

INPATIENT REHABILITATION FACILITY (IRF) REFERENCE BOOKLET



TARGET AUDIENCE:

Medicare Fee-For-Service Program (also known as Original Medicare)

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INTRODUCTION

This guide provides education about common documentation errors, scenarios and solutions for IRF services identified by Medicare Administrative Contractors and the Comprehensive Error Rate Testing (CERT) program.

The leading cause of payment errors for therapy services is “insufficient” documentation in the medical records. Documentation is often missing the required elements as outlined in applicable [Local Coverage Determinations](#) and the [CMS Internet Only Manual100-02 – Medicare Benefit Policy Manual, Chapter 1 – Inpatient Hospital Services Covered Under Part A, Section 110](#).

Additional widespread issues that result in “insufficient” documentation errors include, missing or insufficient:

- Pre-admission assessment
- Elements in the Plan of Care (POC)
- Physician signature on the POC indicating review and approval or visit note indicating physician reviewed and approved the treatment plan
- Physician’s certification for therapy services
- IRF - Patient Assessment Instrument (PAI)
- Physical Therapy (PT)/Occupational Therapy (OT) evaluations
- Signature and treatment minutes on flow sheets
- Physician orders, including order to admit
- Progress notes for all disciplines
- IRF discharge summary
- Post-admission assessment

The A/B CERT Task Force recommends that providers carefully review the following documentation requirements, IRF scenarios, solutions, and tips for ensuring complete and accurate medical records.

INTERDISCIPLINARY TEAM CONFERENCES (ITC)

The interdisciplinary team must document participation by professionals from each of the following disciplines:

- Rehabilitation physician with specialized training and experience in rehabilitation services
- Registered Nurse (RN) with specialized training or experience in rehabilitation
- Social worker and/or case manager
- Licensed or certified therapist from each therapy discipline involved in treating the patient

Each of the above must have current knowledge of the patient as documented in the medical record at the IRF.

Scenario One:

The medical record indicates the patient was admitted to the IRF January 1, 2015 at 6:30 pm. The ITC meetings were held on January 3, 2015, January 13, 2015, and January 17, 2015. Documentation supports that the patient continued to receive PT, OT, and Speech-Language Pathology (SLP) throughout the IRF stay. Attending the initial (January 3, 2015) and the third ITC (January 17, 2015) were the Physician, RN, Case Manager, Physical Therapist, Occupational Therapist, and Speech-Language Pathologist.

Attending the second ITC meeting were the Physician, RN, Case Manager, Physical Therapist, and the Speech-Language Pathologist.

Solution One:

The second ITC must be held on or before January 10, 2015 to meet the weekly timeliness requirement and attendees must include an OT with current knowledge of the patient.

References:

- [CMS Internet Only Manual 100-02 – Medicare Benefit Policy Manual, Chapter 1 – Inpatient Hospital Services Covered Under Part A, Section 110.2.5 Interdisciplinary Team Approach to the Delivery of Care](#)
- [IRF Q&As Series 4, section V, Answer #25](#)
- [IRF Q&As Series 4, Section V, Answer #21](#)

IRF ADMISSION ORDER

Medicare requires that services provided/ordered be authenticated by the author. The method used shall be handwritten or electronic signature. Stamped signatures are not acceptable. Documentation must contain enough information to determine the date on which the service was performed or ordered. If the entry immediately above or below the entry is dated, medical review may reasonably assume the date of the entry in question.

Scenario Two:

The medical record indicates that the patient was admitted to the IRF on January 1, 2015 at 4:15 pm. The physician's order was a telephone order from the physician to the nurse which the physician signed, but did not date. All other orders in the medical record are electronically entered.

Solution Two:

The physician's signature on the order must be dated and timed.

References:

- [CMS Internet Only Manual 100-08 – Medicare Program Integrity Manual, Chapter 3 – Verifying Potential Errors and Taking Corrective Actions, Section 3.3.2.4 Signature Requirements](#)
- [CMS Medicare Learning Network “MLN Matters” MM6698 – “Signature Guidelines for Medical Review Purposes”](#)

MEDICAL NECESSITY OF IRF ADMISSION

An IRF stay will only be considered reasonable and necessary if at the time of admission to the IRF, documentation indicates a reasonable expectation of need for:

- Complexity of the patient's nursing services
- Close physician medical management
- Interdisciplinary team approach for rehabilitation
- Intensity of services needed (denial example: uncomplicated total knee replacement)
- Therapy services intensity (denial example: majority of therapies in group setting and inadequate number of minutes of therapy rendered)

Scenario Three:

The medical record indicates that the patient was admitted to the IRF on May 1, 2015 at 6:25 pm following a hospitalization for a left total knee arthroplasty. The patient's comorbidities include hypertension. Labs were ordered the following morning and were within normal limits. There were no changes to the patient's medication during the IRF stay. The patient participated in therapy and was discharged to home on May 10, 2015.

Solution Three:

In addition to requiring intensive therapy services, the patient's medical condition must require the following to support medical necessity for the IRF admission:

- Complex nursing services
- Close physician medical management

References:

- [CMS Internet Only Manual 100-02 – Medicare Benefit Policy Manual, Chapter 1 – Inpatient Hospital Services Covered Under Part A, Section 110.2.4 – “Physician Supervision”](#)
- [CMS Internet Only Manual 100-02 – Medicare Benefit Policy Manual, Chapter 1 – Inpatient Hospital Services Covered Under Part A, Section 110.2.5 – “Interdisciplinary Team Approach to the Delivery of Care”](#)
- [CMS Internet Only Manual 100-02 – Medicare Benefit Policy Manual, Chapter 1 – Inpatient Hospital Services Covered Under Part A, Section 110.2 – “Inpatient Rehabilitation Facility Medical Necessity Criteria”](#)

PRE-ADMISSION SCREENING (PAS)

The act of reviewing and selecting what information to record on the Pre-admission Screening (PAS) form is clinical in nature and needs to be performed by a licensed or certified clinician who is appropriately qualified within the scope of practice and training to complete the following assessments:

- The patient's medical and functional status
- The risk for clinical and rehabilitation complications
- Other aspects of the patient's condition both medically and functionally

You must complete the PAS within 48 hours, immediately preceding the IRF admission. You must convey all PAS findings to a rehabilitation physician prior to the IRF admission. The rehabilitation physician must document that he or she has reviewed and concurs with the findings and results of the PAS prior to the IRV admission.

Scenario Four:

The medical record indicates the patient was admitted to the IRF on April 12, 2015 at 6:15 pm. The PAS was completed at 6:20 pm by the registered dietician and includes:

- Comorbidities
- Risk for complications
- Condition that caused the need for rehabilitation
- Prior level of functioning
- Current level of functioning

The rehabilitation physician reviewed and concurred with the findings, results, and signed the form at 6:21 pm.

Solution Four:

The PAS must also include additional key elements:

- Expected level of improvement
- Expected length of time necessary to achieve that level of improvement
- Expected frequency and duration of treatment in the IRF
- Anticipated discharge destination
- Anticipated post-discharge treatment

A licensed or certified staff qualified within their scope of practice and training to thoroughly assess the patient's status both medically and functionally must complete the PAS prior to the IRF admission.

References:

- [CMS Internet Only Manual 100-02 – Medicare Benefit Policy Manual, Chapter 1 – Inpatient Hospital Services Covered Under Part A, Section 110.1.1 – “Required Pre-admission Screening”](#)
- [CMS Training Center, IRF Q&A's Series 1, Section I, Pre-admission Screening, Answer 1 and Answer 2](#)
- [CMS Training Center, IRF Q&A's Series 4, Section II, Answer 12](#)

PATIENT ASSESSMENT INSTRUMENT (PAI)

The information in the IRF-PAI must:

- Correspond with all of the information provided in the patient's IRF medical record
- Support appropriate claim coding

Scenario Five:

The medical record did not include a completed IRF-PAI form.

Solution Five:

Ensure that the record includes a completed IRF-PAI form.

References:

- [CMS Internet Only Manual 100-02 – Medicare Benefit Policy Manual, Chapter 1 – Inpatient Hospital Services Covered Under Part A, Section 110.1.5 – Required Inpatient Rehabilitation Facility Patient Assessment Instrument \(IRF-PAI\)](#)

REHABILITATION PHYSICIAN VISITS

The patient must require and receive three face-to-face visits with the rehabilitation physician each week throughout the IRF stay (starting with the day of admission). The responsibility of these visits cannot be delegated to anyone other than another rehabilitation physician. The Post-Admission Physician Evaluation (PAPE) cannot be counted toward meeting this requirement.

Scenario Six:

The medical record indicates that the patient was admitted to the IRF on March 26, 2015 at 3:38 pm. During the initial week (March 26 - April 1, 2015), the rehabilitation physician completed a timely and thorough PAPE and the rehabilitation nurse practitioner completed two patient face-to-face visits.

Solution Six:

The medical record must support that the patient required and received three face-to-face visits with the rehabilitation physician during the initial week of the IRF stay.

References:

- [CMS Internet Only Manual 100-02 – Medicare Benefit Policy Manual, Chapter 1 – Inpatient Hospital Services Covered Under Part A, Section 110.2.4 – “Physician Supervision”](#)
- [CMS Training Center, IRF, Q&A Series 4, Section III, Answer #19](#)
- [CMS Training Center, IRF, Clarification for Post-Admission Physician Evaluation](#)

REGULATION OF PLAN OF CARE (POC)

At a minimum the documentation must indicate that the POC was synthesized by the rehabilitation physician and it must be completed within 4 days of admission to the IRF (starting with the day of admission).

The POC must include:

- Patient’s medical prognosis
- Functional outcomes
- Planned discharge destination
- Estimated length of stay
- Details of each anticipated therapy intervention by discipline including intensity (number of hours per day), frequency (number of days per week), and duration (number of days during the IRF stay)

Scenario Seven:

The medical record indicates that the patient was admitted to the IRF on February 12, 2015 at 1:15 pm. The IRF POC was completed on February 7, 2015 with no physician involvement indicated. The POC states “goal is to be community level with modified independence and length of stay will be 7 to 10 days.”

Solution Seven:

The medical record must indicate physician involvement in development of the POC on or before February 15, 2015 to meet the timeliness standard.

The POC must also include these additional key elements:

- Medical prognosis
- Planned discharge destination
- Details of each anticipated therapy intervention by discipline including intensity (number of hours per day), frequency (number of days per week), and duration (number of days during the IRF stay)

THERAPY INTENSITY

At the time of admission there must be a reasonable expectation that the patient requires and can actively participate in the intensive rehabilitation therapy program that is unique to the IRF. Generally, the therapy intensity requirement is met with 3 hours per day 5 days per week or 15 hours per week. The patient must receive a minimum of 15 hours per week of therapy services, unless documentation supports medical issues justifying a brief exception not to exceed three consecutive days. Non-medical missed therapy minutes must be made up during the same 7 consecutive day time period (starting with the day of admission). Additionally, the majority of the treatment minutes must be individualized. Group and concurrent treatment minutes can be counted toward meeting the intensity requirement, but must not be the majority of the treatment provided.

Scenario Eight:

The medical record indicates that the patient was admitted to the IRF on January 13, 2015 at 4:05 pm. During the initial week (January 13, 2015 - January 19, 2015), the patient participated in 800 minutes of combined therapy services (PT, OT, and SLP) with 450 of those minutes provided as group and/or concurrent therapy. There was no documentation indicating that the patient had medical issues and/or procedures during this time that would reasonably necessitate a reduction in the minimum therapy intensity. Additionally, the medical record must clearly identify time spent providing individualized, group, and concurrent therapy for each treatment visit.

Solution Eight:

The documentation must support a minimum of 800 minutes of therapy services with the majority being individualized for each week of the IRF stay. Group and concurrent treatment minutes can be counted toward meeting the intensity requirement, but must not be the majority of the treatment provided. When this minimum threshold is not met, then the medical record must support a rationale that clearly justifies a brief exception due to the medical reasons. All missed therapy minutes due to non-medical reasons must be made up within the same 7 consecutive days.

References:

- [CMS Internet Only Manual 100-02 – Medicare Benefit Policy Manual, Chapter 1 – Inpatient Hospital Services Covered Under Part A, Section 110.2.2 – “Intensive Level of Rehabilitation Services”](#)
- [CMS Internet Only Manual 100-02 – Medicare Benefit Policy Manual, Chapter 1 – Inpatient Hospital Services Covered Under part A, Section 110.3 – “Definition of Measurable Improvement”](#)
- **CMS Training Center, IRF Coverage**
 - [Series 2, Section I, Multiple Therapy Disciplines, Answers #1-2](#)
 - [Series 2, Section II, Intensive Rehabilitation Therapy, Answers #1, 5-7](#)
 - [Series 2, Adjunct Therapies, Answer #3](#)
 - [Series 2, Break in Therapy, Answer #1](#)
 - [Series 3, Answers #1, 12](#)
 - [Series 4, Section VI, Answers #36, 41-42](#)
 - [Series 4, Section VII, Answers #53](#)

POST-ADMISSION PHYSICIAN EVALUATION (PAPE)

The medical record must support that the PAPE is completed by a rehabilitation physician within 24 hours after the IRF admission. The responsibility of this examination cannot be delegated to anyone other than another rehabilitation physician.

Scenario Nine:

The documentation indicates that the patient was admitted to the IRF on April 14, 2015 at 2:23 pm. The PAPE was completed on April 14, 2015 at 1:39 pm by a physician extender.

Solution Nine:

The medical record must support that the PAPE was conducted by the rehabilitation physician within 24 hours after the IRF admission to meet the timeliness standard.

References:

- [CMS Internet Only Manual 100-02 – Medicare Benefit Policy Manual, Chapter 1 – Inpatient Hospital Services Covered Under Part A, Section 110.1.2 – “Required Post- Admission Physician Evaluation”](#)
- [CMS Training Center, IRF, Q&A, Series 4, Section III, Post-Admission Physician Evaluation, Answer #19](#)

TIPS TO IMPROVE THERAPY DOCUMENTATION AND AVOID CERT ERRORS

- Ensure the medical records submitted provided proof the service(s) was ordered and rendered
- Create a complete POC, making certain to include a legible signature, professional identification (for example, PT or OTR/L), and date the plan was established
- Document when the Plan of Care is modified, including how it has been modified and why the previous goals were not met or could not be met
- Confirm the Plan of Care is certified (recertified when appropriate) with physician/NPP legible signature and date, or include physician notation in progress or visit notes indicating treatment plan was reviewed and approved
- Clearly document, in minutes, the total treatment times for all therapy services in the patient’s record
- Make certain the documentation supports that the patient needed and has received the required intensity and amount of therapy in the IRF
- Ensure the medical records provide justification supporting medical necessity for the service
- Ensure records submitted include all components needed, for example: PAS, PAPE, IRF-PAI, PT/OT evaluations, progress notes for all disciplines, documentation of therapy treatment times, and IRF discharge summary

RESOURCES

RESOURCES	WEB ADDRESS
CMS Training Center, IRF Coverage, Series 2, Adjunct Therapies, Answer #3	http://www.aha.org/content/00-10/IRFTrainingcallversion2.pdf
CMS Training Center, IRF Coverage, Series 2, Break in Therapy, Answer #1	http://www.aha.org/content/00-10/IRFTrainingcallversion2.pdf
CMS Training Center, IRF Coverage, Series 2, Section I, Multiple Therapy Disciplines, Answers #1-2	http://www.aha.org/content/00-10/IRFTrainingcallversion2.pdf
CMS Training Center, IRF Coverage, Series 2, Section II, Multiple Therapy Disciplines, Answers #1, 5-7	http://www.aha.org/content/00-10/IRFTrainingcallversion2.pdf
CMS Training Center, IRF Coverage, Series 3, Answers #1, 12	http://www.aha.org/content/00-10/IRF-Training-call_version_3.pdf
CMS Training Center, IRF Coverage, Series 4, Section III, Post-Admission Physician Evaluation, Answer #19	http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/InpatientRehabFacPPS/downloads/IRF-Training-call_version_4.pdf
CMS Training Center, IRF Coverage, Series 4, Section VI, Answers #36, 41-42	http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/InpatientRehabFacPPS/downloads/IRF-Training-call_version_4.pdf
CMS Training Center, IRF Coverage, Series 4, Section VII, Answer #53	http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/InpatientRehabFacPPS/downloads/IRF-Training-call_version_4.pdf
Follow-up information from the November 12 provider training call, Clarification for Post-Admission Physician Evaluation	https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/InpatientRehabFacPPS/Downloads/IRFPPS_Coverag_Req_Clarification_3phyvisit.pdf
Medicare Benefit Policy Manual Chapter1-Inpatient Hospital Services Covered Under Part A, Section 110.2.2-Intensive Level of Rehabilitation Services	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c01.pdf
Medicare Benefit Policy Manual Chapter1-Inpatient Hospital Services Covered Under Part A, Section 110.3-Definition of Measurable Improvement	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c01.pdf
Medicare Benefit Policy Manual Chapter1-Inpatient Hospital Services Covered Under Part A, Section III, Individualized Overall Plan of Care, Answers #9-10	http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/InpatientRehabFacPPS/Downloads/IRF-Training-call_version_1.pdf
"Medicare Benefit Policy Manual Chapter 1 - Inpatient Hospital Services Covered Under Part A, Section 110.1.2-Required Post-Admission Physical Evaluation"	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c01.pdf
"Medicare Benefit Policy Manual Chapter 1 - Inpatient Hospital Services Covered Under Part A, Section 110.1.3 Required Individualized Overall Plan of Care"	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c01.pdf

HYPERLINK TABLE

EMBEDDED HYPERLINK	COMPLETE URL
Local Coverage Determinations and the CMS Internet Only Manual 100-02 – Medicare Benefit Policy Manual, Chapter 1 – Inpatient Hospital Services Covered Under Part A, Section 110.	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c01.pdf
CMS Internet Only Manual 100-02 – Medicare Benefit Policy Manual, Chapter 1 – Inpatient Hospital Services Covered Under Part A, Section 110.2.5 Interdisciplinary Team Approach to the Delivery of Care	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c01.pdf
IRF Q&As Series 4, section V, Answer #25	http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/InpatientRehabFacPPS/Downloads/IRF-Training-call_version_4.pdf
IRF Q&As Series 4, Section V, Answer #21	http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/InpatientRehabFacPPS/Downloads/IRF-Training-call_version_4.pdf
CMS Internet Only Manual 100-08 – Medicare Program Integrity Manual, Chapter 3 – Verifying Potential Errors and Taking Corrective Actions, Section 3.3.2.4 Signature Requirements	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c03.pdf
CMS Medicare Learning Network “MLN Matters” MM6698 – “Signature Guidelines for Medical Review Purposes”	http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM6698.pdf
CMS Internet Only Manual 100-02 – Medicare Benefit Policy Manual, Chapter 1 – Inpatient Hospital Services Covered Under Part A, Section 110.2.4 – “Physician Supervision”	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c01.pdf
CMS Internet Only Manual 100-02 – Medicare Benefit Policy Manual, Chapter 1 – Inpatient Hospital Services Covered Under Part A, Section 110.2.5 – “Interdisciplinary Team Approach to the Delivery of Care”	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c01.pdf
CMS Internet Only Manual 100-02 – Medicare Benefit Policy Manual, Chapter 1 – Inpatient Hospital Services Covered Under Part A, Section 110.2 – “Inpatient Rehabilitation Facility Medical Necessity Criteria”	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c01.pdf
CMS Internet Only Manual 100-02 – Medicare Benefit Policy Manual, Chapter 1 – Inpatient Hospital Services Covered Under Part A, Section 110.1.1 – “Required Pre-admission Screening”	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c01.pdf

HYPERLINK TABLE

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CMS Training Center, IRF Q&A's Series 1, Section I, Preadmission Screening, Answer 1 and Answer 2	http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/InpatientRehabFacPPS/Downloads/IRF-Training-call_version_1.pdf
CMS Training Center, IRF Q&A's Series 4, Section II, Answer 12	http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/InpatientRehabFacPPS/downloads/IRF-Training-call_version_4.pdf
CMS Internet Only Manual 100-02 – Medicare Benefit Policy Manual, Chapter 1 – Inpatient Hospital Serves Covered Under Part A, Section 110.1.5 – Required Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI)	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c01.pdf
CMS Internet Only Manual 100-02 – Medicare Benefit Policy Manual, Chapter 1 – Inpatient Hospital Services Covered Under Part A, Section 110.2.4 – “Physician Supervision”	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c01.pdf
CMS Training Center, IRF, Q&A Series 4, Section III, Answer #19	http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/InpatientRehabFacPPS/downloads/IRF-Training-call_version_4.pdf
CMS Training Center, IRF, Clarification for Post-Admission Physician Evaluation	http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/InpatientRehabFacPPS/Downloads/IRFPPS_Coverag_Req_Clarification_3phyvisit.pdf
CMS Internet Only Manual 100-02 – Medicare Benefit Policy Manual, Chapter 1 – Inpatient Hospital Services Covered Under Part A, Section 110.1.3 – “Required Individualized Overall Plan of Care”	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c01.pdf
CMS Training Center, IRF Q&A Series 1, Section III, Individualized Overall Plan of Care, Answers #9-10	http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/InpatientRehabFacPPS/Downloads/IRF-Training-call_version_1.pdf
CMS Internet Only Manual 100-02 – Medicare Benefit Policy Manual, Chapter 1 – Inpatient Hospital Services Covered Under Part A, Section 110.2.2 – “Intensive Level of Rehabilitation Services”	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c01.pdf
CMS Internet Only Manual 100-02 – Medicare Benefit Policy Manual, Chapter 1 – Inpatient Hospital Services Covered Under part A, Section 110.3 – “Definition of Measurable Improvement”	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c01.pdf

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Series 2, Section I, Multiple Therapy Disciplines, Answers #1-2	http://www.aha.org/content/00-10/IRFTrainingcallversion2.pdf
Series 2, Section II, Intensive Rehabilitation Therapy, Answers #1, 5-7	http://www.aha.org/content/00-10/IRFTrainingcallversion2.pdf
Series 2, Adjunct Therapies, Answer #3	http://www.aha.org/content/00-10/IRFTrainingcallversion2.pdf
Series 2, Break in Therapy, Answer #1	http://www.aha.org/content/00-10/IRFTrainingcallversion2.pdf
Series 3, Answers #1, 12	http://www.aha.org/content/00-10/IRF-Training-call_version_3.pdf
Series 4, Section VI, Answers #36, 41-42	http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/InpatientRehabFacPPS/downloads/IRF-Training-call_version_4.pdf
Series 4, Section VII, Answers #53	http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/InpatientRehabFacPPS/downloads/IRF-Training-call_version_4.pdf
CMS Internet Only Manual 100-02 – Medicare Benefit Policy Manual, Chapter 1 – Inpatient Hospital Services Covered Under Part A, Section 110.1.2 – “Required Post- Admission Physician Evaluation”	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c01.pdf
CMS Training Center, IRF, Q&A, Series 4, Section III, Post-Admission Physician Evaluation, Answer #19	http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/InpatientRehabFacPPS/downloads/IRF-Training-call_version_4.pdf

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