

CMS Manual System

Pub 100-04 Medicare Claims Processing

Transmittal 478

Department of Health &
Human Services

Center for Medicare and &
Medicaid Services

Date: FEBRUARY 18, 2005

Change Request 3704

SUBJECT: Clarification of the Verification Process to be Used to Determine if the Inpatient Rehabilitation Facility (IRF) Meets The IRF Classification Criteria

I. SUMMARY OF CHANGES: The language changes to the manual, clarify the existing policy that determines if an IRF meets the IRF classification criteria.

NEW/REVISED MATERIAL :

EFFECTIVE DATE : June 25, 2004

IMPLEMENTATION DATE : March 21, 2005

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS:

R = REVISED, N = NEW, D = DELETED

R/N/D	Chapter / Section / SubSection / Title
R	3/140/.1/.4 Verification Process To Be Used To Determine If The Inpatient Rehabilitation Facility Met The Classification Criteria
R	3/Appendix A/ Verification of Compliance Using ICD-9-CM and Impairment Group Codes

III. FUNDING:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2005 operating budgets.

IV. ATTACHMENTS:

Business Requirements

Manual Instruction

**Unless otherwise specified, the effective date is the date of service.*