

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services



REVISED product from the Medicare Learning Network® (MLN)

- [“PECOS Technical Assistance Contact Information”](#) Fact Sheet, ICN 903766, downloadable

MLN Matters® Number: MM9362

Related Change Request (CR) #: CR9362

Related CR Release Date: October 30, 2015

Effective Date: December 2, 2015

Related CR Transmittal #: R3388CP

Implementation Date: December 2, 2015

Manual Updates to Clarify Inpatient Rehabilitation Facility (IRF) Claims Processing

Provider Types Affected

This MLN Matters® Article is intended for Inpatient Rehabilitation Facilities (IRFs) submitting claims to Medicare Administrative Contractors (MACs) for inpatient rehabilitation services provided to Medicare beneficiaries.

What You Need to Know

Change Request (CR) 9362 updates Chapter 3 of the “Medicare Claims Processing Manual” to clarify key components of IRF payment policies. These changes are intended only to clarify the existing policies and no system or processing changes are anticipated.

Background

Compliance with the regulatory requirements for the arthritis conditions specified in [Chapter 3](#), Section 140.1.1 B-D of the “Medicare Claims Processing Manual” cannot be determined by the presence of an impairment group code or diagnosis code alone, but can only be verified through review of the IRF medical record. Thus, the Centers for Medicare

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& Medicaid Services (CMS) removed arthritis impairment group codes and diagnosis codes from the list of codes used to determine presumptive compliance for compliance review periods beginning on or after October 1, 2015. However, beginning on or after October 1, 2015, CMS also provided for an additional item on the IRF Patient Assessment Instrument (PAI) (item #24A) to enable IRFs to indicate whether the patient's arthritis condition(s) meets all of the relevant regulatory requirements specified in Chapter 3, Section 140.1.1 B-D of the "Medicare Claims Processing Manual."

With CR9362, CMS is adding a new subsection D to Section 140.1.3 of Chapter 3 to guide MACs in using the new item #24A on the IRF-PAI to verify that the arthritis codes meet the 60 percent rule requirements. The added provisions of Chapter 3 are attached to CR9362.

Additional Information

The official instruction, CR9362, issued to your MAC regarding this change is available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3388CP.pdf> on the CMS website.

Additional information is also available on the [IRF Classification Criteria](#) webpage.

If you have any questions, please contact your MAC at their toll-free number. That number is available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/index.html> under - How Does It Work.

Each Office Visit is an Opportunity to Recommend Influenza Vaccination.

Protect your patients, your staff, and yourself. Medicare Part B covers one influenza vaccination and its administration each influenza season for Medicare beneficiaries. If medically necessary, Medicare may cover additional seasonal influenza vaccinations.

- [Preventive Services](#) Educational Tool
- [Influenza Vaccine Payment Allowances](#) MLN Matters Article
- [Influenza Resources for Health Care Professionals](#) MLN Matters Article
- [CDC Influenza](#) website

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