

INSTRUCTIONS FOR COMPLETION OF THE 2021 INPATIENT REHABILITATION PATIENT ORIGIN SURVEY DATA SUPPLEMENT *Form IRFDD1Retro*

These instructions for the 2021 Inpatient Rehabilitation Patient Origin Survey Data Supplement are intended to assist in the completion and submission of accurate data. To ensure data integrity, and determine utilization rates of services provided by skilled nursing facilities, information reported must be consistent from all facilities throughout the state. These instructions are intended to assist in the collection of data and to minimize the number of errors. Should these instructions not address a particular concern, please request additional assistance by contacting the State Health Planning and Development Agency (SHPDA), Bradford L. Williams, Health Planning Administrator, at (334) 242-4103, or bradford.williams@shpda.alabama.gov.

The records to be submitted for this report should be for only those patients who have completed their course of therapy and have been discharged from care during the time period 10/1/2020 – 9/30/2021. There should be only one record per patient discharged, and the data reported should reflect totals for the duration of the patient's stay, including total length of stay from admission to discharge, total therapy minutes, etc. **Only those patients admitted for inpatient rehabilitation services should be reported in this survey.**

Hospital ID #: The agency identification number is assigned by SHPDA. This number may be referenced at [www.shpda.alabama.gov /Health Care Data /ID Codes](http://www.shpda.alabama.gov/Health%20Care%20Data/ID%20Codes).

Patient Number: Provide a *unique* identification number for each patient. This number may be a blind number assigned in sequential order but cannot be duplicated.

Age: Provide the age in years of the patient.

Sex: Provide the sex of the patient using the following values: Male = 1, Female = 2, Other/Unknown = 9.

Race or National Origin: Provide the racial demographic of the patient using the code defined in the data dictionary.

ZipCode: Provide the patient's residential zip code, using only the 5-digit zip code where possible.

LengthOfStay: Provide the patient's length of stay in days, calculated from the date of admission through the date of *final* discharge from care.

DateOfDischarge: Provide the date of discharge of the patient in MM/DD/YYYY format.

Service Code: All service codes for patients receiving inpatient rehabilitation services should be assigned a service code of '8'.

DRG: Provide the primary DRG code for the patient at admission, as reported on the UB-04 form, line 71.

Payor: Provide the primary payor source for the patient using the code defined in the data dictionary, as reported on the IRF-PAI form, line 20.

ICD-10Primary – ICD-10Primary3: Provide the patient's etiologic ICD-10 Diagnosis Code(s) on admission as reported on the

IRF-PAI, line(s) 22A-22C. For any field where there is no value, leave that field blank.

ICD-10Secondary – ICD10Secondary25: Provide all comorbid ICD-10 Diagnosis Codes reported on the IRF-PAI, lines 24A-24Y at time of admission. For any field where there is no value, leave that field blank.

Admit: Provide the 2-digit code for the facility type from which the patient was admitted as reported on the IRF-PAI, line 15A.

Discharge: Provide the 2-digit code for the facility type to which the patient was discharged as reported on the IRF-PAI, line 44D.

Wk1PIThery: The total number of physical therapy individual therapy minutes provided in week 1, as reported on the IRF-PAI, line O0401A a.

Wk1PCThery: The total number of physical therapy concurrent therapy minutes provided in week 1, as reported on the IRF-PAI, line O0401A b.

Wk1PGThery: The total number of physical therapy group therapy minutes provided in week 1, as reported on the IRF-PAI, line O0401A c.

Wk1PTThery: The total number of physical therapy co-treatment therapy minutes provided in week 1, as reported on the IRF-PAI, line O0401A d.

Wk1OIThery: The total number of occupational therapy individual therapy minutes provided in week 1, as reported on the IRF-PAI, line O0401B a.

Wk1OCThery: The total number of occupational therapy concurrent therapy minutes provided in week 1, as reported on the IRF-PAI, line O0401B b.

Wk1OGThery: The total number of occupational therapy group therapy minutes provided in week 1, as reported on the IRF-PAI, line O0401B c.

Wk1OTThery: The total number of occupational therapy co-treatment therapy minutes provided in week 1, as reported on the IRF-PAI, line O0401B d.

Wk1SIThery: The total number of speech-language pathology and audiology services individual therapy minutes provided in week 1, as reported on the IRF-PAI, line O0401C a.

Wk1SCThery: The total number of speech-language pathology and audiology services concurrent therapy minutes provided in week 1, as reported on the IRF-PAI, line O0401C b.

Wk1SGThery: The total number of speech-language pathology and audiology services group therapy minutes provided in week 1, as reported on the IRF-PAI, line O0401C c.

Wk1STThery: The total number of speech-language pathology and audiology services co-treatment therapy minutes provided in week 1, as reported on the IRF-PAI, line O0401C d.

Wk2PIThery: The total number of physical therapy individual therapy minutes provided in week 1, as reported on the IRF-PAI, line O0402A a.

Wk2PCThery: The total number of physical therapy concurrent therapy minutes provided in week 1, as reported on the IRF-PAI, line O0402A b.

Wk2PGThery: The total number of physical therapy group therapy minutes provided in week 1, as reported on the IRF-PAI, line O0402A c.

Wk2PTThery: The total number of physical therapy co-treatment therapy

minutes provided in week 1, as reported on the IRF-PAI, line O0402A d.

Wk2OITherapy: The total number of occupational therapy individual therapy minutes provided in week 1, as reported on the IRF-PAI, line O0402B a.

Wk2OCTherapy: The total number of occupational therapy concurrent therapy minutes provided in week 1, as reported on the IRF-PAI, line O0402B b.

Wk2OGTherapy: The total number of occupational therapy group therapy minutes provided in week 1, as reported on the IRF-PAI, line O0402B c.

Wk2OTTherapy: The total number of occupational therapy co-treatment therapy minutes provided in week 1, as reported on the IRF-PAI, line O0402B d.

Wk2SITherapy: The total number of speech-language pathology and audiology services individual therapy minutes provided in week 1, as reported on the IRF-PAI, line O0402C a.

Wk2SCTherapy: The total number of speech-language pathology and audiology services concurrent therapy minutes provided in week 1, as reported on the IRF-PAI, line O0402C b.

Wk2SGTherapy: The total number of speech-language pathology and audiology services group therapy minutes provided in week 1, as reported on the IRF-PAI, line O0402C c.

Wk2STTherapy: The total number of speech-language pathology and audiology services co-treatment therapy minutes provided in week 1, as reported on the IRF-PAI, line O0402C d.

*****REMINDERS*****

- All requests for therapy minutes should be for the total number administered from the date of admission through the date of final discharge. If the patient had a length of stay long enough to require multiple IRF-PAI forms, the values reported should be the totals for that variable across all forms.
- Keep a copy of the completed report for the facility's records before submitting to SHPDA.
- This report **MUST** be submitted electronically to:
data.submit@shpda.alabama.gov
Faxed and mailed copies of the report **CANNOT** be accepted.