

SECTION 7: COMORBID CONDITIONS

Comorbid Conditions are to be listed in Item 24 of the IRF-PAI. Up to twenty-five (25) ICD codes may be recorded.

A patient comorbidity is defined as a secondary condition a patient has in addition to the primary diagnosis for which the patient was admitted to the IRF. The patient comorbidity/ies listed in Item 24 of the IRF-PAI should have significant impact on the patients' course of treatment for their primary diagnosis.

Comorbidities that are identified on the day prior to the day of the rehabilitation discharge or the day of discharge should **not** be listed on the discharge assessment, since these comorbidities have less effect on the resources consumed during the entire stay.

A payment adjustment will be made if one of the comorbidities listed in the appropriate of the List of Tier Comorbidities (located at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/InpatientRehabFacPPS/Data-Files.html>) is recorded in Item 24. If more than one comorbidity is present, the comorbidity that results in the highest payment will be used to adjust payment.