

INPATIENT REHABILITATION FACILITY (IRF) SELF-ATTESTATION

Please complete this form and email to: IRF-60-Percent-Review@noridian.com

For questions, please contact the Provider Contact Center:

JE Providers: 855-609-9960

JF Providers: 877-908-8431

IRF Name:

IRF Medicare Provider Number:

To be excluded from acute hospital Prospective Payment System (PPS) an inpatient rehabilitation unit must meet certain criteria. Please indicate which criterion has been met.

The inpatient rehabilitation unit must be a part of an institution that has in effect an agreement to participate as a hospital that is not excluded in its entirety from the IPPS

The inpatient rehabilitation unit must have written admission criteria that are applied uniformly to both Medicare and non-Medicare patients

The inpatient rehabilitation unit must have admission and discharge records that are separately identified from those of the hospital in which it is located and are readily retrievable. The record must indicate the dates of the admission and discharge for patients of the unit. The IRF must also have a process in place to ensure that each patient's medical record at the IRF meets the hospital conditions of participation in 42 CFR Part 482 and all the documentation requirements specified in 42 CFR §412.622 (a)(3), (4), and (5). Further guidance on the IRF documentation requirements is available in chapter 1, section 110 of the Medicare Benefit Policy Manual (Pub. 100-02). The inpatient rehabilitation unit's policies must provide that necessary clinical information is transferred to the unit when a patient of the hospital is admitted to the inpatient rehabilitation unit, as described further in chapter 1, section 110.1.1 of the Medicare Benefit Policy Manual (Pub. 100-02)

If state law provides special licensing requirements for rehabilitation units, the inpatient rehabilitation unit must be licensed in accordance with the applicable requirements

The hospital's utilization review plan must include separate standards for the type of care offered by the inpatient rehabilitation unit

The beds assigned to the inpatient rehabilitation unit must be physically separate from (i.e., not co-mingled with) beds not included in the unit. This means that patients from other parts of the hospital may not be treated in the beds assigned to the inpatient rehabilitation unit

The hospital must have enough beds not excluded from the IPPS to permit the provision of adequate cost information. The A/B MAC (A) has discretion as to how to apply generally accepted accounting principles when making this analysis

The inpatient rehabilitation unit and the hospital in which it is located must be serviced by the same Contractor

The inpatient rehabilitation unit must be treated as a separate cost center for cost finding and apportionment purposes

The accounting system of the hospital in which the inpatient rehabilitation unit is located must provide for the proper allocation of costs and maintain statistical data that are adequate to support the basis of allocation

The cost report for the hospital must include the costs of the inpatient rehabilitation unit, covering the same fiscal period as the hospital, and use the same method of cost apportionment as the hospital

As of the first day of the first cost reporting period for which all other exclusion requirements are met, the inpatient rehabilitation unit must be fully equipped staffed and must be capable of providing hospital inpatient rehabilitation care regardless of whether there are any inpatients in the unit on that date

Each hospital may have only one unit of each type (psychiatric and rehabilitation) excluded from the acute care hospital PPS

The hospital has in effect a preadmission screening procedure under which each prospective patient's condition and medical history are reviewed to determine whether the patient is likely to benefit significantly from an intensive inpatient rehabilitation program or assessment

The hospital ensures that patients receive close medical supervision and furnishes through the use of qualified personnel, rehabilitation nursing, physical and occupational therapy, plus, as needed, speech therapy social or psychological services and orthodontic and prosthetic services

The hospital has a plan of treatment for each patient that is established, reviewed and revised, as needed, by a physician in consultation with other professional personnel who provide services to the patient

The hospital uses a coordinated multi-disciplinary team approach in the rehabilitation of each inpatient, as documented by periodic clinical entries made in the patients' medical record, to note the patients' status in relationship to goal attainment and ensures that team conferences are held at least every two weeks to determine the appropriateness of treatment

The unit must have a Director of Rehabilitation who provides services to the hospital and its inpatients for at least twenty hours per week, is a Doctor of Medicine or Osteopathy, is licensed under state law to practice medicine or surgery and has had after completing a one-year hospital internship, at least two years of training or experience in the medical management of inpatients requiring rehabilitation services. If a rehabilitation unit serves both inpatients and outpatients through a single integrated unit, the time spent by the director in performing administrative duties for the entire unit, counts toward the direction requirements since it is not feasible to prorate this administrative time between inpatients and outpatients. However, any time spent in furnishing direct patient care can count toward the direction requirement only if the care is furnished to inpatients

Choose one of the two options below:

The IRF prefers the Contractor use the IRF-PAI date records of patients who were **admitted** during the IRF's compliance review period regardless of if these patients were discharges during the compliance review period

The IRF prefers the Contractor use the IRF-PAI date records of patients who were **discharged** during the IRF's compliance review period regardless of if these patients were discharges during the compliance review period

This self-attestation and admit / discharge decision is made by:

Name:

Title:

Signature:

Date:

Disclaimer: IRF Attestations must be signed by an Authorized Official or Administrator listed on the Enrollment record or currently listed in the System for Tracking Audit and Reimbursement (STAR).