

## IRF RCD Medical Records Review Checklist

**Documentation: 42 CFR §412.622(a)(4)**

<b>Pre-Claim Review</b>	<b>Post Payment Review</b>
<p><b>Preadmission screening</b></p> <ul style="list-style-type: none"> <li>➤ Was the PAS conducted by a licensed or certified clinician(s) designated by a rehabilitation physician within the 48 hours immediately preceding the IRF Admission?</li> <li>➤ Does the PAS document the patient's prior level of function, or condition that led to the need for intensive rehabilitation?</li> <li>➤ Is the patient's level of improvement documented?</li> <li>➤ Does the PAS document the expected/estimated length of stay?</li> <li>➤ Does the PAS contain an evaluation of the patient's risk for clinical complications?</li> <li>➤ Does the PAS document the treatments needed?</li> <li>➤ Does the PAS include an anticipated discharge destination?</li> <li>➤ Does the PAS support that the rehabilitation physician reviewed and documented concurrence with the pre-admission screening before the patient was admitted to the IRF?</li> </ul> <p>Note: If the patient is being transferred from a referring hospital, the preadmission screening could either be done in person or through a review of the patient's medical records from the referring hospital (either paper or electronic format), as long as those medical records contain the necessary assessments to make a reasonable determination. However, a preadmission screening conducted entirely by telephone should generally include transmission of the patient's medical records from the referring hospital to the IRF and a review of those records by licensed or certified clinical staff member in the IRF to ensure it includes a detailed and comprehensive review of the patient's condition and medical history in accordance with 42 CFR § 412.622(a)(4)(i)(B).</p>	<ul style="list-style-type: none"> <li>➤ <b>Same requirement as Pre-Claim Review</b></li> </ul>

<p><b>Individualized Plan of Care</b></p> <ul style="list-style-type: none"> <li>➤ This documentation may not be available for submission of pre-claim reviews.</li> </ul>	<p><b>Individualized Plan of Care</b></p> <ul style="list-style-type: none"> <li>➤ Does the IPOC reflect that the rehab physician is responsible (in accordance with 42 CFR § 412.622(a)(4)(ii)) for developing the overall plan of care with input from the interdisciplinary team?</li> <li>➤ Was the IPOC completed within the first 4 days of the IRF admission?</li> <li>➤ Does the IPOC document the following: <ul style="list-style-type: none"> <li>a) Expected intensity (meaning number of hours per day)</li> <li>b) Frequency (meaning number of days per week)</li> <li>c) Duration (meaning the total number of days during the IRF stay) of physical, occupational, speech-language pathology, and prosthetic/orthotic therapies required by the patient during the IRF stay?</li> </ul> </li> </ul>
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**Interdisciplinary Team Approach: 42 CFR 412.622(a)(5)**

<p><b>Pre-Claim Review</b></p> <ul style="list-style-type: none"> <li>➤ This documentation may not be available for submission of pre-claim reviews.</li> </ul>	<p><b>Post Payment Review</b></p> <ul style="list-style-type: none"> <li>➤ Does the medical record documentation support interdisciplinary team meetings where held a minimum of once per week? <ul style="list-style-type: none"> <li>a) Does the IDT meetings include the following: <ul style="list-style-type: none"> <li>b) a rehabilitation physician</li> <li>c) registered nurse</li> <li>d) social worker or a case manager (or both)</li> <li>e) licensed or certified therapist from each therapy discipline involved in treating the patient.</li> </ul> </li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>➤ Was the IDT meeting led by a rehab physician either in person or remotely who documents concurrence with all decisions made at each meeting?</li> </ul>

	<ul style="list-style-type: none"> <li>➤ Does documentation reflect the IDT meeting focused on the following: <ul style="list-style-type: none"> <li>a) Assessing the individual's progress towards the rehabilitation goals</li> <li>b) Considering possible resolutions to any problems that could impede progress towards the goals</li> <li>c) Reassessing the validity of the rehabilitation goals previously established</li> <li>d) Monitoring and revising the treatment plan, as needed</li> </ul> </li> </ul>
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**Medical Necessity: 42 CFR 412.622(a)(3)**

<b>Pre-Claim Review</b>	<b>Post Payment Review</b>
<ul style="list-style-type: none"> <li>➤ Therapy Evaluation/ Skilled Notes <b>(required)</b></li> <li>➤ <b>May include</b> History and Physical, Plan of Care, Skilled Notes, Interdisciplinary Team note(s), Admission Orders</li> <li>➤ Does documentation support that the patient required the active and ongoing therapeutic intervention of multiple therapy disciplines (physical therapy, occupational therapy, speech-language pathology, or prosthetics/orthotics), one of which must be physical or occupational therapy?</li> <li>➤ Does documentation support the patient require an intensive rehabilitation therapy program (per industry standards, generally at least 3 hours of therapy per day at least 5 days per week). <ul style="list-style-type: none"> <li>a) <i>Note- Must begin within 36 hours from midnight of the day of admission; therapy evaluations are generally considered to constitute the beginning of the required therapy services and should generally be included in the total daily/weekly. Reviewers should look to brief exceptions policy if non-compliant.</i></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>➤ <b>Same requirement as Pre-Claim Review</b></li> </ul>

- Does documentation support that the patient can actively participate and benefit significantly from the intensive rehabilitation?
- Does documentation support the requirement for medical supervision meaning the rehabilitation physician must conduct face-to-face visits with the patient at least 3 days per week?

a) ***Note- Beginning with the second week of admission to the IRF, a non-physician practitioner may conduct 1 of the 3 required face-to-face visit per week.***