

# AMRPA

AMERICAN MEDICAL REHABILITATION PROVIDERS ASSOCIATION

## IRF Boot Camp

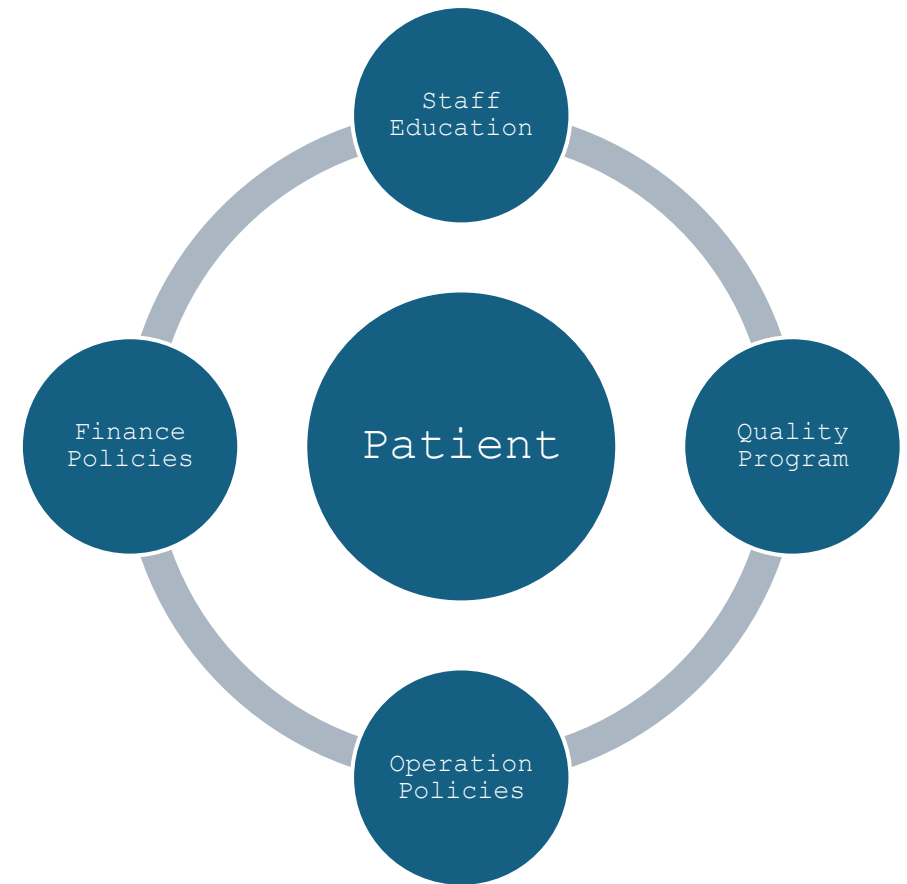


# Participants Will

- Understand the **IRF** regulations that keep an IRF certified
- Know the IRF source documents
- Know the Medicare IRF Admission Criteria

# Themes For Today

- Understand what interpretations YOUR organization applies
- Keep the patient at the center of all decision- making



# Starting Point

- An IRF is an acute care level of service
- Become a Medicare Certified Inpatient Rehab Facility (IRF)
- It is exempt from acute hospital DRGs as a payment system
- Recertify every year/three years depending on the regulation
- Each Federal Fiscal Year (October 1)



## **Must Have Documents**

- Medicare Benefits Policy Manual
- CMS 437A or B
- Medicare Claims Manual
- IRF Final Rule FY 2026
- **Classification Criteria** – Keeps the IRF open for business
- **Admission/Documentation Criteria** – Provides rules to admit an appropriate range of patients
- **Payment & Penalties Process** – Keeps the IRF financially solvent and able to grow/compete

# The 60% Rule

- 60% or more of the patients admitted in the measurement time frame have to be classified in 1 of 13 conditions.
- The 60% Rule applies to all payers.

## **Stroke**

*Spinal cord injury*

## **Congenital deformity**

*Amputation*

## **Major multiple trauma**

*Fracture of femur (hip fracture)*

## **Brain injury**

*Neurological disorders, including multiple sclerosis, motor neuron diseases, polyneuropathy, muscular dystrophy, and Parkinson's disease*

## **Burns**

*Active, polyarticular rheumatoid arthritis, psoriatic arthritis, and seronegative arthropathies*

## **Systemic vasculidities with joint inflammation**

*Severe or advanced osteoarthritis involving two or more major weight bearing joints*

**Knee or hip joint replacement, or both, during an acute hospitalization immediately preceding**

**the inpatient rehabilitation stay and meet one or more of the following specific criteria of bilateral, obese, or 85 years or older.**

# The 60% Annual Review Process

Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
				Cost Report Year											
60% Rule Measurement Time Frame															

- Review is annual per CRY
- First - Provider submits information for MCare & Advantage patients
- If Second Round needed, then all payers are in play

# Classification Requirements

- Acute care facility license
- Checked for IRF status every 3 years – except 60% Rule
- Conditions of Participation
- Designated Beds
- Director of Rehab (Med Dir) – 20 hours (units) & full time (hospital)
- Rehab Doctor & Med Dir are both required but can one in the same
- Multidisciplinary Team
- 60% Rule

I

I



# Mcare IRF Admission Criteria

- IRF care is only considered by Medicare to be reasonable and necessary under 1862(a)(1)(A) of the Social Security Act if the patient meets all of the requirements outlined in 42 CFR § 412.622(a)(3), (4), and (5).
- This is true regardless of whether the patient is treated in the IRF for 1 or more of the 13 medical conditions listed in 42 CFR § 412.29(b)(2) or not. Medicare requires determinations of whether IRF stays are reasonable and necessary to be based on an assessment of each beneficiary's individual care needs.

## Admission Criteria (MBPM)

- Multiple Therapy Discipline
- Intensive Level of Rehabilitation Services
- Ability to Actively Participate in Intensive Rehab Therapy Program
- Physician Supervision
- Interdisciplinary Team Approach to the Delivery of Care
- (Measurable Improvement)

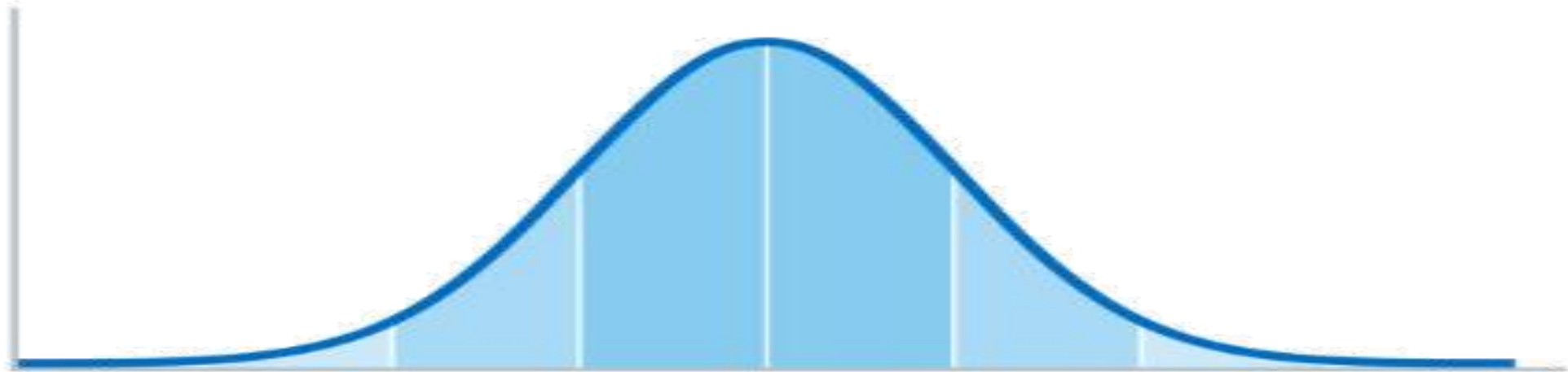
# Medical Necessity

- Pre-Admission Screening – within 48 hours of admission
  - Seven elements and signed by the rehab physician before admission
- Physician H&P (CoP requirement) – within 24 hours of admit
- Admission orders
- Overall plan of care – by day 4
- Rehab physician visits 3 times a week minimum
- IRF PAI - by day 4

# Medical Necessity

- Intensive Therapy – Starts within 36 hours of midnight after admission. Focused on individual patient need
  - OT/PT start at same time – Rule/interpretation?
  - Common application: 3 hours/5 days
  - First alternative: 15 hours/7 days
  - Individual versus group treatment – “propensity”
  - Concurrent Treatment and Co-Treatment
- Team Conference: every 7 days – with required personnel
- Brief Exceptions Policy – 72 hour “hold”

# Admission Criteria & Medical Necessity



# Medical Necessity



Physician

Nursing

Therapy

# Documentation

	Tech	Clinical
Pre-Admission Screening	Y	Write a comprehensive summary that includes all admission criteria and required elements
History & Physical	Y	Similar to above and includes statement agreeing to admission
Orders	Y	
Therapy Assess	Y	Barriers to safe discharge
POC	Y	Include interdisciplinary actions
Dr. Notes	Y	Functional status and medical issues
IRF PAI	Y	
Team Conference	Y	Barriers to safe discharge

# Team Integration

- Ambulation
- Dressing
- Eating
- Transfers
- Hygiene
- Bladder and Bowel
- Impulsivity
- Depression
- Pain
- Communication
- Behavior & Management
- Learning Styles



# Brief Exceptions Policy



**3 Days  
or  
72 Hours**

While patients requiring an IRF stay are expected to need and receive an intensive rehabilitation therapy program, as described above, this may not be true for a limited number of days during a patient's IRF stay because patients' needs vary over time. For example, if an unexpected clinical event occurs during the course of a patient's IRF stay that limits the patient's ability to participate in the intensive therapy program for a brief period **not to exceed 3 consecutive days** (e.g., 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, etc.), **the specific reasons for the break** in the provision of therapy services **should generally be documented** in the patient's IRF medical record. If these reasons are appropriately documented in the patient's IRF medical record, such a break in service (of limited duration) **should generally** not affect the determination of the medical necessity of the IRF admission.

"should generally" was added to the MBPM in 2021

# And These Items

Quality Mandates	
Skin Integrity	Readmission Rate
Functional and Cognitive Status	Estimated Spending /Beneficiary
Medication Reconciliation	Discharge to Community
Major Falls	Trans of Health Information (UD)

# New Rules and Gov' t Projects

- Pricing Transparency
- Review Choice Demonstration
- TEAM Project Starting Soon
  - 3 Day Acute Care Stay Waived for SNF
  - 5 conditions included
    - CABG, Major Bowel Procedure, LEJR, Hip and Femur, Spinal Fusion

# Summary

- Classification Requirements, Documentation Requirements & Reimbursement System
- Regulations versus Interpretation
- Fact versus Myth
- Patient centered decision making is critical as it is both best for the patient and the best stance on all admissions