Inpatient Rehabilitation Facility Review Choice Demonstration (IRF RCD) 2025 UDSMR® Virtual User Group Conference

August 6, 2025



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Disclaimer

The content in this presentation is intended for Jurisdiction J Alabama providers and is current as of August 6, 2025. Any changes or new information superseding this information is provided in articles with publication dates after August 6, 2025, at www.palmettogba.com.

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IRF RCD Leadership Team

- Chief Medical Director: Caitlin Hutchison, M.D.
- Medical Review Director: Cassie Mills, RN
- Medical Review Manager: Carly Zelinsky, RN

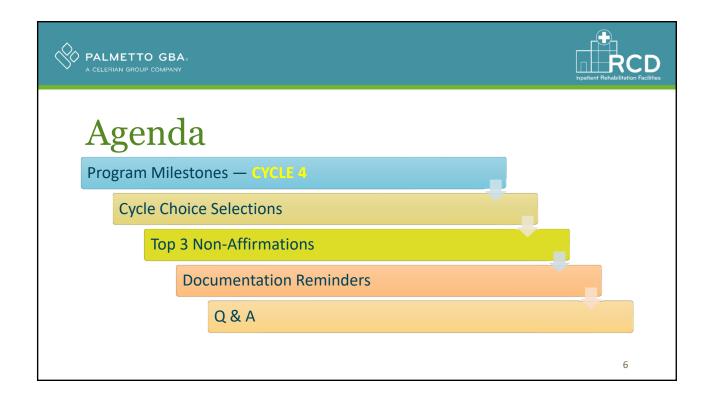
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Frequently Used Acronyms

Acronym	Description
ADR	Additional Documentation Request
CERT	Comprehensive Error Rate Testing
CMS	Centers for Medicare & Medicaid Services
IDT	Interdisciplinary Team
IOM	Internet Only Manual
IRF	Inpatient Rehabilitation Facility
MAC	Medicare Administrative Contractor
MLN	Medicare Learning Network
MR	Medical Review
PCR	Pre-Claim Review
POC	Plan of Care
RCD	Review Choice Demonstration
UTN	Unique Tracking Number

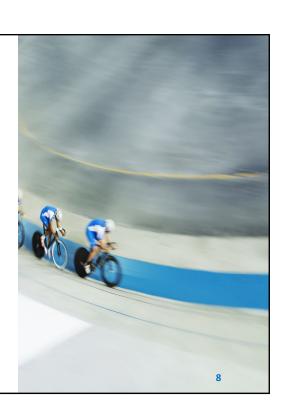
IRF RCD Webinars

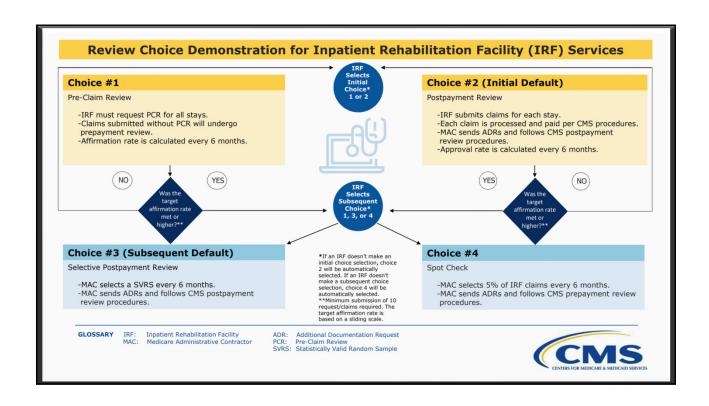
Date	Time	Register
Wednesday, August 27, 2025	11 a.m. ET	<u>August</u>
Wednesday, Sept. 24, 2025	11 a.m. ET	<u>September</u>
Wednesday, October 29, 2025	11 a.m. ET	<u>October</u>
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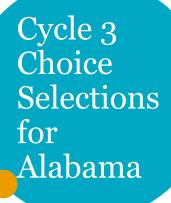


- Cycle 3 **ENDED**
 - June 30, 2025
- End of Cycle Rate Calculations
 - July 1–15, 2025
- Results Sent to Providers
 - July 16-31, 2025
- Begin Cycle 4 Choice Selection
 - August 1, 2025
- Last Day for Cycle 4 Selection
 - August 17, 2025
- Cycle 4 begins
 - September 1, 2025









- 87.5% of our providers selected Pre-Claim Review
- 12.5% of our providers selected Spot Check

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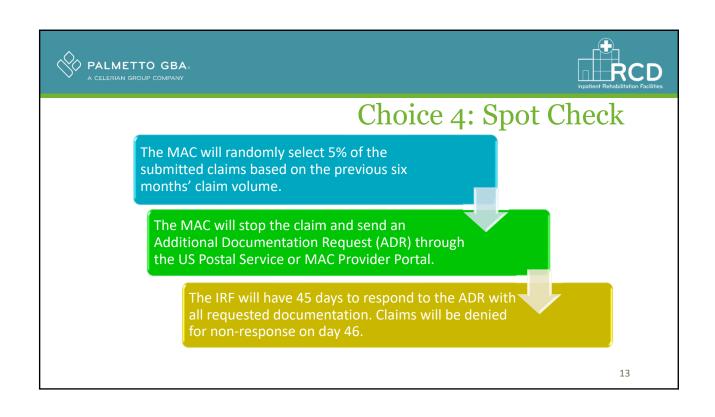


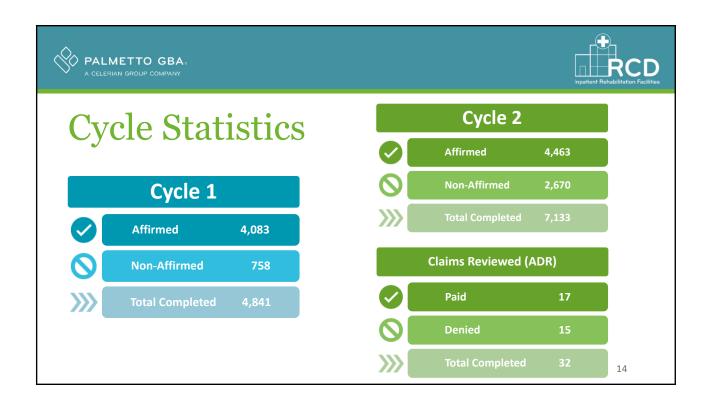


Choice 1: 100% Pre-Claim Review (PCR)

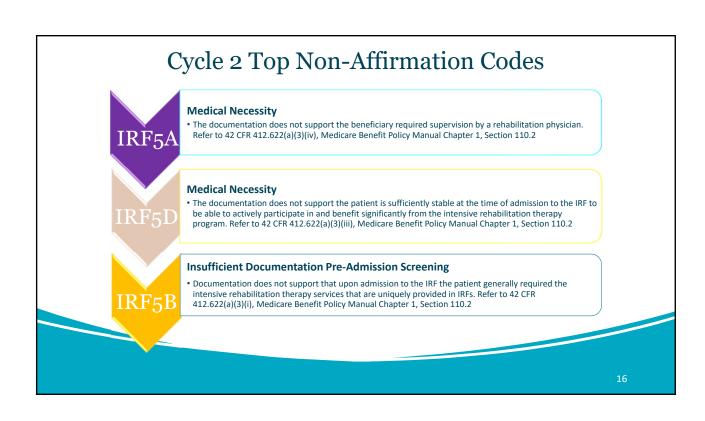


- PCR is a process through which a request for provisional affirmation of coverage is submitted for review before a final claim is submitted for payment
- The provider submits the PCR request with complete documentation as appropriate
- The provider will receive a Unique Tracking Number (UTN) that must be submitted on the claim













Spotlight Non-Affirmation:

- Insufficient Documentation Pre-Admission Screening
 - Documentation does not support the preadmission screen was completed or updated within the 48 hours immediately preceding the IRF admission. Refer to 42 CFR 412.622(a)(4)(i)(A), Medicare Benefit Policy Manual Chapter 1, Section 110.1.1.

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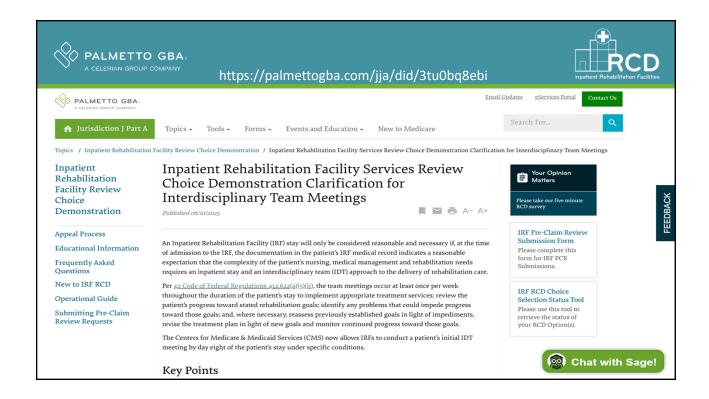
Pre-Submitted Questions and Open Discussion





IRF RCD Clarification for IDT Meetings

- Same-Day Admissions and IDT Meetings: If a patient is admitted to the IRF on the same day the facility holds its regularly scheduled IDT meeting, CMS expects that the patient will be included in that day's discussion.
- **Post-Meeting Admissions:** If a patient is admitted after the IDT meeting has occurred on that day, it is acceptable for the patient's first IDT discussion to take place during the next scheduled weekly meeting, even if that falls on day eight of the patient's stay.
- **Example:** If the IRF holds its IDT meetings every Wednesday at 2 p.m., and a patient is admitted on Wednesday at 5 p.m., the patient's first IDT meeting may occur the following Wednesday at 2 p.m.—on the eighth day of their stay.
- Documentation Requirement: In the patient's medical record, IRFs must clearly document the specific reason for conducting the initial IDT meeting on day eight. This justification must align with CMS guidelines.
- Compliance Deadline: Under no circumstances may the initial IDT meeting occur later than
 day eight of the patient's stay.

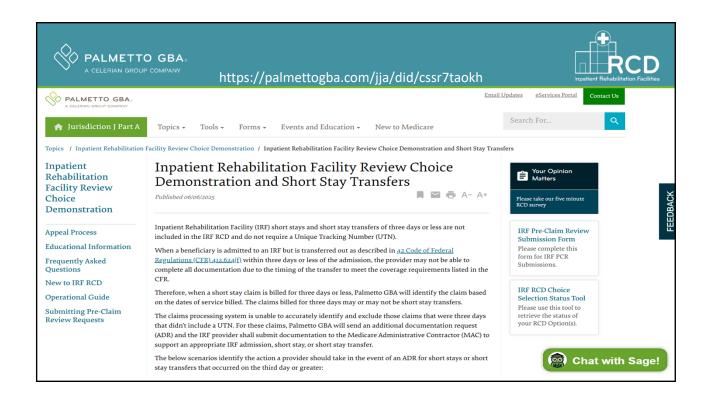






IRF RCD Short Stay and Short Stay Transfers

- If the admission is for a short stay or short stay transfer (transfers of three days or less), the provider shall submit documentation (such as progress notes, nursing notes, discharge summaries, etc.) that confirms the specific timing of the transfer/discharge.
 - If the documentation confirms a short stay or short stay transfer, the MAC will process the claim as normal and the IRF's affirmation rate will not be impacted
 - If the documentation does not confirm a short stay or short stay transfer, the MAC will contact the provider to request the full medical record. The MAC will conduct a full review, process the claim as normal, and the IRF's affirmation will be impacted.
- If the admission is not for a short stay or short stay transfer (transfer of three days or less), the provider shall submit the full medical record to support that the claim met IRF requirements
 - The MAC will conduct a full ADR review, process the claim as normal, and the IRF's affirmation rate will be impacted







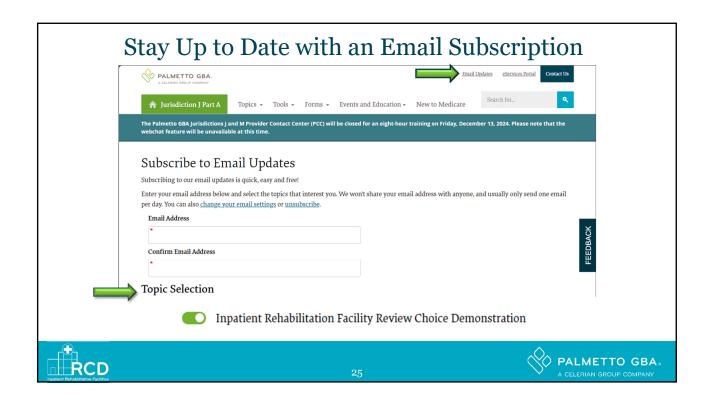
IRF RCD Documentation Tips

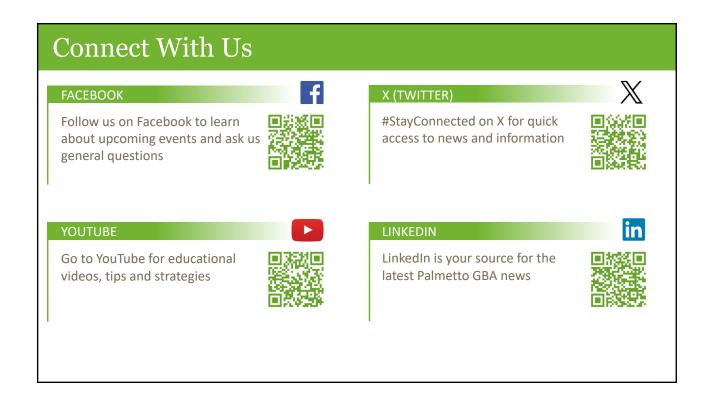
To support medical necessity and confirm eligibility for Inpatient Rehabilitation Facility (IRF) services, providers should:

- **Submit complete and thorough documentation** that demonstrates the beneficiary meets all medical necessity and eligibility criteria.
- Follow official guidance as outlined in:
 - The Medicare Benefit Policy Manual (MBPM), Section 110
 - 42 CFR § 412.622
- Use available tools such as:
 - The Pre-Claim Review (PCR) Checklist
 - The Additional Documentation Request (ADR) Checklist
- These resources help ensure that all required documentation elements are included and aligned with Medicare standards.

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Resource Library CMS Review Choice Demonstration for IRF RCD Cycle Transition Article Cycle 3 to **Inpatient Rehabilitation Facility Services** Cycle 4 CMS Internet-Only Manual (IOM), Pub 100-IRF RCD Frequently Asked Questions 02, Chapter 1, Section 110 (FAQs) Code of Federal Regulations 42 CFR IRF RCD Flowchart 412.622 - Basis of Payment Inpatient Rehabilitation Facilities Reason Medicare Program Integrity Manual **Codes and Statements** IRF RCD Operational Guide Palmetto GBA IRF RCD Homepage 🗘 PALMETTO GBA





Thank You!

THANK YOU FOR ATTENDING!