Medicare Inpatient Rehabilitation Review Program

Medicare's **Inpatient Rehabilitation Review Program** checks whether inpatient rehabilitation care in some states meets Medicare coverage rules. The review helps make sure patients get the right level of care and that Medicare pays correctly for covered services.

After you're admitted to the rehabilitation facility, your provider will handle the paperwork for this review.

You don't need to do anything as part of the review.

What happens during the review?

A Medicare Administrative Contractor in your state will review information about your inpatient rehabilitation stay to make sure it follows Medicare rules. The Medicare Administrative Contractors for states in the program are:

- **Alabama**: Palmetto GBA
- **Pennsylvania**: Novitas
- **Texas**: Novitas
- **California**: Noridian

The contractor will send you a "decision letter" in the mail with the results of the review. You may get more than one letter for the same hospital stay.

These letters are for your information only – you don't need to take any action.

Get help & more information

If you have questions about your rehabilitation stay, talk with your doctor or care team. Review any notices you get from Medicare or your facility.

The decision letter you get from the Medicare Administrative Contractor will include contact information you can use for questions about the review of your stay.

For general information about Medicare, visit **medicare.gov or call** 1–800-MEDICARE (1–800–633–4227). TTY users call 877–486–2048.