

**Trained and experienced clinicians will examine your facility's medical records to determine how well your IRF documentation supports the new Medicare Benefit Policy Manual changes, IRF-PAI coding, and documentation requirements.**

## **Medical Record Review (full chart audit, off-site or on-site)**

UDSMR staff members will compare the documentation in the medical record (pre-admission screens, post-admission physician evaluations, clinical evaluations, progress notes, H&Ps, team conferences, etc.) to the information reported on the IRF-PAI. Particular attention will be given to impairment group codes, FIM® ratings, comorbidities, and documentation to support the *Medicare Benefit Policy Manual* criteria. A chart review will help determine whether clinicians have considered each patient's performance over a 24-hour period throughout the assessment and discharge time frames and whether documentation is efficient and avoids duplication. Areas of focus for a full chart audit include the following:

- **Rating analysis:** UDSMR will provide an overall analysis of FIM® ratings at your facility and examine how well your facility's documentation supports the selected FIM® ratings.
- **Financial analysis:** Medical record documentation will help UDSMR determine the financial impact of any inaccurate CMG assignments related to IGC selection, ICD-9-CM coding, and FIM® ratings.
- **Physician documentation:** We will review your medical records to identify areas of vulnerability and opportunity related to physician requirements, including a review of the post-admission physician evaluation, H&P, individualized plan of care, team conference, and physician discharge summary.
- **Medicare Benefit Policy Manual criteria, including "reasonable and necessary" considerations:** The reviewers will follow the required elements outlined in Medicare's Transmittal 119 to determine whether documentation demonstrates a reasonable expectation that CMS's criteria were met at the time of admission and supports the need for the patient's continued inpatient rehabilitation.

## **Medicare Benefit Policy Manual chart audits**

On-site or off-site, members of UDSMR's clinical staff will review a sample of charts, focusing on specific timelines for pre-admission assessments, post-admission physician evaluations, H&Ps, individualized plans of care, team conferences, and clinical assessments. The reviewers will make recommendations for modifying your facility's current internal processes to comply with the timelines and documentation requirements for patients discharged on or after January 1, 2010.

## **Physician documentation review**

An experienced rehabilitation physician will review a sample of medical records to identify areas of vulnerability and opportunity related to physician requirements, including a review of the post-admission physician evaluation, H&P, plan of care, team conference, and physician discharge summary.

## **Exit conference, recommendations, and report**

UDSMR® chart audits include an exit conference (conducted on-site or via telephone) with various members of your IRF team. One of our clinical specialists will review the chart audit findings and recommendations in order to enhance and improve your medical record documentation. A detailed executive summary report will identify findings from each chart. This report will help your IRF make the changes necessary to comply with CMS's IRF requirements.

## **More information**

To learn more about UDSMR® chart audits and consultations, contact Carol Harper at 716-817-7823 or [charper@udsmr.org](mailto:charper@udsmr.org).

**Uniform Data System**  
for Medical Rehabilitation

270 Northpointe Parkway, Suite 300  
Amherst, New York 14228  
tel: 716-817-7800  
fax: 716-568-0037  
[www.udsmr.org](http://www.udsmr.org)