

**PROCESSING NOTES & LEGEND FOR SUBMISSIONS OF THE
FY 2026 INPATIENT REHABILITATION PATIENT ORIGIN SURVEY DATA SUPPLEMENT
MUST INCLUDE DISCHARGE DATA FOR OCTOBER 1, 2025 - SEPTEMBER 30, 2026**

The data in this section should only be reported by CON authorized Inpatient Rehabilitation Facilities or those hospitals with CON authorized inpatient rehabilitation beds. This information should be provided as a separate Microsoft Excel or CSV file and should be provided **IN ADDITION TO** the data required on pages 14-17 of this survey. All submissions must comply with the filing requirements set forth in Ala. Admin. Code 410-1-3-.09. The Annual Report (Form BHD 134A) AND both Patient Origin data electronic files must be submitted for the annual report to be deemed materially complete by the Agency. A provider whose report is deemed materially incomplete by the Agency is subject to penalties as defined in Ala. Admin. Code 410-1-3-.11.

FIELD NAME	INSTRUCTIONS	FIELD LOCATION
Hospital ID #	SHPDA Hospital ID number	SHPDA Assigned
Patient Number	Patient identification number. <i>This number may be a blind number assigned in sequential order.</i> Patient ID numbers cannot be duplicated.	IRF-PAI P1 5b
Age	The numeric value of the patient's age.	IRF-PAI P1 6
Sex	Use the following values: MALE: 1 FEMALE: 2 OTHER/UNKNOWN: 9	IRF-PAI P1 8
Race or National Origin	Use the following values: WHITE/CAUCASIAN----- 1 BLACK/AFRICAN AMERICAN----- 2 HISPANIC/SPANISH/LATINO----- 3 ASIAN----- 4 AMERICAN INDIAN/ALASKAN NATIVE----- 5 PACIFIC ISLANDER----- 6 INDIA----- 7 MIDDLE EASTERN----- 8 OTHER----- 9	IRF-PAI P3 A1010
ZipCode	Patient's residence zip code. Report only the 5 digit zip code where possible. Report unknown zip codes as "99999".	IRF-PAI P1 11

FIELD NAME	INSTRUCTIONS	FIELD LOCATION
LengthOfStay	The number of days calculated from the date of admission until the date of discharge. Discharges for this year include any patients admitted in previous years and discharged during the current reporting period.	IRF-PAI P2 40 (Calculated Field)
DateOfDischarge	Date the patient was discharged from care. Submit in MM/DD/YYYY format.	IRF-PAI P2 40
Service Code	All Service Codes for patients discharged from an Inpatient Rehabilitation Facility should be assigned a service code of '8'.	N/A (Assign all patients a code of '8')
DRG	Primary DRG code for patient	UB-04 71
Payor	Use the following values: SELF PAY/PRIVATE PAY ----- 1 WORKMAN'S COMPENSATION ----- 2 MEDICARE ----- 3 MEDICAID ----- 4 TRI-CARE ----- 5 BLUE CROSS/BLUE SHIELD ----- 6 NO CHARGE/CHARITY ----- 7 HMO ----- 8 ALL KIDS ----- 9 OTHER INSURANCE ----- 10 HOSPICE ----- 11 MEDICARE ADVANTAGE ----- 12 OTHER ----- 13	IRF-PAI P1 20
ICD-10Primary	Etiologic Diagnosis ICD-10 Code #1	IRF-PAI P1 22A
ICD-10Primary2	Etiologic Diagnosis ICD-10 Code #2	IRF-PAI P1 22B
ICD-10Primary3	Etiologic Diagnosis ICD-10 Code #3	IRF-PAI P1 22C
ICD-10Secondary	Comorbid Condition ICD-10 Code #1	IRF-PAI P1 24A
ICD-10Secondary2	Comorbid Condition ICD-10 Code #2	IRF-PAI P1 24B
ICD-10Secondary3	Comorbid Condition ICD-10 Code #3	IRF-PAI P1 24C
ICD-10Secondary4	Comorbid Condition ICD-10 Code #4	IRF-PAI P1 24D

FIELD NAME	INSTRUCTIONS	FIELD LOCATION
ICD-10Secondary5	Comorbid Condition ICD-10 Code #5	IRF-PAI P1 24E
ICD-10Secondary6	Comorbid Condition ICD-10 Code #6	IRF-PAI P1 24F
ICD-10Secondary7	Comorbid Condition ICD-10 Code #7	IRF-PAI P1 24G
ICD-10Secondary8	Comorbid Condition ICD-10 Code #8	IRF-PAI P1 24H
ICD-10Secondary9	Comorbid Condition ICD-10 Code #9	IRF-PAI P1 24I
ICD-10Secondary10	Comorbid Condition ICD-10 Code #10	IRF-PAI P1 24J
ICD-10Secondary11	Comorbid Condition ICD-10 Code #11	IRF-PAI P1 24K
ICD-10Secondary12	Comorbid Condition ICD-10 Code #12	IRF-PAI P1 24L
ICD-10Secondary13	Comorbid Condition ICD-10 Code #13	IRF-PAI P1 24M
ICD-10Secondary14	Comorbid Condition ICD-10 Code #14	IRF-PAI P1 24N
ICD-10Secondary15	Comorbid Condition ICD-10 Code #15	IRF-PAI P1 24O
ICD-10Secondary16	Comorbid Condition ICD-10 Code #16	IRF-PAI P1 24P
ICD-10Secondary17	Comorbid Condition ICD-10 Code #17	IRF-PAI P1 24Q
ICD-10Secondary18	Comorbid Condition ICD-10 Code #18	IRF-PAI P1 24R
ICD-10Secondary19	Comorbid Condition ICD-10 Code #19	IRF-PAI P1 24S
ICD-10Secondary20	Comorbid Condition ICD-10 Code #20	IRF-PAI P1 24T
ICD-10Secondary21	Comorbid Condition ICD-10 Code #21	IRF-PAI P1 24U
ICD-10Secondary22	Comorbid Condition ICD-10 Code #22	IRF-PAI P1 24V
ICD-10Secondary23	Comorbid Condition ICD-10 Code #23	IRF-PAI P1 24W
ICD-10Secondary24	Comorbid Condition ICD-10 Code #24	IRF-PAI P1 24X
ICD-10Secondary25	Comorbid Condition ICD-10 Code #25	IRF-PAI P1 24Y
Admit	Facility Type from which patient was admitted	IRF-PAI P1 15A
Discharge	Facility type/location to which patient was discharged	IRF-PAI P2 44D
Wk1PIThery	Week 1 Physical Therapy Individual Therapy	IRF-PAI P2 00401A a
Wk1PCThery	Week 1 Physical Therapy Concurrent Therapy	IRF-PAI P2 00401A b
Wk1PGThery	Week 1 Physical Therapy Group Therapy	IRF-PAI P2 00401A c
Wk1PTThery	Week 1 Physical Therapy Co-Treatment Therapy	IRF-PAI P2 00401A d

FIELD NAME	INSTRUCTIONS	FIELD LOCATION
Wk1OITherapy	Week 1 Occupational Therapy Individual Therapy	IRF-PAI P2 00401B a
Wk1OCTherapy	Week 1 Occupational Therapy Concurrent Therapy	IRF-PAI P2 00401B b
Wk1OGTherapy	Week 1 Occupational Therapy Group Therapy	IRF-PAI P2 00401B c
Wk1OTTherapy	Week 1 Occupational Therapy Co-Treatment Therapy	IRF-PAI P2 00401B d
Wk1SITherapy	Week 1 Speech-Language Therapy Individual Therapy	IRF-PAI P2 00401C a
Wk1SCTherapy	Week 1 Speech-Language Therapy Concurrent Therapy	IRF-PAI P2 00401C b
Wk1SGTherapy	Week 1 Speech-Language Therapy Group Therapy	IRF-PAI P2 00401C c
Wk1STTherapy	Week 1 Speech-Language Therapy Co-Treatment Therapy	IRF-PAI P2 00401C d
Wk2PITherapy	Week 2 Physical Therapy Individual Therapy	IRF-PAI P2 00402A a
Wk2PCTherapy	Week 2 Physical Therapy Concurrent Therapy	IRF-PAI P2 00402A b
Wk2PGTherapy	Week 2 Physical Therapy Group Therapy	IRF-PAI P2 00402A c
Wk2PTTherapy	Week 2 Physical Therapy Co-Treatment Therapy	IRF-PAI P2 00402A d
Wk2OITherapy	Week 2 Occupational Therapy Individual Therapy	IRF-PAI P2 00402B a
Wk2OCTherapy	Week 2 Occupational Therapy Concurrent Therapy	IRF-PAI P2 00402B b
Wk2OGTherapy	Week 2 Occupational Therapy Group Therapy	IRF-PAI P2 00402B c
Wk2OTTherapy	Week 2 Occupational Therapy Co-Treatment Therapy	IRF-PAI P2 00402B d
Wk2SITherapy	Week 2 Speech-Language Therapy Individual Therapy	IRF-PAI P2 00402C a
Wk2SCTherapy	Week 2 Speech-Language Therapy Concurrent Therapy	IRF-PAI P2 00402C b
Wk2SGTherapy	Week 2 Speech-Language Therapy Group Therapy	IRF-PAI P2 00402C c
Wk2STTherapy	Week 2 Speech-Language Therapy Co-Treatment Therapy	IRF-PAI P2 00402C d