Coverage Policies for Inpatient Rehabilitation Services

May 2012

Objectives

- Give an Overview of Medicare's Inpatient Rehabilitation Facility (IRF) coverage policies.

- Answer any questions you may have about the policies.

Overview of the IRF Benefit

Designed to provide:

- intensive rehabilitation therapy
- in a resource intensive 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 an interdisciplinary approach to the delivery of rehabilitation care.

Timing of the IRF Referral

- Patients must be able to fully participate in and benefit from intensive rehabilitation therapy program prior to transfer from the referring hospital.

- Patients who are still completing their course of treatment in the referring hospital and cannot tolerate an intensive therapy program are not appropriate for IRF admission.

Additional Patients Not Appropriate for IRF Admission

Patients who have:

- Completed their course of treatment in the referring hospital, but

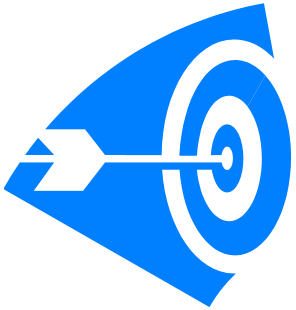
- Do not require (or cannot participate in or benefit from) an intensive rehabilitation therapy program.

Documentation Requirements

- Preadmission Screening
- Post-Admission Physician Evaluation
- Individualized Overall Plan of Care
- Physician Orders
- IRF Patient Assessment Instrument (PAI) included in medical record

Key Elements of the Preadmission Screening

Preadmission Screening



A comprehensive preadmission screening process is the key factor in initially identifying appropriate candidates for IRF care.

Preadmission Screening: Comprehensive and Accurate

- Conducted by a licensed or certified clinician or group of clinicians.
- Conducted in person or through a review of the patient's referring hospital medical records (if a hospital stay preceded the IRF admission).
- Includes a detailed and comprehensive review of the patient's condition/medical history.

Preadmission Screening: Personnel

A licensed or certified clinician is an individual who is:

- Appropriately trained and qualified to assess a patient's medical and functional status
- Able to assess the risk for clinical and rehabilitation complications
- Able to assess other aspects of a patient's condition both medically and functionally

Preadmission Screening: Key Information

- Prior level of function
- Expected level of improvement
- Expected length of time to achieve that level of improvement
- Risk for clinical complications
- Conditions that caused the need for rehabilitation
- Combinations of treatments needed
- Expected frequency and duration of treatment in the IRF
- Anticipated discharge destination
- Any anticipated post-discharge treatments
- Other information relevant to the patient's care needs

Preadmission Screening: Timely

- Must be conducted within the 48 hours immediately preceding the IRF admission, or

- Must contain documentation of an update (within the 48 hour time period) if a comprehensive screening containing all of the required elements was conducted more than 48 hours prior to the admission.

- Must be signed, dated, and timed by a rehabilitation physician.

Preadmission Screening:
Rehabilitation Physician's Concurrence

The rehabilitation physician has to document his or her concurrence with the findings and results of the preadmission screening after the preadmission screening is completed and before the IRF admission.

Preadmission Screening:
Supports the Admission Decision

- Serves as the initial determination of whether or not the patient meets the requirements for an IRF admission to be considered reasonable and necessary.

- Is used to inform a rehabilitation physician who reviews and documents his or her concurrence with the findings and results of the preadmission screening.

- Is retained in the patient's medical record at the IRF.

Preadmission Screening:
Supports the Admission Decision

The preadmission screening serves as the primary documentation by the IRF clinical staff of:

- the patient's status prior to admission, and
- the specific reasons that led the IRF clinical staff to conclude that the IRF admission would be reasonable and necessary.

Preadmission Screening:
Must Contain Some Narrative Information

- Preadmission Screening documentation should not be presented primarily in the form of "check-off boxes." Check-off boxes do not adequately demonstrate that an individualized assessment took place.

- A detailed description must document the conditions/comorbidities the patient has and why these indicate a specific risk for clinical complications that require physician monitoring.

- Licensed or Certified Clinicians conducting the preadmission screening must write out the detailed reasoning/justification for the IRF admission.

Key Elements of the Post-Admission Physician Evaluation

Post-Admission Physician Evaluation: Purpose

- Check whether the patient's status on admission still reflects what as in the preadmission screening (document any changes).

- Ensure that a rehabilitation physician sees the patient in the first 24 hours of admission.

- Begin development of the patient's expected course of treatment as soon as possible (within 24 hours of admission).

Post-Admission Physician Evaluation: Required Information

- Identify any relevant changes that may have occurred since the preadmission screening
- Include a documented history and physical exam
- Include documentation that supports the medical necessity of the admission
- Review the patient's prior and current medical and functional conditions and comorbidities.

Key Elements of the Individualized Overall Plan of Care

Overall Plan of Care

Must be **individualized** to the unique care needs of the patient

Is based on:

- Information from the preadmission screen and the post-admission physician evaluation
- Information garnered from therapy assessments

Must be synthesized by a rehabilitation physician

Must be completed within 4 days of the IRF admission

Overall Plan of Care: Required Information

Estimated length of stay

Medical prognosis

Anticipated interventions, functional outcomes, and discharge destination

Expected therapy

- intensity (# of hours per day) by discipline,
- frequency (# of days per week), and
- duration (total number of days during the IRF stay)

Overall Plan of Care: Additional Information

Though it might be good practice, the first team meeting does not have to occur in the first 4 days to establish the overall plan of care. The overall plan of care is the rehabilitation physician's responsibility.

Admission Orders Requirement

Admission Orders

At the time of admission, a physician must generate admission orders for the patient's care that must be retained in the patient's medical record at the IRF.

IRF-PAI Requirement

Requirement for the IRF-PAI

- The IRF-PAI must be contained in the patient's medical record at the IRF.

- The information in the IRF-PAI must correspond with all of the information provided in the patient's IRF medical record.

IRF Medical Necessity Criteria

- Multiple therapy disciplines
- Intensive rehabilitation therapy program
- Ability to participate in therapy program
- Physician supervision
- Interdisciplinary team approach to the delivery of care

Multiple Therapy Disciplines

Bottom line: Patients who only require treatment by one discipline of therapy do not need to be in an IRF.

For this purpose, "therapy disciplines" include:

- Physical therapy
- Occupational therapy
- Speech-language pathology
- Orthotics/prosthetics

Multiple Therapy Disciplines

One of the therapy disciplines must be physical or occupational therapy, though in most cases both will be needed.

Intensive Rehabilitation Therapy

Patient must require an intensive rehabilitation therapy program on admission to the IRF.

Not a "rule of thumb."

Typically demonstrated in IRFs by the provision of therapies:

- At least 3 hours per day at least 5 days per week, or
- An average of at least 15 hours per week—reasons for this must be documented in the medical record.

Intensive Rehabilitation Therapy: Definition of a "Week"

A week is a 7 consecutive day period starting with the day of admission.

Intensive Rehabilitation Therapy: Initiation of Therapy

- Required therapy treatments must begin within 36 hours from midnight of the day of admission to the IRF.

- Therapy evaluations may constitute the initiation of therapy services.

- Therapy evaluations "count" for the purposes of demonstrating the intensity of therapy requirement.

Intensive Rehabilitation Therapy: Group Therapies

- The standard of care for IRF patients is individualized (i.e., one-on-one) therapy.
- Group therapies serve as an adjunct to individual therapies.
- Justification for use of group therapies in a particular case should be documented in the patient's medical record at the IRF.

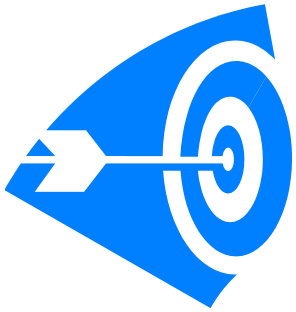
Intensive Rehabilitation Therapy: Brief Exceptions Policy

Contractors are authorized to grant brief exceptions (not to exceed 3 consecutive days) to the intensity of therapy requirement for **unexpected** clinical events.

Examples of unexpected clinical events:

- Extensive diagnostic tests off premises
- Prolonged intravenous infusion of chemotherapy or blood products
- Bed rest due to signs of deep vein thrombosis
- Exhaustion due to recent ambulance transportation
- Surgical procedure

Intensive Rehabilitation Therapy: Brief Exceptions Policy



The reasons for the brief interruption in the intensive therapy program must be well-documented in the patient's medical record at the IRF.

Actively Participate in Intensive Therapy

The patient's condition must be such that there is a reasonable expectation at the time of admission that the patient will be able to actively participate in and benefit from the intensive rehabilitation therapy program provided in the IRF.

Physician Supervision

Demonstrated by the need for face-to-face visits by a rehabilitation physician or other licensed treating physician with specialized training and experience in rehabilitation **at least 3 days per week** throughout the IRF stay.

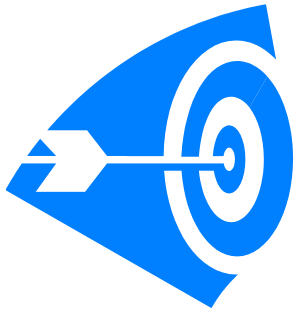
Physician Supervision:
Required Physician Visits

- Performed by a rehabilitation physician
- Comprehensive assessments of patient's functional goals and progress (in light of their medical conditions)
- Rehabilitation physicians or other physician specialties may treat and visit patients more often, as needed

Interdisciplinary Team Approach

The complexity of the patient's nursing, medical management, and rehabilitation needs requires an inpatient stay and an interdisciplinary team approach to care.

Interdisciplinary Team Approach



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

Interdisciplinary Team Approach: Required Team Participants

- 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 therapy discipline involved in treating the patient.

Interdisciplinary Team Approach: Weekly Team Meetings

Must focus on:

- Assessing the individual's progress towards the rehabilitation goals;
- Considering possible resolutions to any problems that could impede progress towards the goals;
- Reassessing the validity of the rehabilitation goals previously established; and
- Monitoring and revising the treatment plan, as needed.

Treatment Goals

- Generally, the goal of IRF treatment should be the patient's safe return to the home or community-based environment.

- IRF patients do not have to be expected to achieve complete independence in the domain of self-care nor do they have to be expected to be able to return to their prior level of function.

Where to Find Information on the Policies

Regulations—

- FY 2010 IRF PPS final rule (74 FR 39762, pages 39788 through 39798) -- http://www.gpo.gov/fdsys/pkg/FR-2009-08-07/pdf/E9-18616.pdf
- 42 CFR Sections 412.622 (a) (3), (4), and (5) -- http://www.gpo.gov/fdsys/pkg/CFR-2011-title42-vol2/pdf/CFR-2011-title42-vol2-sec412-622.pdf

Manual—

- Chapter 1, Section 110 of the Medicare Benefit Policy Manual -- http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c01.pdf

Internet—

- "Coverage Requirements" page on the IRF PPS web site:

Coverage Requirements | Center for Medicare & Medicaid Services

Questions?

For Further Questions

You may also email additional questions to:

IRFCoverage@cms.hhs.gov

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