February 8th, 2009

RE: Medicare Classification Criteria for Inpatient Rehabilitation Facilities
Dear Centers for Medicare & Medicaid Services:

On behalf of The Ohio State University Medical, I would like to submit comments regarding Medicare Classification Criteria for Inpatient Rehabilitation Facilities. We believe that the following proposals would provide for more appropriate descriptions, allow for improved comparison across facilities, and reimburse facilities more acceptably. This would allow IRFs to continue caring for patients that require and greatly benefit from inpatient rehabilitation vs. a less intense environment.

- We propose an additional code within the Amputation Impairment Group, to uniquely describe patients with hip disarticulation & hemipelvectomy. Currently, patients with a hip disarticulation must be coded as an above the knee amputation, which does not take into consideration the more intense needs of balance, mobility, attention to skin and wound issues, seating and positioning. Furthermore, many of these patients are oncology patients, who require a higher level of medical and nursing monitoring than a patient with an above the knee amputation from common etiologies such as vascular disease.
- We propose additional CMGs within the Burn Impairment Group to account for higher levels of intensity of nursing and therapy services associated with higher percentages of total body surface area affected.
- We propose the following changes to the Appendix C list of "tiered" comorbidities, due to the higher costs of care and special considerations associated with the following:

  1.) Add: Active cancer diagnoses, to account for costs associated with frequent hematologic monitoring and blood and blood product transfusions.

  2.) Add: Chemo status (for example, V58.11) to address costs associated with chemotherapy.

  3.) Add: Radiation status (for example, V58.0) to address costs associated with the procedure.

  4.) Do not exclude: Anoxic brain damage (348.1) from the RIC of "Traumatic Brain Injury" considering that an anoxic injury in addition to a traumatic brain injury creates a more complex set of rehabilitation problems that require additional services, increasing cost of care and impacting discharge planning factors.

  5.) Add: Implantable Heart Assist Devices (for example: V43.21) status codes to account for machine-related testing and monitoring, close nursing & medical supervision, and special considerations of patient endurance.

Respectfully submitted,

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