

INPATIENT REHABILITATION FACILITY (IRF) SELF-ATTESTATION FORM

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

Facility Information

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| 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.

Freestanding IRFs and IRF Units

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| The IRF must have (or be part of a hospital that has) a provider agreement under 42 CFR Part 489 to participate in Medicare as a hospital | |
| The IRF 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 hospital rehabilitation program. This procedure must ensure that the preadmission screening is reviewed and approved by a rehabilitation physician prior to the patient's admission to the IRF | |
| The IRF has in effect a procedure to ensure that patients receive close medical supervision, as evidenced by at least 3 face-to-face visits per week by a licensed physician with specialized training and experience in inpatient rehabilitation to assess the patient both medically and functionally, as well as to modify the course of treatment as needed to maximize the patient's capacity to benefit from the rehabilitation process. Beginning with the second week of admission to the IRF, a non-physician practitioner who is determined by the IRF to have specialized training and experience in inpatient rehabilitation may conduct 1 of the 3 required face-to-face visits with the patient per week, provided that such duties are within the non-physician practitioner's scope of practice under applicable state law | |
| The IRF furnishes, through the use of qualified personnel, rehabilitation nursing, physical therapy, and occupational therapy, plus, as needed, speech-language pathology, social services, psychological services (including neuropsychological services), and orthotic and prosthetic services | |

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| The IRF has one physician who serves as director of rehabilitation and who— (1) Provides services to the IRF hospital or its inpatients on a full-time basis or, in the case of a rehabilitation unit, at least 20 hours per week; (2) Is a doctor of medicine or osteopathy; (3) Is licensed under State law to practice medicine or surgery; and (4) Has had, after completing a one-year hospital internship, at least 2 years of training or experience in the medical management of inpatients requiring rehabilitation services | |
| The IRF has a plan of treatment for each inpatient that is established, reviewed, and revised, as needed, by a physician in consultation with other professional personnel who provide services to the patient | |
| The IRF uses a coordinated interdisciplinary team approach in the rehabilitation of each inpatient, as documented by periodic clinical entries made in the patient's medical record to note the patient's status in relationship to goal attainment and discharge plans. The IRF must also ensure that team conferences are held at least once per week to determine the appropriateness of treatment | |

IRF Units Only

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| 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 inpatient prospective payment system (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 of 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 | |

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| 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 A/B MAC (A) | |
| 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 IPPS | |

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:

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| 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).