

## Eli's Rehab Report

### IRFs: Claim Credit For Part A Patients' Short Stays -- Here's How

#### Expect eight tough hoops to jump through.

Just because patients don't receive five days of therapy doesn't mean you can't capture a rehab RUG for the care you provide.

Good news: You can use the Medicare short-stay assessment to meet the rehab RUG for Part A patients, according to CMS' **Ellen Berry**. However, this optional assessment doesn't come without its own set of rules -- and it isn't always your best fiscal move.

#### Start With The Basics

Medicare's short-stay policy allows facilities to obtain a therapy RUG for patients discharged from Part A on or before the eighth day of the stay, Berry said in a recent webinar on RUG-IV.

Specifics: Patients who've exhausted their Part A benefits and those who've been discharged to the hospital (planned or unplanned), the community, or long-term care all qualify for the short-stay option, Berry noted.

Caveat: A patient falling into one of those categories doesn't guarantee you can use the short-stay option. The patient must meet eight requirements, including the patient meeting the Rehabilitation or Rehabilitation plus Extensive Services groups.

In such cases, if the resident meets the criteria, you can combine a start of therapy Other Medicare Required Assessment (OMRA) with the five-day or readmission PPS assessment. Or you can complete the start of therapy OMRA as a standalone assessment after doing the five-day or readmission assessment.

Physical therapy, occupational therapy or speech language pathology services must have started within the last four days of the stay, Berry noted. The resident must continue to receive at least one discipline of rehab therapy through the last day of the Part A stay.

Critical: If the therapy start date is the first day of the resident's stay, the stay can't exceed four days. When the start of therapy date (which is the date of the therapy evaluation) is the first day of the resident's short stay, the short-stay assessment-generated rehab RUG will apply to the entire stay.

Payment rules: For the short-stay assessment, RUG-IV pays on a prorated basis for therapy based on the average daily therapy minutes the resident received, Berry noted, as follows (the x stands for classification based on the ADL score):

- RLx -- 15-29 minutes
- RMx -- 30-64 minutes
- RHx -- 65-99 minutes
- RVx -- 100-143 minutes
- RUX -- 144 or > minutes

#### Consider Short-Stay The Exception, Not The Rule

Though sometimes useful, the short-stay assessment option isn't likely to end up on the most-popular assessment list. "The challenge with the short-stay is that there are eight very specific, non-negotiable requirements to qualify, which are going to be fairly difficult to achieve," says **Glenda Mack, MSPT**, senior director of clinical operations for PeopleFirst Rehabilitation in Louisville, Ky.

Doing the short-stay assessment "is going to be the exception rather than the rule for the vast majority of residents," predicts **Pauline Franko, PT, MCSP**. That's because the assessment will likely be for medically unstable patients who are discharged too early from the hospital. The patients will be admitted to an inpatient facility, but then will wind up readmitted to the hospital shortly after, she says.

Third option: You can avoid needing the short-stay assessment for therapy by allowing the resident to stabilize medically. Those who stabilize will go on to need standard treatment and those who don't will return to the hospital -- eliminating the need to find a way to capture the short stay, Franko suggests.

And if your patient is only admitted for five or six days, facilities should begin therapy on day one to get in five days of therapy during the stay. Most facilities are set up for weekend therapy, so the onus is on them to start immediately in order to meet the requirement, Franko advises.