

STATE OF MARYLAND  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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**TO:** Chief Financial Officers and Casemix Liaisons

**FROM:** Brian G. Jacque *BJJ*  
Chief, Information Management  
and Program Administration, HSCRC

**RE:** Inpatient Data Submission of New Rehabilitation Data Items

**DATE:** September 11, 2002

On July 10, 2002 the Health Services Cost Review Commission adopted amendments to regulation .02 and .03 under COMAR 10.37.06, Submission of Hospital Discharge Data Set to the Commission. This action became effective August 5, 2002 as published in the July 26, 2002 issue of the Maryland Register.

**This Regulation applies only to hospitals with Licensed Rehabilitation Units.**

**Specifically, the change to Record Type 2 of the Inpatient data set is outlined below:**

<u>Data Item</u>	<u>Position</u>	<u>Length</u>	<u>Data Item Description</u>
70	228	1	Rehabilitation Admission Class (Numeric)
70.1	229-235	7	Rehabilitation Impairment Group Code. Do not include decimal. Left justify, blank fill on right.
70.2	236-250	15	Filler (blank filled)

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Attached are the definitions for the Rehabilitation Admission Class (Attachment I) and the Rehabilitation Impairment Group Code (Attachment II). These codes are taken from the Guide for the *Uniform Data Set for Medical Rehabilitation (UDSMR)*. Also attached are the new Inpatient Data Submission Regulations that include these new fields.

**The effective date for the collection of this data is January 1, 2003.** Therefore, these data elements will be included with the first quarter 2003 Inpatient Data Set submission to the Commission.

If you have questions regarding this change, please contact me at (410) 764 – 2566.

cc: Fred Levinsky  
Dolores Sands  
Dennis Phelps  
Patrick Redmon

**ATTACHMENT I****ADMISSION INFORMATION**

**Admission Class:** Enter the admission classification of the patient, as defined below:

1. **Initial Rehabilitation** - This is the patient's first admission to any inpatient rehabilitation facility for this impairment.
2. **Evaluation** - This is a pre-planned stay of fewer than 10 days on the rehabilitation service for evaluation. (Do not use this code for a rehabilitation stay that is completed in fewer than 10 days.)
3. **Readmission** - This is a stay in which the patient was previously admitted to an inpatient rehabilitation facility for this impairment, but is **NOT** admitted to the current rehabilitation program **DIRECTLY** from another rehabilitation program.
4. **Unplanned Discharge** - This is a stay that lasts less than 1 calendar days because of an unplanned discharge (e.g., due to a medical complication).
5. **Continuing Rehabilitation** - This is part of a rehabilitation stay that began in another rehabilitation program. The patient was admitted directly from another inpatient rehabilitation facility.

**Rehabilitation Impairment Group Codes**

<b>Impairment Group Codes</b>		
<b>Impairment Group</b>	<b>Code</b>	<b>Description</b>
<b>Stroke</b>	01.1	Left Body Involvement (Right Brain)
	01.2	Right Body Involvement (Left Brain)
	01.3	Bilateral Involvement
	01.4	No Paresis
	01.9	Other Stroke
<b>Brain Dysfunction</b>	02.1	Non-Traumatic
	02.21	Traumatic, Open Injury
	02.22	Traumatic, Closed Injury
	02.9	Other Brain Dysfunction
<b>Neurologic Conditions</b>	03.1	Multiple Sclerosis
	03.2	Parkinsonism
	03.3	Polynuropathy
	03.4	Guillain-Barré Syndrome
	03.5	Cerebral Palsy
	03.8	Neuromuscular Disorders
	03.9	Other Neurologic
<b>Spinal Cord Dysfunction</b>	<b>Non-Traumatic</b>	
	04.110	Paraplegia, Unspecified
	04.111	Paraplegia, Incomplete
	04.112	Paraplegia, Complete
	04.120	Quadriplegia, Unspecified
	04.1211	Quadriplegia, Incomplete C1-4
	04.1212	Quadriplegia, Incomplete C5-8
	04.1221	Quadriplegia, Complete C1-4
	04.1222	Quadriplegia, Complete C5-8
	04.130	Other Non-Traumatic Spinal Cord Dysfunction
	<b>Traumatic</b>	
	04.210	Paraplegia, Unspecified
	04.211	Paraplegia, Incomplete
	04.212	Paraplegia, Complete
	04.220	Quadriplegia, Unspecified
	04.2211	Quadriplegia, Incomplete C1-4
	04.2212	Quadriplegia, Incomplete C5-8
	04.2221	Quadriplegia, Complete C1-4
	04.2222	Quadriplegia, Complete C5-8
	04.230	Other Traumatic Spinal Cord Dysfunction

Impairment Group Code		
Impairment Group	Code	Description
Amputation	05.1	Unilateral Upper Extremity Above the Elbow (AE)
	05.2	Unilateral Upper Extremity Below the Elbow (BE)
	05.3	Unilateral Lower Extremity Above the Knee (AK)
	05.4	Unilateral Lower Extremity Below the Knee (BK)
	05.5	Bilateral Lower Extremity Above the Knee (AK/AK)
	05.6	Bilateral Lower Extremity Above/Below the Knee (AK/BK)
	05.7	Bilateral Lower Extremity Below the Knee (BK/BK)
	05.9	Other Amputation
	Arthritis	06.1
06.2		Osteoarthritis
06.9		Other Arthritis
Pain Syndromes	07.1	Neck Pain
	07.2	Back Pain
	07.3	Limb Pain
	07.9	Other Pain
Orthopaedic Disorders	08.11	Status Post Unilateral Hip Fracture
	08.12	Status Post Bilateral Hip Fracture
	08.2	Status Post Femur (Shaft) Fracture
	08.3	Status Post Pelvic Fracture
	08.4	Status Post Major Multiple Fractures
	08.51	Status Post Unilateral Hip Replacement
	08.52	Status Post Bilateral Hip Replacements
	08.61	Status Post Unilateral Knee Replacement
	08.62	Status Post Bilateral Knee Replacements
	08.71	Status Post Knee and Hip Replacements (Same Side)
	08.72	Status Post Knee and Hip Replacements (Different Sides)
08.9	Other Orthopaedic	
Cardiac	09	Cardiac
Pulmonary Disorders	10.1	Chronic Obstructive Pulmonary Disease
	10.9	Other Pulmonary
Burns	11	Burns

<b>Impairment Group Code</b>		
<b>Impairment Group</b>	<b>Code</b>	<b>Description</b>
<b>Congenital Deformities</b>	12.1 12.9	Spina Bifida Other Congenital
<b>Other Disabling Impairments</b>	13	Other Disabling Impairments
<b>Major Multiple Trauma</b>	14.1 14.2 14.3 14.9	Brain and Spinal Cord Injury Brain and Multiple Fractures/Amputation Spinal Cord and Multiple Fractures/Amputation Other Multiple Trauma
<b>Developmental Disability</b>	15	Developmental Disability
<b>Debility</b>	16	Debility (non-Cardiac, non-Pulmonary)
<b>Medically Complex</b>	17.1 17.2 17.31 17.32 17.4 17.51 17.52 17.6 17.7 17.8 17.9	Infections Neoplasms Nutrition with Intubation/Parenteral Nutrition Nutrition without Intubation/Parenteral Nutrition Circulatory Disorders Respiratory Disorders – Ventilator Dependent Respiratory Disorders – Non-Ventilator Dependent Terminal Care Skin Disorders Medical/Surgical Complications Other Medically Complex Conditions

Please note: This item (Rehabilitation Impairment Group Code) has been taken from the Guide for the Uniform Data Set for Medical Rehabilitation (including the FIM instrument), Version 5.1, owned by the Uniform Data System for Medical Rehabilitation, a division of UB Foundation Activities, Inc. Used with permission.

# FAX COVER SHEET

**Union Memorial Hospital  
Coding Office  
201 E. University Parkway  
Baltimore, Maryland 21218  
Phone 410-554-2529  
Fax 410-554-2929**

To: Oscar Ibarra Fax: 410-358-0217  
~~410-554-2644~~

From: Coding Office lessie Date: 8/22/08

Re: Rehab Impairment Codes Pages: 7

Message:  
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