alignment with RAI Manual.

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16.	GG-14	Toileting hygiene includes the tasks of managing undergarments, clothing and incontinence products and performing perineal cleansing before and after voiding or having a bowel movement. If the patient does not usually use undergarments, then assess the patient's need for assistance to lower-body clothing and perineal hygiene.	Toileting hygiene includes the tasks of managing undergarments, clothing and incontinence products and performing perineal cleansing before and after voiding or having a bowel movement. If the patient does not usually use undergarments, then assess the patient's need for assistance to manage lower body clothing and perineal hygiene.	Changed lower-body to lower body to maintain consistency within manual.
17.	GG-15	**Toileting hygiene:** Mrs. J uses a bedside commode. The certified nursing assistant provides steadying (touching) assistance as Mrs. J pulls down her underwear before sitting down on the toilet. When Mrs. J is finished voiding or having a bowel movement, the certified nursing assistant provides steadying assistance as Mrs. J wipes her perineal area and pulls up her underwear without assistance.	**Toileting hygiene:** Mrs. J uses a bedside commode. The certified nursing assistant provides steadying (touching) assistance as Mrs. J pulls down her pants and underwear before sitting down on the toilet. When Mrs. J is finished voiding or having a bowel movement, the certified nursing assistant provides steadying assistance as Mrs. J wipes her perineal area and pulls up her pants and underwear without assistance.	Added for alignment with RAI Manual.
18.	GG-15	**3. Toileting hygiene:** Mrs. P has urinary urgency. As soon as she gets in the bathroom, she asks the certified nursing assistant to lift her gown and pull down her underwear due to her balance problems. After voiding, Mrs. P wipes herself and pulls her underwear back up.	**3. Toileting hygiene:** Mrs. P has urinary urgency. As soon as she gets in the bathroom, she asks the certified nursing assistant to lift her gown and pull down her underwear due to her balance problems. After voiding, Mrs. P wipes herself, pulls her underwear back up and adjusts her gown.	Added for alignment with RAI Manual.
19.	GG-16	**Shower/bathe self:** Mrs. E has a severe and progressive neurological condition that has affected her endurance as well as her fine and gross motor skills. She is transferred to bench at partial/moderate assistance. When showering she uses a wash mitt that was provided by the acute care facility prior to her admission to the inpatient rehabilitation facility. Mrs. E showers while sitting	**Shower/bathe self:** Mrs. E has a severe and progressive neurological condition that has affected her endurance as well as her fine and gross motor skills. She is transferred to the shower bench at partial/moderate assistance. When showering she uses a wash mitt that was provided by the acute care facility prior to her admission to the inpatient rehabilitation facility.	Added for alignment with RAI Manual.

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		on a tub bench and washes her arms and chest using a wash mitt. A certified nursing assistant then must help wash the remaining parts of her body, as a result of Mrs. E's fatigue, to complete the activity. Mrs. E uses a long-handled shower to rinse herself but tires half way through the task. The certified nursing assistant dries Mrs. E.'s entire body.	Mrs. E showers while sitting on a shower bench and washes her arms and chest using a wash mitt. A certified nursing assistant then must help wash the remaining parts of her body, as a result of Mrs. E's fatigue, to complete the activity. Mrs. E uses a hand-held showerhead to rinse herself but tires half way through the task. The certified nursing assistant dries Mrs. E.'s entire body.	
20.	GG-17	**Rationale:** The helper assists Mrs. E with more than half of the task of showering, which includes bathing, rinsing and drying her body. The transfer onto the tub bench is not considered in coding this activity.	**Rationale:** The helper assists Mrs. E with more than half of the task of showering, which includes bathing, rinsing and drying her body. The transfer onto the shower bench is not considered in coding this activity.	Added for alignment with RAI Manual.
21.	GG-17	N/A	When coding upper body dressing and lower body dressing, helper assistance with buttons and/or fasteners is considered touching assistance.	Added based on frequently asked help desk questions and for alignment with RAI Manual.
22.	GG-17	Upper body dressing items used for coding include: bra, undershirt, T-shirt, button-down shirt, pullover shirt, sweatshirt, sweater, and pajama top. Upper body dressing cannot be assessed based solely on donning/doffing a hospital gown.	Upper body dressing items used for coding include: bra, undershirt, T-shirt, button-down shirt, pullover shirt, dresses, sweatshirt, sweater, and pajama top. Upper body dressing cannot be assessed based solely on donning/doffing a hospital gown.	Added for alignment with RAI Manual.
23.	GG-18	**Rationale:** Mrs. Y dresses and undresses her upper body and requires a helper only to retrieve her clothing, that is, setting-up the clothing for her use. The description refers to Mrs. Y as "independent" (when removing clothes), but she needs set-up assistance, so she is not independent with regard to the entire activity of upper body dressing.	**Rationale:** Mrs. Y dresses and undresses her upper body and requires a helper only to retrieve and put away her clothing, that is, setting-up the clothing for her use. The description refers to Mrs. Y as "independent" (when removing clothes), but she needs set-up assistance, so she is not independent with regard to the entire activity of upper body dressing.	Added for alignment with RAI Manual.
24.	GG-19	**Rationale:** Mr. D needs a helper to provide touching assistance (button or zipper his upper	**Rationale:** Mr. D needs a helper to provide touching assistance (button or zipper his upper	Adding new coding tip to rationale to re-iterate how

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		body clothing) to complete the activity.	body clothing) to complete the activity. When coding upper body dressing and lower body dressing, helper assistance with buttons and/or fasteners is considered touching assistance.	to code when helper is assisting patient with buttons/zippers.
25.	GG-19	Putting on and taking off socks and shoes is not considered when coding lower body dressing nor is putting on and taking off adaptive equipment associated with the foot, for example Ankle Foot Orthosis these are considered when coding putting on and taking off shoes and socks.	Putting on and taking off socks and shoes is not considered when coding lower body dressing nor is putting on and taking off adaptive equipment associated with the foot, for example Ankle Foot Orthosis. These are considered when coding putting on and taking off shoes and socks.	Grammar correction
26.	GG-20	N/A	**3. Lower body dressing:** Mrs. R has peripheral neuropathy in her upper and lower extremities. Each morning, Mrs. R needs assistance from a helper to place her lower limb into, or to take it out of (don/doff), her lower limb prosthesis. She needs no assistance to put on and remove her underwear or slacks. **Coding:** GG0130G would be coded 03, Partial/moderate assistance. **Rationale:** A helper performs less than half the effort of lower body dressing (with a prosthesis considered a piece of clothing). The helper lifts, holds, or supports Mrs. R's trunk or limbs, but provides less than half the effort for the task of lower body dressing.	Added example to be consistent with RAI Manual.
27.	GG-20	**Coding:** GG0130H would be coded 03, Partial/moderate assistance.	**Coding:** GG0130H would be coded 02, Substantial/maximal assistance.	Correction.
28.	GG-21	If this nurse did not ask probing questions, he/she may not have received enough information to make an accurate assessment of the assistance Mr. S received.	If this nurse had not asked probing questions, he/she may not have received enough information to make an accurate assessment of the assistance Mr. S received.	Added for alignment with RAI Manual.
29.	GG-22	Licensed clinicians can establish a patient's discharge goal(s) at the time of admission based	Licensed qualified clinicians can establish a patient's discharge goal(s) at the time of	Added for alignment with RAI Manual.

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		on the patient's prior medical condition, admission assessment self-care and mobility status, discussions with the patient and family, professional judgment, the professional's standard of practice, expected treatments, the patient's motivation to improve, anticipated length of stay, and the patient's discharge plan.	admission based on the patient's prior medical condition, admission assessment self-care and mobility status, discussions with the patient and family, professional judgment, the professional's standard of practice, expected treatments, the patient's motivation to improve, anticipated length of stay, and the patient's discharge plan.	
30.	GG-26	Assess the patient's mobility performance based on direct observation as well as the patient's self-report, and the reports of clinicians, direct care staff, or family) during the 3-day assessment period. CMS anticipates that a multi-disciplinary team of clinicians is involved in assessing the patient during the 3-day assessment period.	Assess the patient's mobility performance based on direct observation incorporating the patient's self-report, and reports from clinicians, direct care staff, or family) documented in the patient's medical record during the 3-day assessment period. CMS anticipates that a multi-disciplinary team of clinicians is involved in assessing the patient during the 3-day assessment period.	Added for alignment with RAI Manual.
31.	GG-27	N/A	For additional information on coding the patient's performance on the assessment instrument, refer to the Decision Tree on page GG-9.	Added reference to decision tree.
32.	GG-29	**Rationale:** The nurse provides more than half of the effort needed for the patient to complete the activity of rolling left and right.	**Rationale:** The nurse provides more than half of the effort needed for the patient to complete the activity of rolling left and right. This is because the nurse provides physical assistance to move Mrs. R's body weight to turn onto her right side. The nurse provides the same assistance when Mrs. R turns to her left side and when she returns to her back. Mrs. R is able to return to lying on her back from her right side by herself.	Added to align with RAI Manual.
33.	GG-33	**Sit to Stand**: Ms. Z has amyotrophic lateral sclerosis with moderate weakness in her lower and upper extremities. Ms. Z has prominent foot-drop in her left foot requiring the use of an ankle foot orthosis (AFO) for standing and walking. The certified nursing assistant dons Ms. Z's AFO and	**Sit to Stand:** Ms. Z has amyotrophic lateral sclerosis with moderate weakness in her lower and upper extremities. Ms. Z has prominent foot-drop in her left foot requiring the use of an ankle foot orthosis (AFO) for standing and walking. The certified nursing assistant dons Ms. Z's AFO and	Grammar changes and added to align with RAI Manual.

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		places the platform walker in front of Ms. Z, which she uses to steady herself once standing. The certified nursing assistant provides lifting assistance to get Ms. Z to a standing position and must also provide assistance to steady Ms. Z's balance to complete the activity.	places the platform walker in front of her; Ms. Z uses the walker to steady herself once standing. The certified nursing assistant provides lifting assistance to get Ms. Z to a standing position and must also provide assistance to steady Ms. Z's balance to complete the activity.	
34.	GG-34	If a patient performs a stand pivot transfer due to inability to fully stand upon rising and instead rises to a squat, then pivots, turns and sits, this style of chair/bed-to-chair transfer is acceptable and should be coded based upon the amount of assistance required to perform this style of transfer.	If a patient performs a squat pivot transfer due to inability to fully stand upon rising and instead rises to a squat, then pivots, turns and sits, this style of chair/bed-to-chair transfer is acceptable and should be coded based upon the amount of assistance required to perform this style of transfer.	Changed stand to squat based on definition of each type of pivot transfer.
35.	GG-384	**Coding:** GG0170E would be coded 05, Setup or clean-up Assistance	**Coding:** GG0170E would be coded 05, Setup or clean-up assistance	Changed for alignment/consistency within manual.
36.	GG-35	**Toilet transfer:** The certified nursing assistant moves the wheelchair foot rests up so that Ms. T can transfer onto the toilet by herself safely. The certified nursing assistant is not present during the transfer, because supervision is not required. Once Mrs. T completes the transfer, she flips the foot rests back down herself.	**Toilet transfer:** The certified nursing assistant moves the wheelchair foot rests up so that Ms. T can transfer from the wheelchair onto the toilet by herself safely. The certified nursing assistant is not present during the transfer, because supervision is not required. Once Mrs. T completes the transfer from the toilet back to the wheelchair, she flips the foot rests back down herself.	Changed to align with RAI manual.
37.	GG-37	The turns included in the items GG0170J (walking 50 feet with two turns) are 90 degree turns. The turns may be in the same direction (two 90 degree turns to the right or two 90 degree turns to the left) or may be in different directions (one 90 degree turn to the left and one 90 degree turn to the right). The turn should occur at the person's ability level and can include use of an assistive device (for example, cane, wheelchair).	The turns included in the items GG0170J (Walk 50 feet with two turns) are 90 degree turns. The turns may be in the same direction (two 90-degree turns to the right or two 90 degree turns to the left) or may be in different directions (one 90 degree turn to the left and one 90 degree turn to the right). The 90-degree turn should occur at the person's ability level and can include use of an assistive device (for example, cane).	Corrected item name, added 90-degree for clarity, and removed wheelchair since it is a coding tip for a walking item.

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38.	GG-38	**Walk 10 feet:** Mr. O has bilateral upper extremity tremors, lower extremity weakness, and Parkinson's disease. The therapy assistant guides and steadies the shaking, rolling walker forward while cueing Mr. O to take larger steps. Mr. O requires steadying at the beginning of the walk and progressively requires some of his weight to be supported for the last 2 steps of the 10-foot walk. Overall, the assistant provides less than half of the effort.	**Walk 10 feet:** Mr. O has bilateral upper extremity tremors, lower extremity weakness, and Parkinson's disease. The physical therapist assistant guides and steadies the shaking, rolling walker forward while cueing Mr. O to take larger steps. Mr. O requires steadying at the beginning of the walk and progressively requires some of his weight to be supported for the last 2 steps of the 10-foot walk. Overall, the assistant provides less than half of the effort.	Added to align with RAI manual; use correct title for clinician
39.	GG-39	**Walk 50 feet with two turns:** Mr. T walks 50 feet with one helper providing trunk support and a second helper providing supervision. Mr. T walks the 50 feet with two turns when provided with the assistance of two helpers.	**Walk 50 feet with two turns:** Mr. T walks 50 feet with the physical therapist providing trunk support and also requires a second helper, the rehabilitation aide, to follow closely behind with a wheelchair for safety. Mr. T walks the 50 feet with two turns when provided with the assistance of two helpers.	Added for alignment with RAI manual.
40.	GG-40	**Coding:** GG0170K would be coded 88, Activity not attempted due to medical or safety concerns.	**Coding:** GG0170K would be coded 88, Activity not attempted due to medical or safety concerns, and the patient's ability to walk a shorter distance would be coded in item GG0170I. The patient did not complete the activity, and a helper cannot complete the activity for the patient.	Added based on frequently asked help desk questions.
41.	GG-42	The intent of the wheelchair mobility items is to assess the ability of patients who are learning how to self- mobilize using a wheelchair, or those who used a wheelchair prior to admission. Use clinical judgment to determine whether a patient's use of a wheelchair is for self-mobilization as a result of the patient's medical condition or safety, or used for convenience.	The intent of the wheelchair mobility items is to assess the ability of patients who are learning how to self- mobilize using a wheelchair, or those who used a wheelchair prior to admission. Use clinical judgment to determine whether a patient's use of a wheelchair is for self-mobilization as a result of the patient's medical condition or a safety concern.	Added to align with RAI manual.
42.	GG-42	If the patient walks and is not learning how to mobilize in a wheelchair, and only uses a	If the patient walks and is not learning how to mobilize in a wheelchair, and only uses a	Added to align with RAI manual.

	Section & Page	IRF-PAI v2.0 Manual – April 2018	IRF-PAI v3.0 Manual – April 2019	Rationale for Change
		wheelchair for transport between locations within the facility code the wheelchair gateway items at admission and/or discharge—GG0170Q1 and/or GG0170Q3, Does the patient use a wheelchair/scooter?—as 0, No, and skip all remaining wheelchair questions.	wheelchair for transport between locations within the facility for staff convenience (e.g. because the patient walks slowly) code the wheelchair gateway items at admission and/or discharge—GG0170Q1 and/or GG0170Q3, Does the patient use a wheelchair/scooter?—as 0, No, and skip all remaining wheelchair questions.	
43.	GG-42	The turns included in the items GG0170R (wheeling 50 feet with 2 turns) are 90 degree turns.	The turns included in the items GG0170R (wheeling 50 feet with 2 turns) are 90-degree turns.	Added hyphen to maintain consistency in manual.
44.	GG-42	**Does the patient use a wheelchair/scooter?** On admission, Mr. T wheels himself using a manual wheelchair, but with difficulty due to his severe osteoarthritis and COPD. Item GG0170Q1, Does the patient use a wheelchair/scooter? will be coded 1, Yes.	**Does the patient use a wheelchair/scooter?** On admission, Mr. T wheels himself using a manual wheelchair, but with difficulty due to his severe osteoarthritis and COPD. ~~Item GG0170Q1, Does the patient use a wheelchair/scooter? will be coded 1, Yes~~	Removed answer from question.
45.	GG-43	**Rationale:** The patient wheels herself more than 50 feet. Assistance provided with the transfer is not considered when scoring wheel 50 feet with two turns. There is a separate item for scoring bed-to-chair transfers.	**Rationale:** The patient wheels herself more than 50 feet. Assistance provided with the transfer is not considered when scoring Wheel 50 feet with two turns. There is a separate item for scoring bed-to-chair transfers.	Corrected capitalization of item.
46.	GG-43	**2. Wheel 50 feet with two turns:** Mr. R is very motivated to use his motorized wheelchair with an adaptive throttle for speed and steering. Mr. R has amyotrophic lateral sclerosis, and moving his upper and lower extremities is very difficult. The therapy assistant is required to walk next to Mr. R. for readjustments of his hand position to better control the steering and speed throttle. Mr. R often drives too close to corners, becoming stuck near doorways upon turning, preventing him from continuing to mobilize/wheel himself. The therapy assistant backs up Mr. M's wheelchair for him so	**2. Wheel 50 feet with two turns:** Mr. R is very motivated to use his motorized wheelchair with an adaptive throttle for speed and steering. Mr. R has amyotrophic lateral sclerosis, and moving his upper and lower extremities is very difficult. The physical therapist assistant is required to walk next to Mr. R. for readjustments of his hand position to better control the steering and speed throttle. Mr. R often drives too close to corners, becoming stuck near doorways upon turning, preventing him from continuing to mobilize/wheel himself. The physical therapist	Added to align with RAI manual.

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		that he may continue mobilizing/wheeling himself. Overall, Mr. R provides more than half of the effort.	assistant backs up Mr. M's wheelchair for him so that he may continue mobilizing/wheeling himself. Overall, Mr. R provides more than half of the effort.	
47.	GG-43	**Rationale:** The helper provides less than half of the effort for the patient to complete the activity, wheel 50 feet with two turns.	**Rationale:** The patient wheels herself more than 50 feet. Assistance provided with the transfer is not considered when scoring Wheel 50 feet with two turns. There is a separate item for scoring bed-to-chair transfers.	Corrected capitalization of item.
48.	GG-43	**3. Wheel 50 feet with two turns:** Mr. V had a spinal tumor resulting in paralysis of his lower extremities. The therapy assistant provides verbal instruction for Mr. V to navigate his manual wheelchair in his room and into the hallway while making two turns.	**3. Wheel 50 feet with two turns:** Mr. V had a spinal tumor resulting in paralysis of his lower extremities. The physical therapist assistant provides verbal instruction for Mr. V to navigate his manual wheelchair in his room and into the hallway while making two turns.	Added to align with RAI manual.
49.	GG-43	**4. Wheel 50 feet with two turns:** Once seated in the manual wheelchair, Ms. R wheels about 10 feet then asks the therapist to push the wheelchair an additional 40 feet into her room and her bathroom.	**4. Wheel 50 feet with two turns:** Once seated in the manual wheelchair, Ms. R wheels about 10 feet then asks the therapist to push the wheelchair an additional 40 feet turning into her room and then turning into her bathroom.	Added to align with RAI manual.
50.	GG-43	**Rationale:** The helper provides more than half the effort to complete the activity.	**Rationale**: The helper provides more than half of the effort to assist the patient to complete the activity.	Added to align with RAI manual.
51.	GG-44	**Indicate the Type of wheelchair or scooter used.** Patients may use a manual wheelchair or motorized wheelchair/scooter to accomplish mobilizing different distances. In this example Mrs. R used a manual wheelchair during the 3-day assessment period.	**Indicate the type of wheelchair or scooter used.** Patients may use a manual wheelchair or motorized wheelchair/scooter to accomplish mobilizing different distances. In this example Mrs. R used a manual wheelchair during the 3-day assessment period.	Corrected capitalization.
52.	GG-44	**Wheel 150 feet**: Mr. G always uses a motorized scooter to mobilize himself down the hallway and the therapist provides cues due to safety issues	**Wheel 150 feet**: Mr. G always uses a motorized scooter to mobilize himself down the hallway more than 150 feet and the therapist provides	Clarifying example.

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		(to avoid running into the walls). The length of the hallway is at least 150 feet.	cues due to safety issues (to avoid running into the walls).	
53.	GG-44	**3. Wheel 150 feet:** Mr. L has multiple sclerosis, resulting in extreme muscle weakness and minimal vision impairment. Mr. L uses a motorized wheelchair with an adaptive joystick to control both the speed and steering of the motorized scooter. He occasionally needs reminders to slow down around the turns and requires assistance from the nurse for backing up the scooter when barriers are present.	**3. Wheel 150 feet:** Mr. L has multiple sclerosis, resulting in extreme muscle weakness and minimal vision impairment. Mr. L uses a motorized wheelchair with an adaptive joystick to control both the speed and steering of the motorized wheelchair. He occasionally needs reminders to slow down around the turns and requires assistance from the nurse for backing up the wheelchair when barriers are present.	Added to align with RAI manual.
54.	GG-45	Example of a Probing Conversation with Staff	Examples of a Probing Conversation with Staff	Corrected grammar
55.	GG-45	**Certified nursing assistant:** "She can lay down with some help."	**Certified nursing assistant:** "She can lie down with some help."	Corrected grammar
56.	GG-49	**Rationale:** The certified nursing assistant provides trunk support as Mrs. D walks 150 feet that is more than half the effort.	**Rationale:** The certified nursing assistant provides trunk support that is more than half the effort as Mrs. D walks 150 feet.	Re-worded to clarify rationale.
57.	GG-50	Licensed clinicians can establish a patient's discharge goal(s) at the time of admission based on the patient's prior medical condition, Admission assessment self-care and mobility status, discussions with the patient and family, professional judgment, the professions practice standards, expected treatments, patient motivation to improve, anticipated length of stay, and the patient's discharge plan. Goals should be established as part of the patient's care plan.	Licensed qualified clinicians can establish a patient's discharge goal(s) at the time of admission based on the patient's prior medical condition, Admission assessment of self-care and mobility status, discussions with the patient and family, professional judgment, the professions practice standards, expected treatments, patient motivation to improve, anticipated length of stay, and the patient's discharge plan. Goals should be established as part of the patient's care plan.	Added "qualified" to align with RAI manual; added "of" as a grammar correction.
58.	GG-50	Goals may be determined by the clinician based on the patient's medical condition(s), prior and admission self-care and mobility status, discussions with patient and family concerning discharge goals, expected treatments, patient	~~Goals may be determined by the clinician based on the patient's medical condition(s), prior and admission self-care and mobility status, discussions with patient and family concerning discharge goals, expected treatments, patient~~	Removed this coding tip since it is a repetitive bullet point; this is also not a coding tip listed under self-care.

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		motivation to improve, anticipated length of stay and the discharge plan.	~~motivation to improve, anticipated length of stay and the discharge plan.~~	
59.	GG-50	If the patient has an incomplete stay of less than 3-days, then for Self-Care and Mobility Discharge Goals code a minimum of one self-care or mobility goal must be coded per patient stay on the IRF-PAI. Code at least one goal to the best of your ability based on the predicted plan of care for the patient.	If the patient has an incomplete stay of less than 3-days, then for Self-Care and Mobility Discharge Goals ~~code~~ a minimum of one self-care or mobility goal must be coded per patient stay on the IRF-PAI. Code at least one goal to the best of your ability based on the predicted plan of care for the patient.	Removed the word code from coding tip.
Section J				
1.	J-5	• The intent of this item is to identify whether the patient had major surgery during the 100 days prior IRF admission. A recent history of major surgery can affect a patient's recovery.	• The intent of this item is to identify whether the patient had major surgery during the 100 days prior to the IRF admission. A recent history of major surgery can affect a patient's recovery.	Edited for clarity.
2.	J-5	1. Review the patient's medical record to determine whether the patient had major surgery during the 100 days prior to admission.	1. Review the patient's medical record to determine whether the patient had major surgery during the 100 days prior to admission to the IRF.	Edited for clarity.
3.	J-6	• Code 0, No, if the patient did not have major surgery during the 100 days prior to admission. • Code 1, Yes, if the patient did have major surgery during the 100 days prior to admission.	• Code 0, No, if the patient did not have major surgery during the 100 days prior to admission to the IRF. • Code 1, Yes, if the patient did have major surgery during the 100 days prior to admission to the IRF.	Edited for clarity.
4.	J-6	• Generally, major surgery for item J2000 refers to a procedure that meets all the following criteria: 1. the patient was an inpatient in an acute care hospital for at least one day in the 100 days prior to admission to the inpatient rehabilitation facility (IRF), 2. the patient had general anesthesia during the procedure, and	• Generally, major surgery for item J2000 refers to a procedure that meets ~~all~~ the following criteria: 1. the patient was an inpatient in an acute care hospital for at least one day in the 100 days prior to admission to the inpatient rehabilitation facility (IRF), ~~2. the patient had general anesthesia during the procedure, and~~	Removed general anesthesia from major surgery criteria.

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		3. the surgery carried some degree of risk to the patient's life or the potential for severe disability	~~3.~~ 2. the surgery carried some degree of risk to the patient's life or the potential for severe disability	
5.	J-6	Rationale: Mrs. T's skin tag removal surgery did not require an acute care inpatient stay, and general anesthesia was not administered; therefore, the skin tag removal does not meet all three required criteria to be coded as major surgery and the patient did not have any other surgeries in the last 100 days.	Rationale: Mrs. T's skin tag removal surgery did not require an acute care inpatient stay~~, and general anesthesia was not administered~~; therefore, the skin tag removal does not meet ~~all three~~ the required criteria to be coded as major surgery and the patient did not have any other surgeries in the last 100 days.	Edited due to removal of general anesthesia as a criterium for major surgery.
6.	J-6	Rationale: Bowel resection is a major surgery requiring general anesthesia and has some degree of risk for death or severe disability. Mr. A required a 5 day hospitalization. However, the bowel resection did not occur in the last 100 days, it happened 6 months ago and the patient has not undergone any surgery since that time.	Rationale: Bowel resection is a major surgery ~~requiring general anesthesia and~~ that has some degree of risk for death or severe disability~~,~~ and Mr. A required a 5 day hospitalization. However, the bowel resection did not occur in the last 100 days, it happened 6 months ago and the patient has not undergone any surgery since that time.	Edited due to removal of general anesthesia as a criterium for major surgery.
Section M				
1.	M-3	If a pressure ulcer/injury developed within the IRF (i.e., was not resent on admission), but is noted as having healed at Discharge, code 0 at the appropriate stage in M0300 on the Discharge assessment.	If a pressure ulcer/injury developed within the IRF (i.e., was not present on admission), but is noted as having healed at Discharge, code 0 at the appropriate stage in M0300 on the Discharge assessment.	Typo Correction
2.	M-5	1. Pressure ulcers/injuries that have eschar (tan, black, or brown) or slough (yellow, tan, gray, green, or brown) tissue present such that the anatomic depth of soft tissue damage cannot be visualized or palpated in the wound bed and should be classified as unstageable, as illustrated at http://www.npuap.org/wp-content/uploads/2012/03/NPUAP-Unstage2.jpg .	1. Pressure ulcers/injuries that have eschar (tan, black, or brown) or slough (yellow, tan, gray, green, or brown) tissue present such that the anatomic depth of soft tissue damage cannot be visualized or palpated in the wound bed ~~and~~ should be classified as unstageable, as illustrated at http://www.npuap.org/wp-content/uploads/2012/03/NPUAP-Unstage2.jpg .	Grammar Correction

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3.	M-7	Search for other areas of skin that differ from surrounding tissue that may be painful, firm, soft, warmer, or cooler compared with adjacent tissue. Stage 1 pressure injuries may be difficult to detect in individuals with dark skin tones. Look for temperature or color changes.	Search for other areas of skin that differ from surrounding tissue that may be painful, firm, soft, warmer, or cooler compared with adjacent tissue. Stage 1 pressure injuries may be difficult to detect in individuals with dark skin tones. Visible blanching may not be readily apparent in darker skin tones. Look for temperature or color changes as well as surrounding tissue that may be painful, firm, or soft.	Added text appears in the MDS manual
4.	M-22	**ESCHAR TISSUE** Dead or devitalized tissue that is hard or soft in texture; usually black, brown, or tan in color, and may appear scab-like. Eschar tissue is usually firmly adherent to the base of the wound and often the sides/edges of the wound.	**ESCHAR TISSUE** Dead or devitalized tissue that is hard or soft in texture; usually black, brown, or tan in color, and may appear scab-like. Necrotic tissue and eschar tissue ~~is~~ are usually firmly adherent to the base of the wound and often the sides/edges of the wound.	Updated eschar tissue definition
5.	M-22	1. Determine the number of pressure ulcers/injuries that are unstageable because of slough and/or eschar.	1. Determine the number of pressure ulcers~~/injuries~~ that are unstageable because of slough and/or eschar.	Wounds that are unstageable due to slough and/or eschar are characterized as ulcers, not injuries.
6.	M-23	Once the pressure ulcer/injury is debrided of enough slough and/or eschar such that the anatomic depth of soft tissue damage within the wound bed can be identified, the ulcer can then be numerically staged. The pressure ulcer/injury does not have to be completely debrided or free of all slough and/or eschar tissue for reclassification of the ulcer/injury to occur.	Once the pressure ulcer~~/injury~~ is debrided of enough slough and/or eschar such that the anatomic depth of soft tissue damage within the wound bed can be identified, the ulcer can then be numerically staged. The pressure ulcer~~/injury~~ does not have to be completely debrided or free of all slough and/or eschar tissue for reclassification of the ulcer~~/injury~~ to occur.	Wounds that are unstageable due to slough and/or eschar are characterized as ulcers, not injuries.

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Section O				
1.	Section O	O0250: Influenza Vaccine	Deleted O0250: Influenza Vaccine and related guidance.	Deleted guidance for item O0250, which has been removed from the IRF-PAI Version 3.0.
Section Z				
1.	Section Z	N/A	Added Section Z: Administrative Information	Added Section Z for consistency with other post-acute care setting manuals and to assist providers in completing item Z0400.

*FIM™ and associated Function Modifiers guidance has been removed throughout the manual