

THIS REPORT IS DUE ON OR BEFORE JULY 01, 2022

**PROCESSING NOTES & LEGEND FOR SUBMISSIONS OF THE  
FY 2021 INPATIENT REHABILITATION PATIENT ORIGIN SURVEY DATA SUPPLEMENT  
MUST INCLUDE DISCHARGE DATA FOR OCTOBER 1, 2020 - SEPTEMBER 30, 2021**

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. All submissions must comply with the filing requirements set forth in Ala. Admin. Code 410-1-3-.09. 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
<b>Hospital ID #</b>	SHPDA Hospital ID number	<b>SHPDA Assigned</b>
<b>Patient Number</b>	Patient identification number. <i>This number may be a blind number assigned in sequential order.</i> Patient ID numbers <b>cannot</b> be duplicated.	<b>IRF-PAI P1 5b</b>
<b>Age</b>	The numeric value of the patient's age.	<b>IRF-PAI P1 6</b>
<b>Sex</b>	Use the following values:  <b>MALE: 1 FEMALE: 2 OTHER/UNKNOWN: 9</b>	<b>IRF-PAI P1 8</b>
<b>Race or National Origin</b>	Use the following values:  <b>WHITE/CAUCASIAN----- 1</b> <b>BLACK/AFRICAN AMERICAN----- 2</b> <b>HISPANIC/SPANISH/LATINO----- 3</b> <b>ASIAN----- 4</b> <b>AMERICAN INDIAN/ALASKAN NATIVE----- 5</b> <b>PACIFIC ISLANDER----- 6</b> <b>INDIA----- 7</b> <b>MIDDLE EASTERN----- 8</b> <b>OTHER----- 9</b>	<b>IRF-PAI P3 A1010</b>
<b>ZipCode</b>	Patient's residence zip code. <b>Report only the 5 digit zip code where possible. Report unknown zip codes as "99999".</b>	<b>IRF-PAI P1 11</b>
<b>LengthOfStay</b>	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.	<b>IRF-PAI P2 40 (Calculated Field)</b>

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FIELD NAME	INSTRUCTIONS	FIELD LOCATION
<b>DateOfDischarge</b>	Date the patient was discharged from care. Submit in MM/DD/YYYY format.	<b>IRF-PAI P2 40</b>
<b>Service Code</b>	All Service Codes for patients discharged from an Inpatient Rehabilitation Facility should be assigned a service code of '8'.	<b>N/A</b> (Assign all patients a code of '8')
<b>DRG</b>	Primary DRG code for patient	<b>UB-04 71</b>
<b>Payor</b>	Use the following values: <b>SELF PAY/PRIVATE PAY</b> ----- 1 <b>WORKMAN'S COMPENSATION</b> ----- 2 <b>MEDICARE</b> ----- 3 <b>MEDICAID</b> ----- 4 <b>TRI-CARE</b> ----- 5 <b>BLUE CROSS/BLUE SHIELD</b> ----- 6 <b>NO CHARGE/CHARITY</b> ----- 7 <b>HMO</b> ----- 8 <b>ALL KIDS</b> ----- 9 <b>OTHER INSURANCE</b> ----- 10 <b>HOSPICE</b> ----- 11 <b>MEDICARE ADVANTAGE</b> ----- 12 <b>OTHER</b> ----- 13	<b>IRF-PAI P1 20</b>
<b>ICD-10Primary</b>	Etiologic Diagnosis ICD-10 Code #1	<b>IRF-PAI P1 22A</b>
<b>ICD-10Primary2</b>	Etiologic Diagnosis ICD-10 Code #2	<b>IRF-PAI P1 22B</b>
<b>ICD-10Primary3</b>	Etiologic Diagnosis ICD-10 Code #3	<b>IRF-PAI P1 22C</b>
<b>ICD-10Secondary</b>	Comorbid Condition ICD-10 Code #1	<b>IRF-PAI P1 24A</b>
<b>ICD-10Secondary2</b>	Comorbid Condition ICD-10 Code #2	<b>IRF-PAI P1 24B</b>
<b>ICD-10Secondary3</b>	Comorbid Condition ICD-10 Code #3	<b>IRF-PAI P1 24C</b>
<b>ICD-10Secondary4</b>	Comorbid Condition ICD-10 Code #4	<b>IRF-PAI P1 24D</b>
<b>ICD-10Secondary5</b>	Comorbid Condition ICD-10 Code #5	<b>IRF-PAI P1 24E</b>
<b>ICD-10Secondary6</b>	Comorbid Condition ICD-10 Code #6	<b>IRF-PAI P1 24F</b>
<b>ICD-10Secondary7</b>	Comorbid Condition ICD-10 Code #7	<b>IRF-PAI P1 24G</b>
<b>ICD-10Secondary8</b>	Comorbid Condition ICD-10 Code #8	<b>IRF-PAI P1 24H</b>

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FIELD NAME	INSTRUCTIONS	FIELD LOCATION
<b>ICD-10Secondary9</b>	Comorbid Condition ICD-10 Code #9	<b>IRF-PAI P1 24I</b>
<b>ICD-10Secondary10</b>	Comorbid Condition ICD-10 Code #10	<b>IRF-PAI P1 24J</b>
<b>ICD-10Secondary11</b>	Comorbid Condition ICD-10 Code #11	<b>IRF-PAI P1 24K</b>
<b>ICD-10Secondary12</b>	Comorbid Condition ICD-10 Code #12	<b>IRF-PAI P1 24L</b>
<b>ICD-10Secondary13</b>	Comorbid Condition ICD-10 Code #13	<b>IRF-PAI P1 24M</b>
<b>ICD-10Secondary14</b>	Comorbid Condition ICD-10 Code #14	<b>IRF-PAI P1 24N</b>
<b>ICD-10Secondary15</b>	Comorbid Condition ICD-10 Code #15	<b>IRF-PAI P1 24O</b>
<b>ICD-10Secondary16</b>	Comorbid Condition ICD-10 Code #16	<b>IRF-PAI P1 24P</b>
<b>ICD-10Secondary17</b>	Comorbid Condition ICD-10 Code #17	<b>IRF-PAI P1 24Q</b>
<b>ICD-10Secondary18</b>	Comorbid Condition ICD-10 Code #18	<b>IRF-PAI P1 24R</b>
<b>ICD-10Secondary19</b>	Comorbid Condition ICD-10 Code #19	<b>IRF-PAI P1 24S</b>
<b>ICD-10Secondary20</b>	Comorbid Condition ICD-10 Code #20	<b>IRF-PAI P1 24T</b>
<b>ICD-10Secondary21</b>	Comorbid Condition ICD-10 Code #21	<b>IRF-PAI P1 24U</b>
<b>ICD-10Secondary22</b>	Comorbid Condition ICD-10 Code #22	<b>IRF-PAI P1 24V</b>
<b>ICD-10Secondary23</b>	Comorbid Condition ICD-10 Code #23	<b>IRF-PAI P1 24W</b>
<b>ICD-10Secondary24</b>	Comorbid Condition ICD-10 Code #24	<b>IRF-PAI P1 24X</b>
<b>ICD-10Secondary25</b>	Comorbid Condition ICD-10 Code #25	<b>IRF-PAI P1 24Y</b>
<b>Admit</b>	Facility Type from which patient was admitted	<b>IRF-PAI P1 15A</b>
<b>Discharge</b>	Facility type/location to which patient was discharged	<b>IRF-PAI P2 44D</b>
<b>Wk1PITherapy</b>	Week 1 Physical Therapy Individual Therapy	<b>IRF-PAI P2 00401A a</b>
<b>Wk1PCTherapy</b>	Week 1 Physical Therapy Concurrent Therapy	<b>IRF-PAI P2 00401A b</b>
<b>Wk1PGTherapy</b>	Week 1 Physical Therapy Group Therapy	<b>IRF-PAI P2 00401A c</b>
<b>Wk1PTTherapy</b>	Week 1 Physical Therapy Co-Treatment Therapy	<b>IRF-PAI P2 00401A d</b>
<b>Wk1OITherapy</b>	Week 1 Occupational Therapy Individual Therapy	<b>IRF-PAI P2 00401B a</b>
<b>Wk1OCTherapy</b>	Week 1 Occupational Therapy Concurrent Therapy	<b>IRF-PAI P2 00401B b</b>
<b>Wk1OGTherapy</b>	Week 1 Occupational Therapy Group Therapy	<b>IRF-PAI P2 00401B c</b>
<b>Wk1OTTherapy</b>	Week 1 Occupational Therapy Co-Treatment Therapy	<b>IRF-PAI P2 00401B d</b>
<b>Wk1SITherapy</b>	Week 1 Speech-Language Therapy Individual Therapy	<b>IRF-PAI P2 00401C a</b>

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FIELD NAME	INSTRUCTIONS	FIELD LOCATION
<b>Wk1SCTherapy</b>	Week 1 Speech-Language Therapy Concurrent Therapy	<b>IRF-PAI P2 O0401C b</b>
<b>Wk1SGTherapy</b>	Week 1 Speech-Language Therapy Group Therapy	<b>IRF-PAI P2 O0401C c</b>
<b>Wk1STTherapy</b>	Week 1 Speech-Language Therapy Co-Treatment Therapy	<b>IRF-PAI P2 O0401C d</b>
<b>Wk2PITherapy</b>	Week 2 Physical Therapy Individual Therapy	<b>IRF-PAI P2 O0402A a</b>
<b>Wk2PCTherapy</b>	Week 2 Physical Therapy Concurrent Therapy	<b>IRF-PAI P2 O0402A b</b>
<b>Wk2PGTherapy</b>	Week 2 Physical Therapy Group Therapy	<b>IRF-PAI P2 O0402A c</b>
<b>Wk2PTTherapy</b>	Week 2 Physical Therapy Co-Treatment Therapy	<b>IRF-PAI P2 O0402A d</b>
<b>Wk2OITherapy</b>	Week 2 Occupational Therapy Individual Therapy	<b>IRF-PAI P2 O0402B a</b>
<b>Wk2OCTherapy</b>	Week 2 Occupational Therapy Concurrent Therapy	<b>IRF-PAI P2 O0402B b</b>
<b>Wk2OGTherapy</b>	Week 2 Occupational Therapy Group Therapy	<b>IRF-PAI P2 O0402B c</b>
<b>Wk2OTTherapy</b>	Week 2 Occupational Therapy Co-Treatment Therapy	<b>IRF-PAI P2 O0402B d</b>
<b>Wk2SITherapy</b>	Week 2 Speech-Language Therapy Individual Therapy	<b>IRF-PAI P2 O0402C a</b>
<b>Wk2SCTherapy</b>	Week 2 Speech-Language Therapy Concurrent Therapy	<b>IRF-PAI P2 O0402C b</b>
<b>Wk2SGTherapy</b>	Week 2 Speech-Language Therapy Group Therapy	<b>IRF-PAI P2 O0402C c</b>
<b>Wk2STTherapy</b>	Week 2 Speech-Language Therapy Co-Treatment Therapy	<b>IRF-PAI P2 O0402C d</b>