SUBJECT: INPATIENT REHABILITATION FACILITY (IRF) SERVICES - MEDICARE REQUIREMENTS	REFERENCE #8501
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DEPARTMENT: REHABILITATION SERVICES	EFFECTIVE:
APPROVED BY:	REVISED:

DEFINITION:

Inpatient Rehabilitation Facility (IRF) Services - IRFs provide intensive rehabilitation services using an interdisciplinary team approach in a hospital environment. Admission to an IRF is appropriate for patients with complex nursing, medical management and rehabilitative needs.

POLICY:

- Required Admission Orders:
  - Admission orders must be generated by a physician at the time of admission. Any licensed physician may generate the admission order. Physician extenders, working in collaboration with the physician, may also generate the admission order. These admission orders must be retained in the patients' IRF medical record.
  - The physician must sign and date the preadmission screening before the patient is admitted to the IRF.
- Medical Necessity at the Time of Admission:
  - Documentation in the patient's IRF medical record must demonstrate a reasonable expectation that the following criteria were met at the time of admission to the IRF. The patient must:
    - Require active and ongoing intervention of multiple therapy disciplines, i.e., Physical Therapy (PT), Occupational Therapy (OT), Speech-Language Pathology (SLP), or prosthetics/orthotics, at least one of which must be provided by PT or OT
    - Require an intensive rehabilitation therapy program, generally consisting of three (3) hours of therapy per day at least five (5) days per week; or in certain well documented cases, at least 15 hours of intensive rehabilitation therapy within a seven (7) consecutive day period, beginning with the date of admission

- Reasonably be expected to actively participate in, and benefit significantly from, the intensive rehabilitation therapy program
  - The patient's condition and functional status are such that the patient can reasonably be expected:
    - To make measurable improvement
    - To be made within a prescribed period of time
    - To be of practical value to improve the patient's functional capacity or adaptation to impairments as a result of the intensive rehabilitation therapy program
- Require physician supervision by a rehabilitation physician, with face-to-face visits at least three (3) days per week to assess the patient both medically and functionally and to modify the course of treatment as needed
- Require an intensive and coordinated interdisciplinary team approach to the delivery of rehabilitative care

- Intensive Level of Rehabilitation Services:
  - Therapy provided in the IRF should be provided primarily one-on-one with a therapist. Group treatment may be used as an adjunct to the individual treatment when it is well documented in the patient's medical record that this better meets the patient's needs.
  - The information in the patient's IRF medical record must document a reasonable expectation that, at the time of admission to the IRF, the patient generally required the intensive rehabilitation therapy services that are uniquely provided in IRFs.
    - Although the intensity of these services can be reflected in various ways, the generally accepted standard by which the intensity of these services is typically demonstrated in IRFs is by the provision of intensive therapies at least three (3) hours a day for five (5) days a week.

- However, this is not a "rule of thumb," and the intensity of therapy services provided in IRFs could also be demonstrated by the provision of 15 hours in a seven (7) consecutive day period starting from the date of admissions, in certain well documented cases.

- Therapy minutes cannot be rounded for the purposes of documenting the required intensity.

- The patient's IRF medical record must document that the required therapy treatments began within 36 hours from midnight of the day of admission to the IRF. Therapy evaluations done in the IRF constitute initiation of the required therapy services.

- The standard of care for IRF patients is one-on-one therapy.

  - Time spent in family conferences does **not** count toward intensity of therapy requirements.

- Interdisciplinary Team Approach to the Delivery of Care:

  - The purpose of the interdisciplinary team is to foster frequent, structured and documented communication among disciplines to establish, prioritize and achieve treatment goals.

  - Team conferences must be held once a week (a week is defined as seven [7] consecutive calendar days that begin the day of admission). A regularly scheduled weekly team conference meets this requirement.

- At a minimum, the interdisciplinary team must document participation by professionals from each of the following disciplines (each of whom must have current knowledge of the patient as documented in the IRF medical record):
  - A rehabilitation physician with specialized training and experience in rehabilitation services
  - A registered nurse with specialized training or experience in rehabilitation
  - A social worker or a case manager (or both)
  - A licensed or certified therapist from each discipline involved in treating the patient
- The weekly interdisciplinary team meeting must be led by a rehabilitation physician who is responsible for making the final decisions regarding the patient's treatment in the IRF.
- The physician must document concurrence with all decisions made by the interdisciplinary team. Documentation must include the name and professional designation of each interdisciplinary team member in attendance.
- The periodic interdisciplinary team conferences must focus on:
  - Assessing the patient's progress toward rehabilitation goals
  - Considering possible resolutions to any problems that could impede the patient's progress toward the goals
  - Reassessing the validity of the rehabilitation goals previously established
  - Monitoring and revising the treatment plan, as needed

- Measurable Improvement:
  - To justify a continued IRF stay, the documentation in the patient's medical record must demonstrate an ongoing requirement for an intensive level of rehabilitation services and an interdisciplinary team approach to care.
  - The IRF medical record must demonstrate the patient is making functional improvements that are ongoing, sustainable and of practical value, as measured against the patient's condition at the start of treatment.
- Required Post-Admission Physician Evaluation:
  - The purpose of the post-admission physician evaluation is to document the patient's status on admission to the IRF, compare it to that noted in the preadmission screening documentation, and begin development of the patient's expected course of treatment that will be completed with input from all of the interdisciplinary team members in the overall plan of care.
  - A dated, timed and authenticated post-admission physician evaluation must be retained in the patient's IRF medical record. The post-admission physician evaluation must:
    - Be performed by a rehabilitation physician and completed within the first 24 hours after admission to the IRF
    - Support medical necessity of admission
    - Identify any relevant changes that may have occurred since the preadmission screening

- Include a documented history and physical (H&P) exam, as well as a review of prior and current medical and functional conditions and comorbidities
  - A resident or physician extender (as defined in Section 1861(s)(2)(K) of the Social Security Act [SSA]) can complete the H&P component of the evaluation.
  - If a resident or physician extender completes the H&P, the rehabilitation physician must still visit the patient and complete the other required parts.

- If the post-admission physician evaluation does not support the continued appropriateness of the IRF services for the patient, the IRF shall begin the discharge process immediately. Services after the third day will not be considered reasonable and necessary, and the IRF will be paid at the appropriate payment rate for IRF patient stays of three (3) days or less.

- Required Individualized Overall Plan of Care:
  - The individualized overall plan of care is developed by the rehabilitation physician from the preadmission screening, post-admission physician evaluation, and information obtained from the assessments of all disciplines involved in treating the patient.
  - The individualized overall plan of care must:
    - Be completed within the first four (4) days of the IRF admission (may be completed at the same time as the post-admission physician evaluation, as long as all required elements are included)
    - Support medical necessity of admission

- Detail the patient's medical prognosis and anticipated interventions (PT, OT, SLP and prosthetic/orthotic therapies) required during the IRF stay, including:
  - Expected intensity (number of hours per day)
  - Expected frequency (number of days per week)
  - Expected duration (number of total days during IRF stay)
- Detail functional outcomes
- Detail discharge destination from the IRF stay

- Detailed expectations for the course of treatment must be based on consideration of the patient's impairments, functional status, complicating conditions and any other contributing factors.

- Required Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI):
  - The IRF-PAI is used to gather data to determine the payment for each Medicare Part A FFS patient admitted to an IRF. The IRF-PAI form must be included in the patient's IRF medical record in either electronic or paper format.
  - Information in the IRF-PAI must correspond with all information in the patient's IRF medical record. The IRF-PAI must be dated, timed and authenticated in the written or electronic form. One signature (attached in some way to the IRF-PAI, either in a cover page or handwritten somewhere on the form) from the person who completed (or transmitted) the IRF-PAI will be sufficient.

- Documentation of IRF Services:
  - The patient's medical record at the IRF must contain the following documentation:
    - Required Preadmission Screening:
      - A preadmission screening is a detailed and comprehensive evaluation of the patient's condition and need for rehabilitation therapy and medical treatment that must be conducted by a licensed or certified clinician(s) (appropriately trained to assess the patient medically and functionally) within the 48 hours immediately preceding the IRF admission.
      - This screening is the initial determination of whether the patient meets the requirements for IRF admission.
      - If the preadmission screening is completed more than 48 hours prior to admission, there must be a reassessment. The reassessment can be completed by telephone. Any changes from the previous assessment must be documented.
      - While a physician extender can complete the preadmission screening, the rehabilitation physician must give concurrence that the patient meets the requirements for IRF admission.
        - A rehabilitation physician must review, sign and date the screening before the patient is admitted to the IRF.
        - The preadmission screening can be completed in person or by telephone (a preadmission screening conducted entirely by telephone will not be accepted without transmission of the patient's medical records from the referring hospital to the IRF and a review of those records by licensed or certified clinical staff in the IRF).

- Preadmission screening documentation must justify that the patient requires, will benefit significantly from, and is able to actively participate in intensive rehabilitation therapy. Check-off lists are not acceptable documentation. The preadmission screening documentation must include:
  - The specific reasons that led the IRF clinical staff to conclude the IRF admission would be reasonable and necessary
  - The patient's prior level of function
  - The patient's expected level of improvement
  - The expected length of time necessary to achieve the expected level of improvement
  - An evaluation of the patient's risk for clinical complications
  - Treatments needed (OT, PT, SLP, or prosthetics/orthotics)
  - The expected frequency and duration of treatment in the IRF
  - The anticipated discharge destination
  - Any anticipated post-discharge treatments
  - Other information relevant to the care needs of the patient

REFERENCE:

CMS FACT SHEET - Comprehensive Error Rate Testing (CERT) Inpatient Rehabilitation Services, March 2011