

## **JE INPATIENT REHABILITATION FACILITY (IRF) CLINICIAN'S CHECKLIST**

This checklist is intended to provide healthcare providers with a reference for use when responding to documentation requests for this service. It is not intended to replace the published guidelines or policy.

### **Policy References**

- [CMS IOM 100-02, Chapter 1, Section 110](#)

### **Documentation References**

- [CMS IOM 100-02, Chapter 1, Section 110](#)
- [CMS Follow Up Information for IRF Coverage Requirements](#)
- [CMS Inpatient Rehabilitation Therapy Services: Complying with Documentation Requirements](#)

### **Medical Documentation**

Coverage is possible when the following documentation is submitted:

IRF Admission Orders

History and physical reports (include medical history and current list of medications)

IRF discharge summary

Preadmission Screening (PAS)

Signed and dated overall plan of care

Individualized

Medical Prognosis

Anticipated interventions, outcomes, and discharge destination

Intensity, frequency, and duration of each therapy involved

IRF Patient Assessment Instrument (IRF-PAI)

Rehab practitioner fact-to-fact visits (Three **required** each week of IRF stay)

Interdisciplinary Team Conference

Once per week at minimum

Lead by rehab physician

Documented participation by professionals from each of the follow disciplines:

Rehabilitation physician

Registered Nurse (RN)

Social worker or case manager (or both)

Licensed/certified therapist from each therapy discipline involved in treating the patient

Documentation from all therapy disciplines involved, one of which must be physical therapy (PT) or occupational therapy (OT)

Initial evaluation

Treatment encounter notes

Therapy minutes log

Discharge summary

Practitioner, nurse, and ancillary progress notes

Diagnostic test, radiological reports, lab results, pathology reports, and other pertinent interpretations

Medication Administration Record (MAR) and/or infusion flowsheet documenting the quantity administered including a dose, route, and frequency given

Vital sign records, weight sheets, and treatment records

Itemization of services

Advance Beneficiary Notice of Noncoverage (ABN)

Signature log or signature attestation for any missing or illegible signatures within the medical record (all personnel providing services)

Facility process of how electronic signature is created using electronic health record