

**FOLLOW-UP INFORMATION REGARDING THE INPATIENT REHABILITATION  
FACILITY (IRF) COVERAGE PROVISIONS IN THE  
FISCAL YEAR 2010 FINAL RULE**

Timing of the physician's review and concurrence with the preadmission screening: The rehabilitation physician must document concurrence with the findings and results of the preadmission screening after the screening is completed and before the patient is admitted to the IRF.

Use of clinicians versus certified nurse aides in the preadmission screening process: As we indicated in the FY 2010 IRF PPS final rule, the clinician(s) conducting the preadmission screening must "be appropriately trained and qualified to assess the patient's medical and functional status, assess the risk for clinical and rehabilitation complications, and assess other aspects of the patient's condition both medically and functionally" and must be licensed or certified . While a nurse aide may be certified, a nurse aide is not trained and qualified to assess the patient's medical and functional status, assess the risk for clinical and rehabilitation complications, and assess other aspects of the patient's condition both medically and functionally.

Use of clinical/non-clinical personnel in the preadmission screening process: Although clinical personnel are required to evaluate the preadmission screening information, each IRF may determine its own processes for collecting and compiling the preadmission screening information. The focus of the review of the preadmission screening information will be on its completeness, accuracy, and the extent to which it supports the appropriateness of the IRF admission decision, not on how the process is organized.

Definition of a "rehabilitation physician": For the moment, we do not believe that we need to go further in defining a rehabilitation physician other than to say that he or she must have specialized training and experience in rehabilitation. The responsibility is on the IRF to ensure that the rehabilitation physician(s) who are making the admission decisions and treating the patients have the necessary training and experience. If we later find that this is becoming a problem and we need to further define the qualifications, we will consider revising our policy accordingly.

Use of a physician's history and physical (H&P) in the post-admission physician evaluation: If an H&P is performed by a rehabilitation physician within the first 24 hours of the IRF admission and if it contains all of the elements required in the post-admission physician evaluation, it would satisfy the requirement for the post-admission physician evaluation.