Compliant Billing for Inpatient Rehabilitation: How to Avoid Documentation Perils

Jackson HEALTH SYSTEM

Office of Compliance & Ethics

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Overview

- **Documentation Requirements**
- **Recent Changes to the Requirements**
- **OIG Initiatives**

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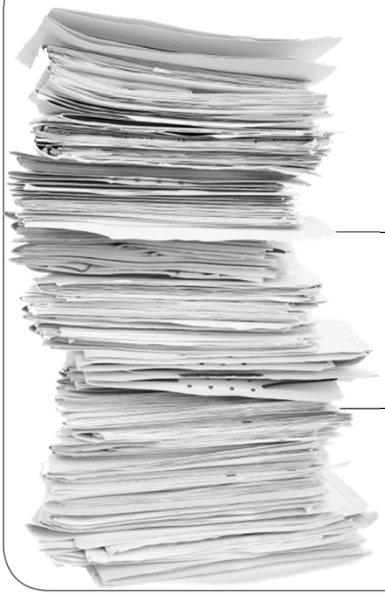
Documentation Requirements



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

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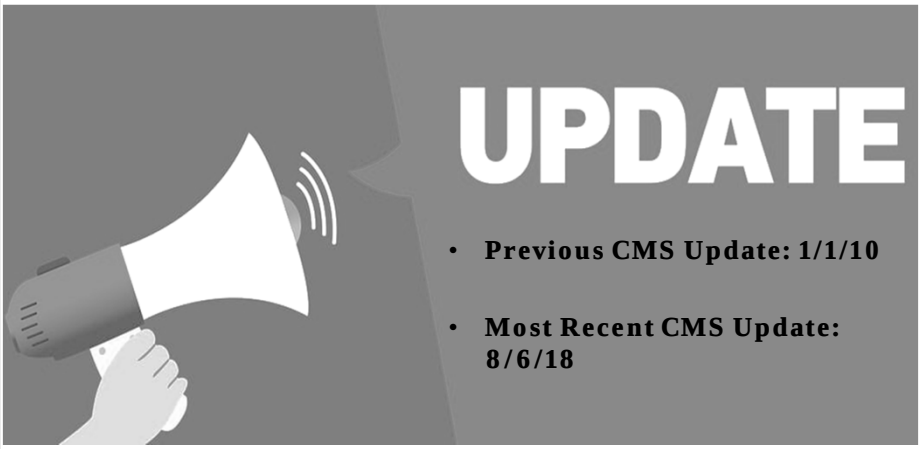
IRF Final Rules



- **Previous CMS Update: 1/1/10**
- **Most Recent CMS Update: 8/6/18**

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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

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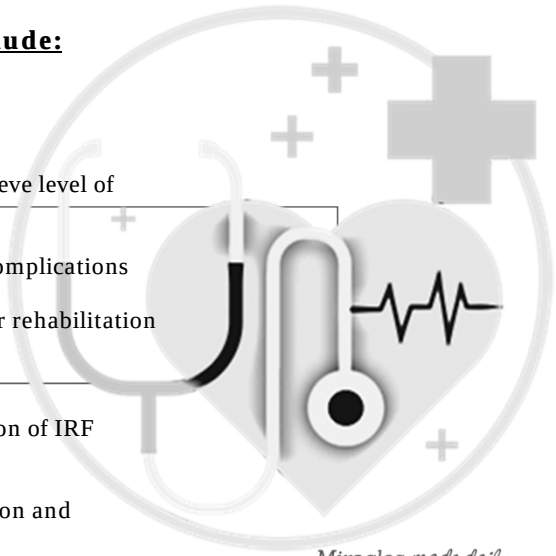
Preadmission Screening

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:

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

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Preadmission Screening

- **Checklists are not appropriate.**
- **Documentation must include:**
  - Date & time of entry
  - Rehab physician's signature

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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

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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.**

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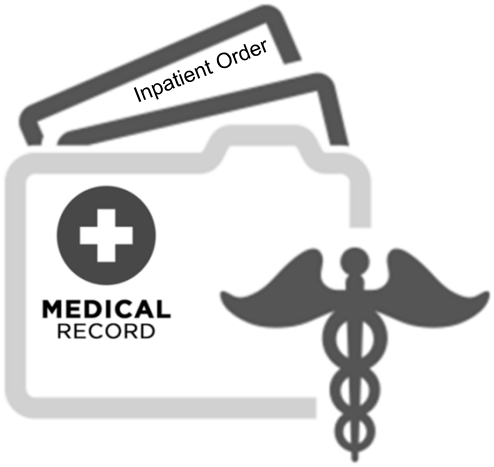
Admission Orders

Tips

Inpatient order must be documented in medical record



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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.

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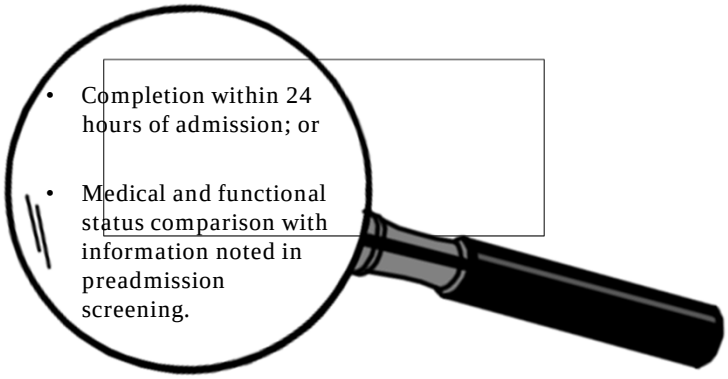
PAPE

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.

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PAPE

Tips

- **Make sure every element of required information is included**
- **H&P documentation must include date & time it was performed**

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Individualized Overall Plan of Care (OPoC)

Overview

Purpose:

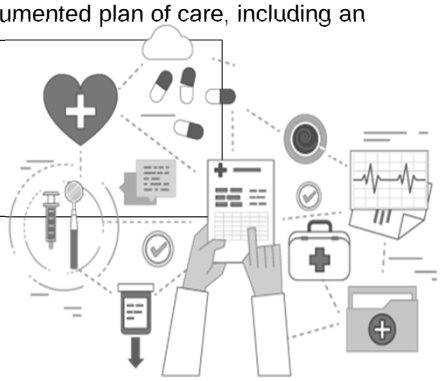
- Rehab physician synthesizes information from preadmission screening, PAPE, and other assessments to support a documented plan of care, including an estimated length of stay

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



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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**

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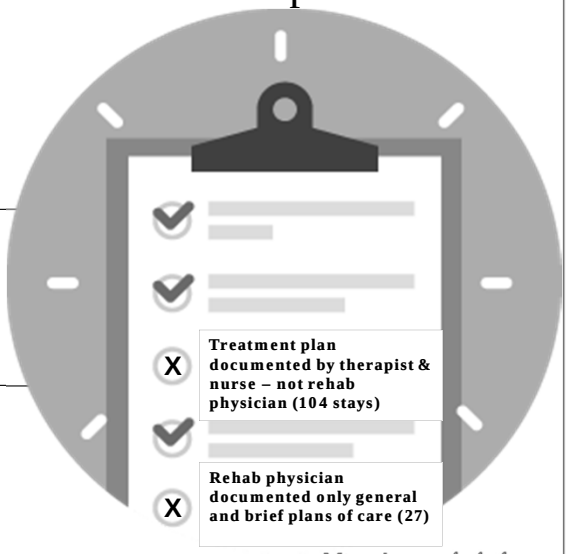
OPOC

OIG 2018 Work Plan Report

131 of 175 medical records show:



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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**

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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

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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:
  - appropriate treatment services;
  - patient progress toward stated rehab goals;
  - identification of problems that could impede progress towards goals; and
  - 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

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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**

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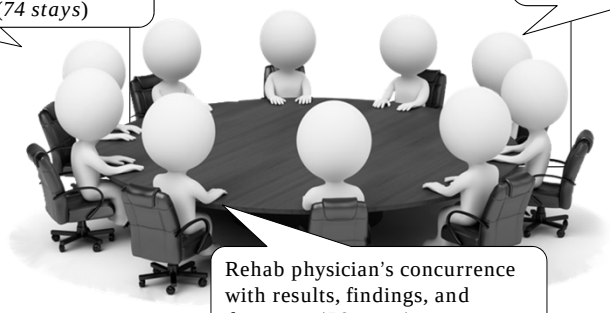
Team Meetings

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*)

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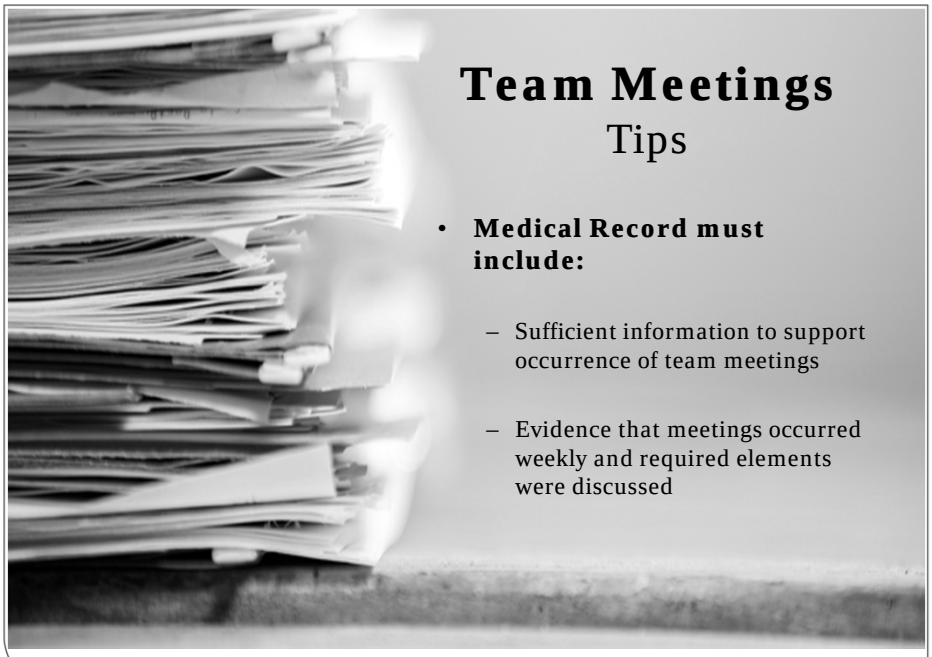

Team Meetings

Tips

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

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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

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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**

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Physician Supervision

Potential Future Changes

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

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Physician Supervision

Tips

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

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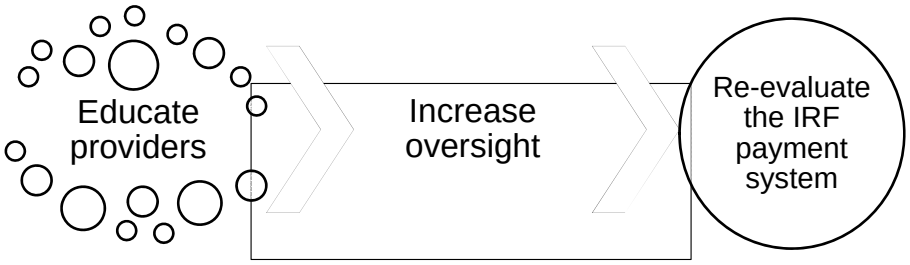
OIG Recommendations

2018 OIG Work Plan Report



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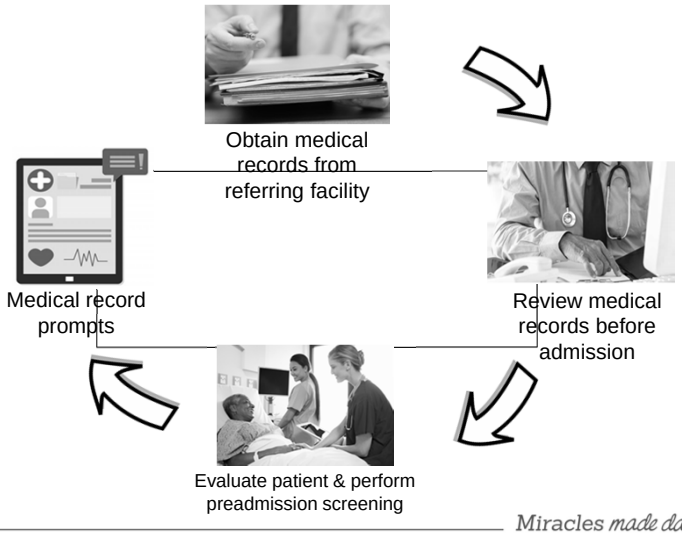
OIG Recommendations

2018 OIG Work Plan Report



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Takeaways

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

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April 2019

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