

INPATIENT REHABILITATION FACILITY – PATIENT ASSESSMENT INSTRUMENT

Identification Information*	Payer Information*
<p>1. Facility Information A. Facility Name _____ _____</p> <p>B. Facility Medicare Provider Number _____</p> <p>2. Patient Medicare Number _____</p> <p>3. Patient Medicaid Number _____</p> <p>4. Patient First Name _____</p> <p>5A. Patient Last Name _____</p> <p>5B. Patient Identification Number _____</p> <p>6. Birth Date _____ MM / DD / YYYY</p> <p>7. Social Security Number _____</p> <p>8. Gender (1 - Male; 2 - Female) _____</p> <p>9. Race/Ethnicity (Check all that apply) American Indian or Alaska Native A. _____ Asian B. _____ Black or African American C. _____ Hispanic or Latino D. _____ Native Hawaiian or Other Pacific Islander E. _____ White F. _____</p> <p>10. Marital Status _____ (1 - Never Married; 2 - Married; 3 - Widowed; 4 - Separated; 5 - Divorced)</p> <p>11. Zip Code of Patient's Pre-Hospital Residence _____</p>	<p>20. Payment Source A. Primary Source _____</p> <p>B. Secondary Source _____</p> <p><i>(01 - Blue Cross; 02 - Medicare non-MCO; 03 - Medicaid non-MCO; 04 - Commercial Insurance; 05 - MCO HMO; 06 - Workers' Compensation; 07 - Crippled Children's Services; 08 - Developmental Disabilities Services; 09 - State Vocational Rehabilitation; 10 - Private Pay; 11 - Employee Courtesy; 12 - Unreimbursed; 13 - CHAMPUS; 14 - Other; 15 - None; 16 - No-Fault Auto Insurance; 51 - Medicare MCO; 52 - Medicaid MCO)</i></p>
Medical Information*	
<p>12. Admission Date _____ MM / DD / YYYY</p> <p>13. Assessment Reference Date _____ MM / DD / YYYY</p> <p>14. Admission Class _____ (1 - Initial Rehab; 2 - Evaluation; 3 - Readmission; 4 - Unplanned Discharge; 5 - Continuing Rehabilitation)</p> <p>15. Admit From _____ (01 - Home; 02 - Board & Care; 03 - Transitional Living; 04 - Intermediate Care; 05 - Skilled Nursing Facility; 06 - Acute Unit of Own Facility; 07 - Acute Unit of Another Facility; 08 - Chronic Hospital; 09 - Rehabilitation Facility; 10 - Other; 12 - Alternate Level of Care Unit; 13 - Subacute Setting; 14 - Assisted Living Residence)</p> <p>16. Pre-Hospital Living Setting _____ (Use codes from item 15 above)</p> <p>17. Pre-Hospital Living With _____ (Code only if item 16 is 01 - Home; Code using 1 - Alone; 2 - Family/Relatives; 3 - Friends; 4 - Attendant; 5 - Other)</p> <p>18. Pre-Hospital Vocational Category _____ (1 - Employed; 2 - Sheltered; 3 - Student; 4 - Homemaker; 5 - Not Working; 6 - Retired for Age; 7 - Retired for Disability)</p> <p>19. Pre-Hospital Vocational Effort _____ (Code only if item 18 is coded 1 - 4; Code using 1 - Full-time; 2 - Part-time; 3 - Adjusted Workload)</p>	<p>21. Impairment Group _____ Admission Discharge Condition requiring admission to rehabilitation; code according to Appendix A, attached.</p> <p>22. Etiologic Diagnosis _____ (Use an ICD-9-CM code to indicate the etiologic problem that led to the condition for which the patient is receiving rehabilitation)</p> <p>23. Date of Onset of Impairment _____ MM / DD / YYYY</p> <p>24. Comorbid Conditions; Use ICD-9-CM codes to enter up to ten medical conditions</p> <p>A. _____ B. _____</p> <p>C. _____ D. _____</p> <p>E. _____ F. _____</p> <p>G. _____ H. _____</p> <p>I. _____ J. _____</p>
Medical Needs	
<p>25. Is patient comatose at admission? _____ 0 - No, 1 - Yes</p> <p>26. Is patient delirious at admission? _____ 0 - No, 1 - Yes</p> <p>27. Swallowing Status _____ Admission Discharge</p> <p>3 - <u>Regular Food</u>: solids and liquids swallowed safely without supervision or modified food consistency</p> <p>2 - <u>Modified Food Consistency/ Supervision</u>: subject requires modified food consistency and/or needs supervision for safety</p> <p>1 - <u>Tube /Parenteral Feeding</u>: tube / parenteral feeding used wholly or partially as a means of sustenance</p> <p>28. Clinical signs of dehydration _____ Admission Discharge</p> <p>(Code 0 - No; 1 - Yes) e.g., evidence of oliguria, dry skin, orthostatic hypotension, somnolence, agitation</p>	<p>*The FIM data set, measurement scale and impairment codes incorporated or referenced herein are the property of U B Foundation Activities, Inc. ©1993, 2001 U B Foundation Activities, Inc. The FIM mark is owned by UBFA, Inc.</p>

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Function Modifiers*	39. FIM™ Instrument*																																																																																																																																																																								
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<p>FIM LEVELS</p> <p><i>No Helper</i></p> <p>7 Complete Independence (Timely, Safely)</p> <p>6 Modified Independence (Device)</p> <p><i>Helper - Modified Dependence</i></p> <p>5 Supervision (Subject = 100%)</p> <p>4 Minimal Assistance (Subject = 75% or more)</p> <p>3 Moderate Assistance (Subject = 50% or more)</p> <p><i>Helper - Complete Dependence</i></p> <p>2 Maximal Assistance (Subject = 25% or more)</p> <p>1 Total Assistance (Subject less than 25%)</p> <p>0 Activity does not occur; Use this code only at admission</p>	<p style="text-align: center;">W - Walk C - wheelChair B - Both</p> <p style="text-align: center;">A - Auditory V - Visual B - Both</p> <p style="text-align: center;">V - Vocal N - Nonvocal B - Both</p>																																																																																																																																																																								

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INPATIENT REHABILITATION FACILITY – PATIENT ASSESSMENT INSTRUMENT

Discharge Information*	Quality Indicators																																																																
<p>40. Discharge Date MM / DD / YYYY</p> <p>41. Patient discharged against medical advice? (0 - No, 1 - Yes)</p> <p>42. Program Interruption(s) (0 - No; 1 - Yes)</p> <p>43. Program Interruption Dates (Code only if Item 42 is 1 - Yes)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">A. 1st Interruption Date</td> <td style="width: 50%;">B. 1st Return Date</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">MM / DD / YYYY</td> <td style="text-align: center;">MM / DD / YYYY</td> </tr> <tr> <td>C. 2nd Interruption Date</td> <td>D. 2nd Return Date</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">MM / DD / YYYY</td> <td style="text-align: center;">MM / DD / YYYY</td> </tr> <tr> <td>E. 3rd Interruption Date</td> <td>F. 3rd Return Date</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">MM / DD / YYYY</td> <td style="text-align: center;">MM / DD / YYYY</td> </tr> </table> <p>44A. Discharge to Living Setting _____ (01 - Home; 02 - Board and Care; 03 - Transitional Living; 04 - Intermediate Care; 05 - Skilled Nursing Facility; 06 - Acute Unit of Own Facility; 07 - Acute Unit of Another Facility; 08 - Chronic Hospital; 09 - Rehabilitation Facility; 10 - Other; 11 - Died; 12 - Alternate Level of Care Unit; 13 - Subacute Setting; 14 - Assisted Living Residence)</p> <p>44B. Was patient discharged with Home Health Services? _____ (0 - No; 1 - Yes) (Code only if Item 44A is 01 - Home, 02 - Board and Care, 03 - Transitional Living, or 14 - Assisted Living Residence)</p> <p>45. Discharge to Living With _____ (Code only if Item 44A is 01 - Home; Code using 1 - Alone; 2 - Family / Relatives; 3 - Friends; 4 - Attendant; 5 - Other)</p> <p>46. Diagnosis for Interruption or Death _____ (Code using ICD-9-CM code)</p> <p>47. Complications during rehabilitation stay (Use ICD-9-CM codes to specify up to six conditions that began with this rehabilitation stay)</p> <table style="width: 100%; border: none;"> <tr> <td>A. _____</td> <td>B. _____</td> </tr> <tr> <td>C. _____</td> <td>D. _____</td> </tr> <tr> <td>E. _____</td> <td>F. _____</td> </tr> </table>	A. 1 st Interruption Date	B. 1 st Return Date			MM / DD / YYYY	MM / DD / YYYY	C. 2 nd Interruption Date	D. 2 nd Return Date			MM / DD / YYYY	MM / DD / YYYY	E. 3 rd Interruption Date	F. 3 rd Return Date			MM / DD / YYYY	MM / DD / YYYY	A. _____	B. _____	C. _____	D. _____	E. _____	F. _____	<p>PAIN</p> <p>51. Rate the highest level of pain reported by the patient within the assessment period: Admission: _____ Discharge: _____ (Score using the scale below; report whole numbers only)</p> <table style="width: 100%; border: none; text-align: center;"> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td> </tr> <tr> <td colspan="3"> </td> <td colspan="4"></td> <td colspan="3"> </td> </tr> <tr> <td colspan="3">No Pain</td> <td colspan="4">Moderate Pain</td> <td colspan="3">Worst Possible Pain</td> </tr> </table> <p>Pressure Ulcers</p> <p>52A. Highest current pressure ulcer stage Admission _____ Discharge _____ (0 - No pressure ulcer; 1 - Any area of persistent skin redness (Stage 1); 2 - Partial loss of skin layers (Stage 2); 3 - Deep craters in the skin (Stage 3); 4 - Breaks in skin exposing muscle or bone (Stage 4); 5 - Not stageable (necrotic eschar predominant; no prior staging available)</p> <p>52B. Number of current pressure ulcers Admission _____ Discharge _____</p> <p>PUSH Tool v. 3.0 ©</p> <p>SELECT THE CURRENT LARGEST PRESSURE ULCER TO CODE THE FOLLOWING. Calculate three components (C through E) and code total score in F.</p> <p>52C. Length multiplied by width (open wound surface area) Admission _____ Discharge _____ (Score as 0 - 0 cm²; 1 - < 0.3 cm²; 2 - 0.3 to 0.6 cm²; 3 - 0.7 to 1.0 cm²; 4 - 1.1 to 2.0 cm²; 5 - 2.1 to 3.0 cm²; 6 - 3.1 to 4.0 cm²; 7 - 4.1 to 8.0 cm²; 8 - 8.1 to 12.0 cm²; 9 - 12.1 to 24.0 cm²; 10 - > 24 cm²)</p> <p>52D. Exudate amount Admission _____ Discharge _____ 0 - None; 1 - Light; 2 - Moderate; 3 - Heavy</p> <p>52E. Tissue type Admission _____ Discharge _____ 0 - Closed/resurfaced: The wound is completely covered with epithelium (new skin); 1 - Epithelial tissue: For superficial ulcers, new pink or shiny tissue (skin) that grows in from the edges or as islands on the ulcer surface. 2 - Granulation tissue: Pink or beefy red tissue with a shiny, moist, granular appearance. 3- Slough: Yellow or white tissue that adheres to the ulcer bed in strings or thick clumps or is mucinous. 4 - Necrotic tissue (eschar): Black, brown, or tan tissue that adheres firmly to the wound bed or ulcer edges.</p> <p>52F. TOTAL PUSH SCORE (Sum of above three items – C, D and E) Admission _____ Discharge _____</p> <p>SAFETY</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;"></td> <td style="text-align: center;">Admission</td> <td style="text-align: center;">Discharge</td> </tr> <tr> <td>53. Balance problem (0 - No; 1 - Yes) e.g., dizziness, vertigo, or light-headedness</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>54. Total number of falls during the rehabilitation stay</td> <td></td> <td style="text-align: center;">Discharge _____</td> </tr> </table>	0	1	2	3	4	5	6	7	8	9	10											No Pain			Moderate Pain				Worst Possible Pain				Admission	Discharge	53. Balance problem (0 - No; 1 - Yes) e.g., dizziness, vertigo, or light-headedness	_____	_____	54. Total number of falls during the rehabilitation stay		Discharge _____
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<p>RESPIRATORY STATUS (Score items 48 to 50 as 0 - No; 1 - Yes)</p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">Admission</th> <th style="width: 20%; text-align: center;">Discharge</th> </tr> </thead> <tbody> <tr> <td>48. Shortness of breath with exertion</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>49. Shortness of breath at rest</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>50. Weak cough and difficulty clearing airway secretions</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table>		Admission	Discharge	48. Shortness of breath with exertion	_____	_____	49. Shortness of breath at rest	_____	_____	50. Weak cough and difficulty clearing airway secretions	_____	_____																																																					
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