

**Inpatient Rehabilitation
Facility Coverage**
Part 2
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UNITED GOVERNMENT SERVICES, LLC.

IRF Coverage Criteria
**Including Documentation
Guidelines**
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Regulatory Criteria
In addition to the "75% Rule", to be classified as an IRF, a facility must show that it has
(1) a Medicare provider agreement;
(2) a preadmission screening procedure;
(3) medical, nursing, and therapy services;
(4) a plan of treatment for each patient;
(5) a coordinated multidisciplinary team approach;
(6) a medical director of rehabilitation with specified training or experience.
IRFs must also meet other criteria identified in 42 C.F.R. §412.22 (2004) and 42 C.F.R. §412.25 (2004).
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Assessment Period

- An inpatient assessment conducted by the rehab team usually require between 3 to 10 calendar days. The IRF PAI must be completed in 3 days.
- The patient is expected to receive 3 hours of therapy/day during this 10 day period
- An inpt. assessment may be covered even if the assessment subsequently indicates that a pt. is not suitable for an intensive inpt. rehab program
- Therapy input is important in determining if the pt. is suitable for an intensive inpt. rehab program

Pre-admission Screen

Questions to ask prior to admission:

- Is the required rehabilitation so complex that it cannot be managed at a less intensive level of care such as a skilled nursing facility (SNF), comprehensive rehabilitation facility, outpatient hospital based rehabilitation department, or home health?
- Are there cognitive, psychological, or physiological co-morbidities that will interfere with the patient's ability to participate and benefit from 3 hours of therapy/day 5 days/week?

Physician Involvement

IRF-PAI Supporting Documentation

- **Admission IRF-PAI to classify CMG**
 - # 22 - *Etiologic Diagnosis*
 - Use an ICD-9 code to indicate the etiologic problem that lead to the condition for which the patient is receiving rehabilitation
 - # 21 - *Impairment Group*
 - Condition requiring admission to rehabilitation
 - Be sure to code as specifically as possible to ensure appropriate CMG assignment (and subsequent payment)

IRF-PAI Supporting Documentation

- From items # 21 & 22 a Rehab Impairment Category (RIC) will be assigned (# 01-21)
- Motor scores & Cognitive scores from the IRF-PAI will be tallied, in some cases age will be considered
- RIC + Motor/Cognitive/Age = CMG
 - “Case Mix Group”

IRF-PAI Supporting Documentation

- The grouper software embedded in the data collection software provided by CMS will reassign the admission IGC into a RIC, and then into a CMG for payment.


