
Purpose of the PAS

The PAS is the **sole document** that establishes **medical necessity** for IRF admission under Medicare and Medicare Advantage.

If it's incomplete, vague, or cloned, it becomes the **#1 cause of denial** — even when the care itself was appropriate.

Top Reasons for IRF Denials

1. **Documentation doesn't support medical necessity of admission or ongoing stay.**
 2. **Insufficient evidence of ongoing medical supervision** by a rehab physician.
 3. **Failure to show that intensive therapy is both needed and beneficial.**
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How to Write the Best PAS

1. Clearly Demonstrate Medical Necessity

Explain *why* the patient needs:

- **Rehabilitation physician supervision** (ongoing medical conditions or risks).
- **24/7 rehabilitation nursing** (monitoring, safety, or clinical management needs).
- **Two or more therapies** (e.g., PT and OT) and how both are essential.

2. Include Four Critical Elements

Element	What to Document	What Medicare Reviewers Look For
Prior Functional Status	Baseline before hospitalization	Clear contrast showing decline
Current Functional Status	Current ability and therapy potential	Proof the patient can <i>participate in and benefit from</i> intensive rehab
Risks for Clinical Complications	Ongoing conditions needing physician oversight	Ties medical issues directly to rehab need

Element	What to Document	What Medicare Reviewers Look For
Need for Two+ Therapies	Specify which and why	Clinical justification, not generic statements

Avoid saying “requires therapy for strengthening” without context. Show functional goals and safety concerns.

3. Address Functional and Cognitive Issues

- If **cognitive deficits** exist, explain that they won’t prevent participation.
Example: “Despite mild memory impairment, patient successfully completed acute PT/OT sessions and demonstrated learning potential.”
- If **balance or safety** issues exist, link them to the need for IRF-level care and physician monitoring.

4. Use Strong, Individualized Language

- Replace templated phrases with **clinically reasoned narratives**.
- Use open-ended statements like:
 - “Based on the PAS information, I anticipate the patient will require...”
 - “The following acute medical conditions require ongoing medical supervision: ...”
 - “Despite cognitive limitations, the patient’s progress in acute care supports ability to benefit from intensive therapy.”

5. Physician Attestation

- Not required by regulation, but **highly recommended**.
 - Should reflect **the physician’s clinical reasoning**, not copy-paste text.
 - Tie the attestation directly to the PAS content.
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6. Link the PAS to Ongoing Documentation

Ensure consistency between:

- **PAS → H&P → IPOC → ITC notes → Progress notes**
Each must “**connect the dots**” between medical and functional issues.
 - If ongoing stay isn’t justified, **discharge promptly** — delayed DCs are red flags in audits.
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EMR & AI Risks

- **Avoid cloned or auto-filled templates.** Each note must show individualized assessment.
 - **Encrypted AI only** — external AI tools may breach HIPAA.
 - If AI generates documentation, verify it reflects actual care.
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Final Takeaways (The “E-A-A” Framework)

Educate – Train staff on IRF documentation and PAS content.

Audit – Regularly review for cloned, missing, or weak PAS statements.

Act – Fix documentation gaps before submission or denial.

Bottom Line

The best PAS for Medicare Advantage patients tells a **clear, individualized story** connecting:

- **Medical necessity** → ongoing physician/nursing needs,
 - **Functional necessity** → need for intensive, interdisciplinary rehab,
 - **Clinical reasoning** → why IRF (not SNF, not outpatient) is the right setting.
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