Codify
BY AAPC

Eli's Rehab Report

Reader Question: Know What Supports Inpatient Rehab Care

Question: I'll be transferring from our acute care facility to work in our inpatient rehabilitation hospital in a few weeks. What kinds of cases can I expect to be coding for?

Answer: First, you'll need to know that Medicare regulations state that inpatient rehabilitation is only covered when the service is considered reasonable and medically necessary based on the patient's needs and situation. Physicians rely on documentation in the patient's acute care record and preadmission screenings to justify admission to an IRF (inpatient rehabilitation facility). Patients might be admitted to an IRF for situations such as:

- Following an inpatient hospital stay for rehabilitation that led to little improvement in the patient's condition
- After an inpatient stay for cerebrovascular accident (CVA) with residual mental and/or physical impairments that might benefit from more intensive treatment
- After an inpatient admission for an acute problem that requires further rehabilitation (such as a hip fracture). The original presenting problem could be traumatic or infectious.

Also watch for cohesive, convincing documentation of common criteria used to justify the need for inpatient rehab services. These often include the need for 24-hour medical supervision and nursing care, and several hours of rehab care at least 5 days a week. The admitting physician should also document that the patient can make significant improvements through inpatient rehab services.