

IRF Insights & Innovations: ETC Updates for 2025

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Appreciation for Decades of Partnership

For decades, your trust and collaboration in chart audits, education, and training have been the foundation of our shared success.

We're deeply grateful for your continued partnership and commitment to excellence in inpatient care.

With your support, we've proudly maintained the only IRF certifications in the industry—setting a standard of quality and leadership together.

—The Education, Training, and Consultation Department

**Thank you to our valued
IRF partners!**

ETC Updates & What's Trending

● IRF chart audits

- Types of audits
- Discussion of trends identified in IRF audits
 - ▶ Coding, IGCs, and ICD-10
 - ▶ CMS documentation requirements
 - ▶ QI coding
 - ▶ CMS's "reasonable and necessary" criteria

● Education, training, and consultation

- What's trending in 2025?
 - ▶ Operational consultations
 - ▶ Quarterly rehab physician training
 - ▶ QI consultations
 - ▶ Certifications
 - ▶ Clinical help desk trends
- Looking ahead

ETC Updates

- Discussion of trends identified in IRF audits
- Chart audits
 - Annual, biannual, quarterly, one-time
 - Multiple corporations and individual sites
 - More than 800 charts reviewed each year
- Chart audit types
 - Coding/clinical
 - ▶ IRF-PAI coding only
 - ▶ IRF-PAI and UB-04 coding
 - Coding only
 - Clinical only
 - Pre-admission screen
 - Four-digit CMG audits
 - IRF RCD preparation

Audit Trends: Coding

- Incorrect pairing of IGC and etiology
- Incorrect IGC based on supporting documentation
- Coding from past medical history
- Issues with coding specificity
- Coding from PAS, day prior to discharge, and day of discharge
- Complications (item 47) not captured as comorbidities (item 24)

What's the takeaway?

Physician documentation must support coding!

Audit Trends: Preadmission Screen (PAS)

- Time frame compliance issues
- Identical technical elements from record to record
- Physician concurrence statement not individualized



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Audit Trends: History and Physical (H&P)

- Time frame compliance issues
- Addendums resulting in time frame compliance issues
- Record does not clearly indicate which document is intended to meet H&P criteria
- Document does not illustrate that the patient's admission to the IRF was reasonable and necessary



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Audit Trends: Physican Supervision

- Rehabilitation physician did not conduct three face-to-face visits per week
- Notes do not include detailed medical updates
 - Copy/paste issues, identical physical examination (PE)
- No functional updates from a rehabilitation physician's perspective
- Notes do not support medical necessity



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Audit Trends: Individualized Overall Plan of Care (IOPOC)

- Time frame compliance issues
- Therapy duration inconsistencies
- Technical elements not individualized



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Audit Trends: Weekly Team Conference (WTC)

- Required attendees not present or not represented with credentials
- Barriers are identified, but goals are not
- Goals are identified, but progress or revisions are not supported



Audit Trends: Therapies

- Required therapies are not initiated within thirty-six hours of midnight of the day of admission
- Therapy holds are not supported by physician and therapists



Audit Trends: QI

- Lack of documentation to support the codes recorded on the IRF-PAI
- No identifiable pattern for selecting codes for the IRF-PAI
- Recording codes on the IRF-PAI that are supported only by CNAs
- Selecting only the lowest documented codes for the IRF-PAI
- Bladder and bowel continence codes are not easy to identify in the chart

Audit Trends: Medical Necessity

- Patients who are functioning at a high level at admission and do not illustrate a need for multiple therapy disciplines
- Lack of support for the patient's need for a rehabilitation physician's management



ETC Updates

What's trending so far in 2025?

- Operational assessment consultations and customized training sessions are trending as follow-ups to chart audits
- Quarterly one-hour trainings for rehab MDs
 - Live one-hour hyper-focused trainings that are geared toward the rehab physician
 - Followed by post-quizzes and a certificate in “specialized training designed to support excellence in inpatient rehabilitation documentation”
- QI consultations
 - Mini operational assessment and custom training, focused on QI coding
- Data consultations
 - CMI, PEM (often partner with UDSMR’s Analytical Services Group)

ETC Updates: Clinical Help Desk Trends

IGC inquiries

- Significant increase in IGC inquiries from medical record coders
 - Come from a diagnostic perspective only
 - Appear to be “playing the middleman”
 - Would clearly benefit from IGC training!

QI coding inquiries

- Increase in highly specific QI coding inquiries involving nuanced scenarios not yet addressed in CMS’s manuals or official Q&A guidance
- Increase in QI coding inquiries referencing scenarios already addressed in *The IRF-PAI Manual*
 - “RTM”

ETC Updates

- Looking ahead:
 - More virtual IRF roundtables: “Collaborate, Ask, Share!”
 - Expanding access with hybrid offerings for staple programs like the PPS Boot Camp and IRF PPS Certification in Q3–Q4 2025
 - New certification for IRF subject matter experts (SMEs) under development
 - ▶ Stay tuned, because we’ll want volunteers for piloting!
 - Live educational webinar miniseries in August–September 2025, focused on IGCs
 - Recorded training at Post-Acute Academy (PAA)
- If you have any questions or suggestions for new workshops, contact us at irfeducation@mcbeeassociates.com

UDSMR’s ETC Department Joins McBee

Visit the McBee website for additional ETC resources

- IRF Industry Insights webisodes
 - Your one-time registration secures access to all sessions and an email with the recording
 - ▶ Register here: https://ntst.zoom.us/webinar/register/WN_kUCXnkrTUKPvNLW3D5OAw#/registration
 - ▶ Find all recorded webisodes here: <https://mcbeeassociates.com/insights/webinars/>
- Check out ETC – McBee Care Threads Podcasts!
 - <https://mcbeeassociates.com/insights/podcast/>

Questions?

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Contact us for more
information!

Thank You!