Compliant Billing for Inpatient Rehabilitation: How to Avoid Documentation Perils

Jackson HEALTH SYSTEM
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Overview

• Documentation Requirements
• Recent Changes to the Requirements
• OIG Initiatives
Documentation Requirements

CMS requires that services for each IRF patient are reasonable and necessary, as evidenced by specific documentation of:

- Preadmission Screening
- Admission Order
- Post-Admission Physician Evaluation
- Individualized Overall Plan of Care
- Implementation of Interdisciplinary Team Approach
- Physician Supervision / 3 Face-to-Face Visits per week

IRF Final Rules

UPDATE

- Previous CMS Update: 1/1/10
- Most Recent CMS Update: 8/6/18
OIG Work Plan

- **Audit Report Published:**
  - September 2018

- **Audit covered:**
  - CY 2013
  - Medicare payments
  - 1,139 IRFs
  - 370,872 IRF Stays

- **Stratified random sample of:**
  - 164 IRFs
  - 175 IRF Stays

- **Findings:**
  - 147: 1+ Documentation Deficiency
  - 28: 1 Documentation Deficiency

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Preadmission Screening Overview

**Purpose:**
- To document:
  - Patient's status prior to admission
  - IRF clinicians' reasons for determining admission was reasonable & necessary

**Who Is Involved?**
- Physician extender *may help* complete the preadmission screening, however...
- Rehab physician *must* ultimately review & document concurrence with findings/results

**Timing**
- Within the 48 hour period immediately preceding admission
**Preadmission Screening**

**Documentation**

*Documentation Must Include:*

- Patient’s prior level of function
- Expected level of improvement
- Expected length of time to achieve level of improvement
- Evaluation of risk for clinical complications
- Conditions that caused need for rehabilitation
- Therapies needed
- Expected frequency and duration of IRF treatment
- Anticipated discharge destination and post-discharge treatments

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**Preadmission Screening**

2018 OIG Work Plan Report

Out of 175 stays, 101 medical records did not include proper documentation.

**Missing elements:**

- **84** – Rehab physician review and concurrence
- **33** – Medical and functional assessment
- **7** – Preadmission screening
Preadmission Screening

- Checklists are not appropriate.

Documentation must include:
- Date & time of entry
- Rehab physician’s signature

Admission Orders
Overview

Purpose:
- Reflects determination by Qualified Practitioner that:
  - inpatient services are medically necessary, and
  - initiates process for inpatient admission

Who Is Involved?
- Qualified Practitioners (if allowed under State law, hospital policies, bylaws, and regulations)

Timing
- At time of admission
Admission Orders
IRF Final Rule

- Removed IRF admission order requirement;
- BUT, patient must still be formally admitted as an inpatient under an order for inpatient admission.
- Physician admission order is no longer a condition of payment.

Admission Orders
Tips

Inpatient order must be documented in medical record
Post-Admission Physician Evaluation (PAPE) Overview

**Purpose:**
- Documents patient’s status on admission
- Identifies any relevant changes since preadmission screening
- Provides necessary information for rehab physician to begin to develop Overall Plan of Care (OPoC)

**Who Is Involved?**
- Resident or physician extender *may* complete H&P
- Rehab physician *must* visit patient and complete other PAPE requirements

**Timing**
- Within 24 hours of admission to IRF

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**PAPE Documentation**

**Documentation must include:**
- Description of patient’s status on admission to IRF;
- Comparison with information noted in preadmission screening;
- A basis for patient’s OPoC;
- Identification of any relevant changes since preadmission screening;
- Documented H&P and a review of patient’s prior and current medical and functional conditions and comorbidities; and
- Support for medical necessity of IRF admission.
PAPE
2018 OIG Work Plan Report

62 of 175 medical records did not include PAPE documentation of either:

- Completion within 24 hours of admission; or
- Medical and functional status comparison with information noted in preadmission screening.

PAPE Tips

- Make sure every element of required information is included
- H&P documentation must include date & time it was performed
Individualized Overall Plan of Care (OPoC) Overview

Purpose:
- Rehab physician synthesizes information from preadmission screening, PAPE, and other assessments to support a documented plan of care, including an estimated length of stay.

Who Is Involved?
- Physician extender may work with rehab physician in developing OPoC.
- Rehab physician must approve and sign OPoC.

Timing
- Within 4 days of admission to IRF.

OPOC Documentation

Documentation Must Include:
- Patient’s medical prognosis and anticipated interventions required during IRF stay, including expected:
  - intensity (number of hours per day),
  - frequency (number of days per week), and
  - duration (total number of days during the IRF stay)

- Functional outcomes

- Discharge destination from IRF
131 of 175 medical records show:

- Treatment plan documented by therapist & nurse – not rehab physician (104 stays)
- Rehab physician documented only general and brief plans of care (27)

OPOC Tips

- Rehab Physician may:
  - Write out OPoC, or
  - Bring together individual plans of care and modify or add to them

- Timing of integration is very important
Interdisciplinary Team Meetings
Overview

Purpose:
• To establish & prioritize treatment goals through frequent and structured communication

Who Is Involved?
• Rehab physician (with rehab training & experience)
• Registered nurse (with rehab training & experience)
• Social worker or case manager (or both)
• Licensed or certified therapist (each therapy discipline involved in treatment)

Timing
• Weekly during IRF stay

Team Meetings
Documentation

Documentation Must Include:
• Evidence that meetings occurred weekly
• Names and professional designations of team participants
• Decisions made during meetings, including discussion of:
  o appropriate treatment services;
  o patient progress toward stated rehab goals;
  o identification of problems that could impede progress towards goals; and
  o where necessary, reassessment of previously established goals in light of impediments, revision of treatment plan in light of new goals, and monitoring of continued progress toward those goals
• Evidence of concurrence by rehab physician with meeting results and findings
Team Meetings
IRF New Rule

- Rehab physician may lead meetings remotely via video or telephone conferencing
- CMS gave IRFs flexibility to decide whether to permit this or not

Team Meetings
2018 OIG Work Plan Report

Documentation in 106 of 175 medical records was deficient, because it lacked:

- Results, findings, and decisions made at team meetings (74 stays)
- Names and professional designations of participants (70 stays)
- Rehab physician’s concurrence with results, findings, and decisions (50 stays)
Team Meetings

Tips

- Medical Record must include:
  - Sufficient information to support occurrence of team meetings
  - Evidence that meetings occurred weekly and required elements were discussed

Physician Supervision

Three (3) Face-To-Face Visits

Overview

Purpose:
- Ensure patient’s medical status and functional status are continuously monitored

Who Is Involved?
- Rehab physician

Timing
- At least 3 times per week
Physician Supervision
IRF New Rule

- PAPE may count as 1 of the 3 face-to-face visits during first week of patient’s stay
- Rehab physician may see patient more than 3 times a week

Physician Supervision
Potential Future Changes

CMS is considering whether to allow some of the 3 face-to-face visits to be conducted remotely
Physician Supervision
Tips

- Medical record must include documentation of 3 face-to-face visits
- These visits must be conducted by rehab physician

OIG Recommendations
2018 OIG Work Plan Report

- Educate providers
- Increase oversight
- Re-evaluate the IRF payment system
OIG Recommendations
2018 OIG Work Plan Report

Obtain medical records from referring facility

Medical record prompts

Review medical records before admission

Evaluate patient & perform preadmission screening

Takeaways

• CMS is trying to ease administrative burdens for providers by issuing the IRF Final Rule.
• IRFs have more work to do.
• Continued OIG and CMS reviews are likely.