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Inpatient Rehabilitation Facility Quality Reporting Program

PRACTICE CODING SCENARIOS DAY 1

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

August 15 and 16, 2019
Four Seasons Hotel
Baltimore, MD 21202

Section N: Medications (Drug Regimen Review)

N2001 Practice Coding Scenario 1

- The admitting IRF nurse reviewed and compared the acute care hospital discharge medication orders and the IRF physician's admission medication orders for Ms. W.
- The nurse interviewed Ms. W, who confirmed the medications she was taking for her current medical conditions. Upon the nurse's request, the pharmacist reviewed and confirmed the medication orders as appropriate for the patient.
- As a result of this collected and communicated information, the registered nurse (RN) determined that there were no identified potential or actual clinically significant medication issues.

N2001 Practice Coding Scenario 2

- Mr. C was admitted to an IRF after undergoing mitral valve replacement cardiac surgery.
- The acute care hospital discharge information indicated that Mr. C had a mechanical mitral heart valve and was to continue receiving anticoagulant medication.
- While completing a review and comparison of the patient's discharge healthcare records from the acute care hospital with the IRF physician's admission medication orders, an RN noted that the admitting physician ordered the patient's anticoagulation medication to be held if the international normalized ratio (INR) was below 1.0.
- However, the physician's admission note indicated that the desired therapeutic INR parameters for Mr. C were 2.5 to 3.5.
- The RN questioned the INR level listed on the admitting physician's order, based on the therapeutic parameters of 2.5 to 3.5 documented in the physician's admission note.
- This prompted the RN to call the physician immediately to address the issue.

N2003 Practice Coding Scenario 3

- Mr. B was admitted to the IRF following a hip fracture and with an active diagnosis of pneumonia and atrial fibrillation.
- The acute care facility medication record indicated that Mr. B was on a 7-day course of antibiotics and he had 3 remaining days of this treatment plan.
- The IRF pharmacist reviewed the discharge records from the acute care facility and the IRF admission medication orders.
- The pharmacist noted that Mr. B had an order for an anticoagulant medication that required INR monitoring as well as the antibiotic.
- On the date of admission, the IRF pharmacist contacted the IRF physician caring for Mr. B and communicated a concern about a potential increase in the patient's INR with this combination of medications, which placed the patient at greater risk for bleeding.
- The IRF physician provided orders for laboratory testing so that the patient's INR levels would be monitored over the next 3 days, starting that day.
- However, the first INR laboratory test did not occur that day and instead occurred after midnight of the next calendar day—meaning the IRF physician's recommended actions were not completed by midnight of the next calendar day.

N2003 Practice Coding Scenario 4

- Ms. K was transferred from an acute care hospital to an IRF with discharge paperwork.
- Her medical records indicate that she is on a direct oral anticoagulant (DOAC) for atrial fibrillation as well as aspirin and a P2Y12 inhibitor (e.g., clopidogrel) for recent cardiac stent placement.
- The admitting physician recalls recent guidelines suggesting that triple therapy with a DOAC, aspirin, and P2Y12 inhibitor is not recommended due to excess risk of bleeding.
- The admitting physician immediately calls and speaks with the patient's cardiologist, who agrees with the recommendations and discontinues the aspirin, retaining the P2Y12 inhibitor and low dose DOAC, in accordance with recent guidelines.

N2003 Practice Coding Scenario 5

- Mr. D is in severe pain on admission to an IRF following his recent surgery for spinal stenosis.
- He is scheduled to receive two tablets of extra-strength acetaminophen every 6 hours.
- In addition, other as needed (PRN) pain medications are ordered, including ibuprofen and hydrocodone-acetaminophen.

N2003 Practice Coding Scenario 5 continued

- A drug regimen review is completed later that afternoon which identifies that the patient is scheduled to receive the maximum dose of acetaminophen for a 24-hour period, but also has orders for hydrocodone-acetaminophen PRN, which could potentially result in an acetaminophen overdose.
- The clinician completing the drug regimen review contacts the IRF physician, who states she will review the medications later today and make necessary changes.
- Following the facility's protocol, the clinician documents the conversation with the IRF physician.
- However, the physician forgets to change the order that day.
- Two days later, the physician is paged to assess Mr. D for ongoing pain and, on review of his current medication list, sees that she did not discontinue hydrocodone-acetaminophen. She immediately discontinues this medication and initiates an alternative PRN medication that does not contain acetaminophen.

N2005 Practice Coding Scenario 6

- At discharge from the IRF, the discharging licensed clinician reviewed Ms. T's medical records, which included admission through her entire stay at the IRF.
- The clinician noted that a clinically significant medication issue was documented during the admission assessment.
- At admission, Ms. T was taking two antibiotics—an antibiotic prescribed during a recent acute care hospital stay that the IRF physician had included in her IRF medication orders, and a second antibiotic prescribed by the IRF physician upon admission that is known for drug-induced nephrotoxicity. Ms. T has renal disease.
- Ms. T's medical records further indicated that an IRF nurse had attempted to contact the assigned IRF physician several times about this clinically significant medication issue.
- After midnight of the second calendar day, the IRF physician communicated to the nurse via a telephone order to administer a newly prescribed antibiotic in addition to the previously prescribed antibiotic. The nurse implemented the physician's order.
- Upon further review of Ms. T's medical records, the discharging nurse determined that no additional clinically significant medication issues had been recorded throughout the remainder of Ms. T's stay.

N2005 Practice Coding Scenario 7

- Mr. H is admitted to the IRF and his healthcare records are transferred from the discharging acute care hospital.
- The IRF physician notices that the most recent medication administration record (MAR) from the acute care hospital indicates that the patient was receiving long-acting insulin.

N2005 Practice Coding Scenario 7 continued

- However, the final discharge medication list sent with the patient does not include this medication.
- Within an hour, the IRF physician telephones the acute care hospital and speaks to the discharging clinician, who confirms that the patient should be prescribed this medication due to his history of diabetes.
- The IRF physician orders the long-acting insulin immediately after the telephone call with the acute care discharging clinician.
- No other potential clinically significant medication issues were identified during the remainder of the patient's stay.

N2005 Practice Coding Scenario 8

- Mr. P is admitted to an IRF with a recent history of a traumatic brain injury.
- A drug regimen review is completed by pharmacy and identifies that the patient is on deep vein thrombosis (DVT) prophylaxis and is on two different antipsychotic medications, one prescribed during the patient's recent acute care hospitalization and another one newly prescribed by the admitting IRF physician.
- The pharmacist contacts the IRF physician and leaves a message providing notification of the potential duplicative drug therapy upon discovery of the issue.
- The following morning, the IRF physician discontinues one of the antipsychotic medications and notifies the nursing staff who discontinue the medication from the MAR.
- A couple of weeks later, Mr. P has a planned bedside procedure and the patient's DVT prophylaxis is held.
- The following day, the IRF physician noted that this medication should have been restarted earlier that morning and the order was immediately placed.
- This information was then communicated to the nursing staff and the medication was administered.
- No additional clinically significant issues were identified during the rest of the IRF stay.

Section GG: Functional Abilities and Goals

GG0110 Practice Coding Scenario 1

Prior Device Use Video Summary:

- A clinician interviews Mr. Smith and his wife. Mr. Smith indicates that he didn't use any assistive devices to walk prior to hospital admission. Using observations of the environment to ask probing questions, the clinician helps Mr. Smith recall that he had previously used a cane.
- The clinician also refers to Mr. Smith's acute care medical record, which indicates that Mr. Smith used a walker prior to his hospital admission. The clinician confirms this information with Mr. Smith, and his wife clarifies that the wheelchair present in the room was not used by Mr. Smith.

GG0130A Practice Coding Scenario 2

Eating:

- For the past 2 years, Ms. T has been unable to eat or drink by mouth due to a swallowing disorder and a history of aspiration pneumonia. She uses a gastrostomy tube (G-Tube) to obtain nutrition.
- Ms. T had a stroke 8 days ago, and her IRF admission orders include nothing by mouth (NPO) and G-Tube feedings.

GG0130B Practice Coding Scenario 3

Oral Hygiene Video Summary 1:

- The helper provides steadying assistance to Mr. Smith as he walks to the bathroom using his walker.
- Once in front of the bathroom sink, the helper applies toothpaste to Mr. Smith's toothbrush and leaves the room. Mr. Smith then brushes his teeth without supervision.
- Once Mr. Smith is done brushing his teeth, the helper re-engages by cleaning and putting away the oral hygiene items. The helper then provides steadying assistance to Mr. Smith as he walks back to bed.

Oral Hygiene Video Summary 2:

- The helper provides assistance to Mr. Smith as he walks to the bathroom.
- Once in front of the bathroom sink, the helper retrieves and puts toothpaste on Mr. Smith's toothbrush and hands it to him. The helper then steadies Mr. Smith's arm as he brushes his teeth.
- Once Mr. Smith is finished brushing his teeth, the helper rinses his toothbrush and puts it away. The helper provides steadying assistance as Mr. Smith walks back to bed.

GG0130C Practice Coding Scenario 4

Toileting Hygiene:

- Mr. W uses a urinal when voiding and completes toileting hygiene tasks without assistance while sitting on the side of the bed.
- He uses a toilet with a raised toilet seat when moving his bowels and requires contact guard assistance from the helper as he holds onto a grab bar with one hand, lowers his underwear and pants, performs perianal hygiene, and then pulls up his underwear and pants.

GG0130E Practice Coding Scenario 5

Shower/Bathe Self:

- Ms. N declines to shower herself when the occupational therapist attempts to complete the assessment.
- The therapist asks Ms. N's CNA detailed questions about Ms. N's ability to shower/bathe herself and considers this input when coding the activity.
- The therapist learns that Ms. N takes a shower and initiates washing her face, arms, chest, part of her legs, and perineal area. She requires assistance to wash, rinse, and dry her lower extremities below the knees. Ms. N rinses and dries most of her body.

GG0130F Practice Coding Scenario 6

Upper Body Dressing:

- Mr. T has reduced strength and range of motion in both upper extremities following spinal surgery, and he wears a cervical collar.
- The nurse puts on the cervical collar. Once Mr. T is sitting at the side of the bed, he threads his hand into the sleeve of his shirt, and due to his no-twisting precautions, the nurse pulls the shirt across his back and threads his other hand into the shirt sleeve.
- The nurse also pulls up the shirt over both shoulders; Mr. T buttons two of his shirt buttons and the nurse buttons the last three.

GG0130G Practice Coding Scenario 7

Lower Body Dressing:

- Mrs. R has peripheral neuropathy in her upper and lower extremities.
- Mrs. R needs assistance from a helper to place her lower limb into, and take it out of, her lower limb prosthesis. She needs no assistance to put on and remove her underwear or slacks.

GG0130H Practice Coding Scenario 8

Putting On/Taking Off Footwear:

- Mr. Q underwent bilateral below-the-knee amputations 3 years ago; he uses bilateral limb prostheses with attached shoes and socks that he never changes.
- Prior to the current episode of care, at the acute care hospital and during his IRF stay, he does not perform the activity of putting on/taking off footwear.

GG0170A Practice Coding Scenario 9

Roll Left and Right:

- Ms. W's head of the bed must remain slightly elevated at all times due to aspiration precautions.
- Although the head of the bed is slightly elevated, the therapist determines that she can assess Ms. W's ability to roll left and right; the therapist provides verbal instructions as Ms. W completes the activity.

GG0170B Practice Coding Scenario 10

Sit to Lying:

- Mr. P has peripheral vascular disease and recently had a right above the knee amputation.
- Mr. P requires the physical therapist to provide steadying assistance as he moves from a sitting position to lying down.

GG0170C Practice Coding Scenario 11

Lying to Sitting on Side of Bed Video Summary 1:

- The clinician asks the patient, Mrs. Brown, to try to move from lying to sitting on the side of the bed. As Mrs. Brown moves to a seated position, she asks the clinician to assist with her legs. The clinician assists with pivoting Mrs. Brown's legs to the side of the bed, providing less than half the effort to complete the activity.

Lying to Sitting on Side of Bed Video Summary 2:

- The clinician asks the patient, Mrs. Brown, to try to move from lying to sitting on the side of the bed. As Mrs. Brown struggles to sit up, the clinician gets closer and provides instruction to lie on her side and put her hand on the bed.
- The patient struggles as she attempts to push herself up. The clinician then assists by supporting Mrs. Brown's back and lifting her legs, guiding her to a sitting position and lowering her feet to the floor. The clinician provides more than half the effort to complete the activity.

GG0170D Practice Coding Scenario 12

Sit to Stand:

- Mrs. P is morbidly obese and has severe arthritis in both knees.
- She is unable to transition from sit to stand without the use of a mechanical lift.
- Mrs. P lifts and places her feet on the standing lift device to initiate the activity; assistance from two helpers is required as Mrs. P is helped to transition from a sitting to standing position.

GG0170E Practice Coding Scenario 13

Chair/Bed-to-Chair Transfer:

- Mr. L has spinal stenosis and, due to back pain, does not fully stand up; he uses a stand pivot style of transferring from chair-to-bed and bed-to-chair during the 3-day assessment period.
- The occupational therapist uses a gait belt around Mr. L's waist, providing initial lifting assistance from the chair/bed as he raises himself to a stooped over position; the therapist continues to steady him as he completes a pivot, turns, and then lowers himself into the chair.
- Mr. L contributes more than half of the effort.

GG0170F Practice Coding Scenario 14

Toilet Transfer:

- Mrs. M had a total hip replacement following a hip fracture and was in an acute care hospital prior to being transferred to an inpatient rehabilitation hospital.
- While in the acute care hospital, she used a raised toilet seat.
- When Mrs. M needs to void, the certified nursing assistant provides steadying assistance as Mrs. M transfers safely from the wheelchair onto the raised toilet seat.

GG0170G Practice Coding Scenario 15

Car Transfer:

- When performing car transfers, Mr. T, who recently had hip surgery, requires significant support from the physical therapist as he transitions into the passenger seat of the car to maintain his hip precautions.
- Once seated, Mr. T places his left leg into the car and requires assistance to lift his right leg into the car.
- When transferring out of the car, Mr. T requires significant physical lifting assistance from the therapist, and the therapist lifts his right leg out of the car; Mr. T lifts his left leg out of the car.

GG0170I Practice Coding Scenario 16

Walk 10 Feet:

- Mr. S had an open reduction internal fixation on his left leg after a fall and is non-weight-bearing on his left lower extremity.
- Mr. S walks 10 feet in the parallel bars with the physical therapist providing more than half of the effort to support his trunk.

GG0170J Practice Coding Scenario 17

Walk 50 Feet With Two Turns:

- Mr. R has a chronic neurological condition, resulting in poor balance.
- He has used a walker for many years.
- Mr. R ambulates 50 feet with two 90 degree turns, requiring contact guard when he makes turns.

GG0170K Practice Coding Scenario 18

Walk 150 Feet:

- Mrs. T walks with her walker 150 feet independently as long as she takes a very brief standing rest break halfway through the walk.

GG0170L Practice Coding Scenario 19

Walking 10 Feet on Uneven Surfaces:

- Mr. B sustained an incomplete spinal cord injury after a car accident.
- He ambulates outside on grass and negotiates the turf, with the therapist providing more than half of the effort to support his trunk.

GG0170M Practice Coding Scenario 20

1 Step (Curb):

- Mrs. A has ataxia due to a neurological condition; she uses a quad cane while walking.
- When stepping down an outdoor curb, Mrs. A steps down as the physical therapist provides significant trunk support to help Mrs. A maintain her balance.
- When stepping up the curb, Mrs. A requires a significant amount of trunk support from the therapist. Mrs. A contributes effort; the helper provides more than half of the effort.

GG0170N Practice Coding Scenario 21

4 Steps:

- Mr. F is recovering from multiple lower extremity fractures and wears a walking boot and uses a quad cane.
- Mr. F slowly ascends the stairs, grasping the stair railing with one hand and the quad cane in his other hand.
- The therapist provides intermittent steadying assistance as he climbs up the 4 steps; he then turns around and requires steadying assistance throughout the activity as he goes down 4 steps.

GG0170O Practice Coding Scenario 22

12 Steps:

- Mrs. B is receiving rehabilitation following a hip fracture; her home has 12 stairs from the entry level to the second floor.
- During the discharge assessment, Mrs. B uses a cane and the stair railing to ascend 12 stairs, 1 at a time; the physical therapist provides contact guard assistance following behind Mrs. B.
- When Mrs. B descends the stairs, the therapist provides contact guard assistance and holds Mrs. B's gait belt to steady her.

GG0170P Practice Coding Scenario 23

Picking Up Object:

- Mr. M has Parkinson's disease and is deconditioned following a recent acute illness and acute care stay; Mr. M's tremors cause him to drop objects onto the floor frequently.
- He is highly motivated to perform the activity of picking up a spoon from the floor safety. The spoon is on the floor next to a chair. Mr. M bends to pick up the spoon from the floor, and the therapist provides steadying support to prevent him from falling as he completes the activity.

GG0170R Practice Coding Scenario 24

Wheel 50 Feet With Two Turns:

- Ms. T uses an electric scooter to self-mobilize; in Ms. T's medical record, multiple clinicians note her need for supervision and verbal instructions for redirection when using her scooter.
- The physical therapist observes that Ms. T's scooter becomes wedged in a corner as she self-mobilizes approximately 60 feet with two turns (the distance from her room to the dining room) and requires instructions.

GG0170S Practice Coding Scenario 25

Wheel 150 Feet:

- Mr. W is recovering from a stroke and has right-sided weakness that affects his balance and a chronic respiratory condition that affects his walking endurance.
- By discharge, Mr. W slowly wheels a manual wheelchair 160 feet down the hall without any assistance from a helper.