Clinical Claim Review

Inpatient Rehabilitation Facility Review

A medical record review can identify your potential overpayments.

Inpatient Rehabilitation Facilities (IRF) receive higher payment rates than many other medical facilities, such as skilled nursing facilities, but often provide similar care. A primary distinction between the IRF and other rehabilitation settings is the intensity of rehabilitation therapy services provided.

The IRF benefit is designed to provide intensive rehabilitation therapy in a resource intensive, inpatient hospital environment for patients who, due to complex medical needs, require an interdisciplinary team approach. IRF level of care is only considered by Medicare to be reasonable and necessary if the patient meets all of the requirements outlined in 42 CFR §§412.622(a)(3), (4), and (5), as interpreted in the Medicare Benefit Policy Manual, Chapter 1, Section 110.

The IRF prospective payment system payment for each patient is partly based on information found in the IRF-patient assessment instrument (PAI). The IRF-PAI contains clinical, demographic, and other information and classifies the patient into distinct groups based on clinical characteristics and expected resource needs. Separate payments are calculated for each group.

HMS recommends performing a medical record review of targeted IRF claims that may be billed in error to identify potential overpayments. IRF claims will be reviewed for all of the following potential issues:

- Verification that Medicare (or other payer if different) criteria were met for IRF level of care, such as:
  - There was a physician order for IRF level of care;
  - The patient required supervision by a rehabilitation physician, and the physician conducted visits as required;
  - The patient required the active and ongoing therapeutic intervention of multiple therapy disciplines (physical therapy, occupational therapy, speech-language pathology, or prosthetics/orthotics);

- The patient required an intensive rehabilitation therapy program, which under current industry standards consists of at least three hours of therapy per day at least five days per week; and
- The patient's condition and functional status were such that the patient could actively participate in, and make measurable improvement, as a result of IRF level of care.

- Verification that documentation requirements for IRF level of care were completed with all required elements, such as: preadmission screening, post-admission physician evaluation, individualized plan of care, interdisciplinary conference notes, and IRF Patient Assessment Instrument (PAI).

Advantages

- Advanced analytics target high value cases for review
- Clinical reviewers with knowledge of Inpatient Rehabilitation Facility criteria and guidelines

Features

- Post-payment review approach, can be used on prepayment basis if client reimbursement allows
- No member liability associated with findings
- Customized to reflect your reimbursement policy and/or specific provider contract terms.
- Full support for rebuttals and appeals

Contact HMS to schedule your next Inpatient Rehabilitation Facility Review.