Inpatient Rehabilitation Facilities

Navigating the Sea of Requirements

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Purpose of Presentation

- Review the purpose of the Inpatient Rehabilitation Facility (IRF) Benefit.
- Review the Required Elements of the service.
- Provide clarification of the most common denials. We will break down the requirements associated with these denials and review regulations for these requirements.

Purpose of the IRF Benefit

Setting Sail

Purpose of the IRF Benefit

The IRF benefit is designed to provide intensive rehabilitation therapy in a resource intensive inpatient hospital environment for patients who, due to the complexity of their nursing, medical management, and rehabilitation needs, require and can reasonably be expected to benefit from an inpatient stay and interdisciplinary team approach to the delivery of rehabilitation care. (Pub 100-2, Chapter 1, Section 110)

Required Elements of IRF

The Compass of IRF Documentation

Required Elements

As with any documentation, there are certain required elements in IRF documentation which must be present. These are:

- Preadmission Screening (PAS)
- Post-admission Physical Evaluation (PAPE)
- Individualized Plan of Care (POC)
- Admission Orders
- Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI)

Pre Admission Screening (PAS)

- This screening must be performed within 48 hours of admission. If this does not occur within 48 hours, an update is required.
- Must be performed by a licensed and/or certified IRF staff qualified by training and/or experience.
- The screening must document the patient's status prior to admission and medical necessity for the admission.

Pre Admission Screening (PAS)

- Rehabilitation physician must document that she/he reviewed and concurs with the PAS.
- Numerous elements required to meet standard can be found in the **CMS Online Manual, Publication 100-2, Chapter 1, Section 110.1.1.**

Post Admission Physician Evaluation (PAPE)

- This is performed by a rehabilitation physician.
- Performed within the first 24 hours after admission.
- Documents status on admission and identifies changes from PAS.
- Forms the basis for development of the POC
- When the PAPE indicates the patient no longer qualifies for IRF treatment, discharge process must begin.

Individualized Plan of Care (POC)

- Must be completed within the first 4 days of admission.
- All disciplines contribute, but responsibility rests with the rehabilitation physician.
- Must detail prognosis, anticipated interventions, function outcomes, discharge destination, and estimated length of stay.
- Intervention specifics: intensity, frequency, duration, and modalities.

Admission Orders

- Physician must generate and sign the orders.
- Orders must be retained in the patient's medical record.

Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI)

- This is an assessment of functional independence used to determine rates of prospective payment for patients discharged by IRFs.
- This information must correspond with all the information in the patient's medical record.

Common Documentation Errors

Riptides to Beware

Comprehensive Error Rate Testing Overview

- The Responsibility of the Comprehensive Error Rate Testing Program (CERT) is to protect the Medicare Trust Fund.
- The CERT contractor identifies errors and assesses error rates. Medical Accuracy Contractors utilizes this information to identify trends that are driving errors.
- Currently, Inpatient Rehabilitation Facilities (IRF) incur the highest volume of CERT errors in Part A.

Common CERT Errors Found in IRF

- The patient is not able to participate in the regimen.
- Documentation submitted shows that patient did not participate in the regimen.
- Documentation shows the patient did not receive the required amount of therapy minutes.
- The preponderance of therapy minutes were not individual, but were group therapy.
- The rehabilitation physician did not see the patient on a regular basis.

Common CERT Errors Found in IRF

The patient is not able to participate in the regimen.

- These denials are issued when the patient/beneficiary is unable to participate in the regimen prescribed for them during the IRF stay.
- It is expected that patients/beneficiaries admitted to an IRF be able to fully participate in their prescribed treatment.

Common CERT Errors Found in IRF

Documentation shows the patient did not participate in the regimen.

- Denials are issued when no documentation is provided demonstrating
  the patient/beneficiary has participated in the prescribed regimen.
- The patient is expected to actively participate in and benefit from the prescribed program.

Common CERT Errors Found in IRF

Documentation shows the patient did not receive the required amount of therapy minutes.

- Denials are issued when documentation shows that patients/ beneficiaries did not receive the required amount of therapy minutes.
- Therapy minutes must be submitted to show that therapy is being conducted along the parameters developed in the plan of care.

Common CERT Errors Found in IRF

The preponderance of therapy minutes were not individual, but group therapy.

- This denial is issued as a majority of therapy minutes submitted during a review are group therapy minutes. While there are times in which group therapy is appropriate, the standard of care is individualized therapy.
- Group therapy should be utilized as an adjunct to individual therapy.
- When group therapy is utilized, the situation/rationale that justifies the use should be documented.

Common CERT Errors Found in IRF

The rehabilitation physician did not see the patient on a regular basis.

- These denials result when there is no documentation submitted that a physician did not see the patients as required.
- The rehabilitation physician must conduct a face to face visit with the patient at least 3 days per week throughout the patient's stay.

Where do We go From Here?

Charting Our Course

What’s next?

- CGS’s goal is to work with providers to further understanding of requirement guidelines.
- CGS will not only utilize medical review, but also education through phone calls, articles, and other educational opportunities to work with you to decrease the documentation errors found in IRF claims.

Questions?