

Eli's Rehab Report

Inpatient Rehab: CMS Unveils 2009 PPS for IRFs

It's that time of year again -- time for prospective payment system rules. CMS issued on July 31 a final rule for payment for services furnished to patients in inpatient rehabilitation facilities (IRFs). CMS projects that Medicare payments to IRFs under this final rule will be approximately \$5.6 billion in FY 2009, according to a press release.

CMS has recalculated the weights assigned to the case mix groups using more recent data from rehabilitation hospitals about the types of patients they are treating and the resources required. And thanks to the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA), the final rule sets the inflation update for the standard federal rate at zero percent for FY 2009.

The MMSEA also requires that the final rule retain the requirement that at least 60 percent of a facility's patient population have one of 13 qualifying conditions specified in Medicare regulations. At the same time, the final rule implements provisions in the MMSEA that allow facilities to continue to count patients whose principal reason for needing inpatient rehabilitation services is not one of the qualifying conditions, but whose treatment is complicated by the presence of one or more of these conditions as a secondary diagnosis, CMS clarified.

The final rule is in the August 8 Federal Register and will be effective for discharges in FY 2009, beginning October 1, 2008. For more information, see <http://www.cms.hhs.gov/InpatientRehabFacPPS/LIRFF/list.asp#TopOfPage>.