INPATIENT REHABILITATION FACILITY (IRF)

FY 2027 FINAL RULE
FREQUENTLY ASKED QUESTIONS

EFFECTIVE OCTOBER 1, 2026

36-Hour Requirement

1. **What is changing about the 36-hour requirement?**

The rule clarifies that all therapy treatments and/or therapy evaluations ordered at admission, which may occur by a rehabilitation physician concurring with the preadmission screening (PAS) or ordering additional therapies at admission, must begin no later than 36 hours from midnight on the day of admission to the IRF. See 42 CFR § 412.622(a)(3)(ii).

Documentation reminder: The medical record should show when each required therapy treatment and/or evaluation began.

2. **Does starting one therapy within the 36-hour window satisfy the requirement?**

No. All required therapy treatments and/or therapy evaluations ordered at admission must begin within the required timeframe. See 42 CFR § 412.622(a)(3)(ii).

Documentation reminder: The medical record should support that each required therapy treatment and/or evaluation ordered at admission was initiated by the deadline.

3. **What does "midnight on the day of admission" mean?**

"Midnight on the day of admission" means the midnight that follows admission to the IRF. For example, if a patient is admitted at 2:00 pm on Tuesday, midnight after admission is 12:00 am Wednesday, and the 36-hour deadline is 12:00 pm Thursday. See 42 CFR § 412.622(a)(3)(ii).

Documentation reminder: Document the date and time of admission and the date and time each required therapy treatment and/or evaluation began.

4. **Does the 36-hour window include weekends and holidays?**

Yes. The 36-hour timeframe is based on elapsed time from midnight on the day of admission and includes weekends and holidays.

Documentation reminder: IRFs should review weekend and holiday admission and therapy workflows to support timely initiation of all required therapy treatments and/or evaluations ordered at admission.

5. **Do therapy evaluations count as the start of therapy?**

Yes. Therapy evaluations are generally considered to constitute the beginning of the required therapy services and may count toward meeting the 36-hour requirement. See 91 FR 49007.

Documentation reminder: The medical record should clearly show when the evaluation began and which discipline performed it.

6. **Which therapies are included in the 36-hour requirement?**

The 36-hour requirement applies to all therapy treatments and/or therapy evaluations ordered at admission for the following therapy disciplines, as applicable: physical therapy, occupational therapy, speech-language pathology, and prosthetics/orthotics. Those orders may result from the rehabilitation physician's concurrence with the therapies identified in the PAS or from additional therapies the rehabilitation physician orders at admission. See 42 CFR § 412.622(a)(3).

Documentation reminder: Admission documentation should clearly identify the therapies that were ordered at admission and the date and time each required therapy treatment and/or evaluation began.

7. **Are therapies ordered after admission subject to the 36-hour requirement?**

No. The 36-hour requirement applies only to therapy treatments and/or therapy evaluations ordered at admission, which may occur by a rehabilitation physician concurring with the PAS or ordering additional therapies at admission. Therapies ordered after the rehabilitation physician's initial concurrence with the PAS and admission orders are not subject to the 36-hour requirement. CMS encourages IRFs to initiate additional ordered therapies as soon as possible to provide high-quality care to their patients. See 91 FR 49008.

Documentation reminder: Clearly document when the additional therapy was ordered and when it began.

8. **How does the preadmission screening relate to the 36-hour requirement?**

The rule does not change the preadmission screening (PAS) requirements. The PAS identifies the treatments needed for the patient's IRF stay. The rehabilitation physician must document that they have reviewed and concur with the findings and results of the PAS prior to admission. See 42 CFR § 412.622(a)(4)(ii).

Documentation reminder: The PAS must continue to meet existing timing and content. The PAS and admission documentation should be consistent about the therapies needed for IRF care.

9. **Does the preadmission screening (PAS) play a role in compliance with the 36-hour requirement?**

Yes. The PAS identifies the treatments needed for the patient's IRF stay, and the rehabilitation physician must review and concur with the findings and results of the PAS before admission. For purposes of the 36-hour requirement, therapies and/or therapy evaluations ordered at admission may result from the rehabilitation physician's concurrence with the PAS or from additional therapies ordered at admission. See 42 CFR § 412.622(a)(3)(ii) and (a)(4)(ii).

Documentation reminder: Continue to follow existing PAS and admission documentation requirements.

10. **What if the rehabilitation physician does not agree with all therapies listed on the PAS?**

As stated in the final rule, the 36-hour requirement applies to all therapies and/or therapy evaluations that are ordered at admission, which may occur by a rehabilitation physician concurring with the PAS or ordering additional therapies at admission.

IRFs should contact their Medicare Administrative Contractor (MAC) with questions about claims, coverage, or the application of Medicare requirements to their specific circumstances.

Documentation reminder: This should be documented in a manner consistent with established documentation requirements for Part A stays.

11. Are there new flexibilities for small IRFs or IRFs with staffing shortages?

No. The rule does not add new flexibilities for smaller IRFs or IRFs with staffing shortages as part of the changes to the 36-hour requirement.

Documentation reminder: IRFs should review admission, therapy ordering, therapy evaluation, and weekend or holiday staffing workflows to support timely initiation of all required therapies.

12. Does the brief exceptions policy apply to the 36-hour requirement?

No. The brief exceptions policy applies to the separate intensity of therapy requirement when unexpected clinical events or medical procedures occur during the IRF stay. The FY 2027 rule does not provide additional flexibilities for the initiation of required therapies and/or evaluations. See 42 CFR § 412.622(a)(3)(ii).

Documentation reminder: The existing brief exceptions policy does not excuse non-compliance with the 36-hour requirement.

Initial Interdisciplinary Team (IDT) Meeting Requirement

13. What is the new initial IDT meeting requirement?

The first interdisciplinary team meeting must occur on or before the fourth day from the date the patient is admitted to the IRF. See 42 CFR § 412.622(a)(5)(ii).

Documentation reminder: The initial IDT meeting must be documented in the patient's medical record.

14. For purposes of the IDT meeting, is the date of admission Day 1 or Day 0?

The date of admission to an IRF is Day 1 for the initial IDT meeting requirement. We note that counting the date of admission as Day 1 is consistent with other policies for IRFs, including documentation requirements for the plan of care. See 42 CFR § 412.622(a)(5)(ii).

Documentation reminder: The admission date should be clear in the medical record because it starts the Day 1 count.

15. Is the initial IDT deadline based on midnight or the date of admission?

The first IDT meeting must occur on or before the fourth day from the date the patient is admitted. Day 1 is the date of admission. See 42 CFR § 412.622(a)(5)(ii).

Documentation reminder: Use the date of admission, not a separate midnight-based calculation, for the initial IDT day count.

16. How does the initial IDT meeting requirement align with the plan of care?

The initial IDT meeting and the plan of care have separate documentation requirements, but both occur early in the IRF stay and should support coordinated care. Day 1 for both timeframes is the day of admission, and both must be documented by Day 4. Aligning these timeframes allows the interdisciplinary team to coordinate care and provide timely treatment updates as the patient's plan of care is being developed, which may lead to improved quality of care and health outcomes. See 42 CFR § 412.622(a)(4)(ii) and (a)(5)(ii).

Documentation reminder: The initial IDT meeting documentation should be separate from the plan of care documentation, but both should support coordinated care.

17. Can the initial IDT meeting documentation replace the plan of care documentation?

No. Documentation of the initial IDT meeting does not replace the patient's plan of care documentation in the medical record.

Documentation reminder: Maintain both the plan of care documentation and the IDT meeting documentation.

18. What must the initial IDT meeting address?

The initial IDT meeting must address implementation of appropriate therapy services identified in the PAS and ordered at admission, establishment or review of the patient's stated rehabilitation goals, and identification of any problems that could impede those goals. See 42 CFR § 412.622(a)(5)(ii).

Documentation reminder: The meeting documentation should reflect the team's discussion of treatment services, goals, and barriers.

19. How often must subsequent IDT meetings occur?

After the initial IDT meeting, subsequent IDT meetings must occur weekly, at least once every 7 consecutive calendar days after the date of the prior IDT meeting. See 42 CFR § 412.622(a)(5)(iii).

Documentation reminder: Track the date of each IDT meeting because it determines the next meeting deadline.

20. Did the rule change the definition of "week"?

Yes. For the purposes of 42 CFR § 412.622, "week" is defined as a period of 7 consecutive calendar days. See 42 CFR § 412.622(c).

Documentation reminder: Do not rely on a Monday-through-Sunday work week unless that timing also meets the 7-consecutive-calendar-day requirement.

21. Can the initial IDT meeting occur before Day 4?

Yes. The initial IDT meeting must occur on or before Day 4, so it may occur earlier than Day 4. See 42 CFR § 412.622(a)(5)(ii).

Documentation reminder: Earlier meetings still need to include the required participants and required content.

22. What if Day 4 falls on a weekend or holiday?

The requirement still applies if Day 4 falls on a weekend or holiday. CMS has long stated that IRFs are a specialized type of hospital and, like acute care hospitals, are supposed to provide services 7 days a week (74 FR 39797). IRFs should make operational arrangements to ensure the initial IDT meeting occurs by Day 4. For example, if a patient is admitted on Thursday and the care team cannot meet over the weekend, the IRF could hold the initial IDT meeting on Friday.

Documentation reminder: Review weekend and holiday admission workflows so the initial IDT meeting occurs by Day 4.

23. Can all members of the IDT attend remotely?

No. Under current policy, only the rehabilitation physician may participate in IDT meetings remotely. All other required team members must attend in person.

Documentation reminder: Meeting documentation should support that required participants attended consistent with current policy. See 42 CFR § 412.622(a)(5)(i).

24. Can a Physician Assistant lead the IDT meeting?

No. There was no new flexibility proposed or finalized to allow Physician Assistants to lead the IDT meeting. The IDT meeting must continue to be led by the rehabilitation physician. See 42 CFR § 412.622(a)(5)(i).

Documentation reminder: The record should support rehabilitation physician leadership and concurrence with the team meeting results and findings.

Billing, Compliance, and Medical Review

25. Could issues such as the 36-hour requirement and other IRF coverage requirements be reviewed by a MAC or other medical review contractor?

Yes. Compliance with the 36-hour requirement and other IRF coverage requirements may be reviewed through the IRF medical record.

Documentation reminder: Maintain clear documentation supporting compliance with the 36-hour requirement and IDT timing requirements.

Implementation Questions

26. When do these finalized FY 2027 IRF rule changes apply?

The FY 2027 IRF PPS final rule changes discussed in these FAQs, including the initial IDT meeting requirement and the 36-hour requirement, apply to patients admitted to an IRF on or after October 1, 2026. See 91 FR 48982.

Documentation reminder: IRFs should apply the new timing requirements based on the effective-date provisions in the final rule.