



# IRF FY2021 PROPOSED RULE: ALL IS NOT AS IT SEEMS ...

By Mark L. Ritsema, BSN, RN  
Manager of Regulatory and PPS Compliance  
Mary Free Bed Rehabilitation Hospital

The FY2021 proposed rule was published on April 21, 2020. In what could be described as shocking, CMS proposed amending inpatient rehabilitation facility (IRF) coverage requirements to permanently “remove the post-admission physician evaluation requirement” (PAPE).

While we may celebrate this “patients over paperwork” development, there are additional statements and caveats associated with this proposal that demand our attention.

The PAPE requirements stipulate that newly admitted rehabilitation patients are seen within 24 hours of the date/time of admission documenting their status upon admission to the IRF and comparing that status to the preadmission screening. Many IRFs opted to combine the PAPE with the patient's history and physical (H&P). This combined model followed the IRF PAPE coverage requirements and federal rules about completion of the H&P. The CMS State Operations Manual requires "a medical history and physical examination be completed and documented for each patient no more than 30 days before or 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services."<sup>(1)</sup> However, the State Operations Manual also states "an updated examination of the patient, including any changes in the patient's condition, be completed and documented within 24 hours after admission or registration, but prior to surgery or a procedure requiring anesthesia services, when the medical history and physical examination are completed within 30 days before admission."<sup>(2)</sup> **Removing the PAPE does not remove the requirement that new IRF admissions will need to be seen within 24 hours of the date/time of admission.** Removing the PAPE may lessen some of the initial admission documentation requirements for the admitting rehabilitation physician but IRFs must continue to follow federal H&P rules. PAPE or no PAPE, the admitting practitioner will need to see and examine the patient within the first 24 hours of admission to either complete the H&P or examine the patient to confirm or update the findings of an H&P completed prior to admission.<sup>(3)</sup>

The proposed rule goes on to add "Nor would our proposal remove one of the required rehabilitation physician visits in the first week of the patient's stay in the IRF as specified in §412.622(a)(3)(iv)." **Therefore, all new admissions to the IRF will need to be seen and examined at a minimum four times in the first seven days of admission.** This includes once within 24 hours of admission to complete or verify the H&P and three additional face-to-face visits.

It is rare that CMS issues a proposed rule and then changes the content when publishing the final rule. We can assume with a good bit of certainty that the changes described in the proposed rule will become law. CMS' decision to permanently eliminate the PAPE requirement looks like a gift, but it comes with strings attached. Those strings are opportunities that your MAC, CERT or RAC auditor can latch on to. In a way, CMS may have given the auditors a new angle they can explore to deny your claim payment. Will your IRF patient records be in compliance with these updated and existing federal regulations? Consistent self-auditing of your rehabilitation documentation will confirm your compliance or identify opportunities for improvement.

Learn more about our partnership opportunities and consulting services.

Mary Free Bed Advisory Group – Joyal Pavey, Vice President  
616.840.8258 | [advisorygroup@maryfreebed.com](mailto:advisorygroup@maryfreebed.com) | [maryfreebed.com/advisorygroup](http://maryfreebed.com/advisorygroup)

## REFERENCES

1. State Operations Manual Appendix A Rev. 200, 02-21-20, A-0358, §482.22(c)(5), pg. 212
2. State Operations Manual Appendix A Rev. 200, 02-21-20, A-0359, §482.22(c)(5), pg. 214
3. State Operations Manual Appendix A Rev. 200, 02-21-20, A-0359, Interpretive Guidelines §482.22(c)(5)(ii), pg. 215