

Eli's Rehab Report

Reader Questions: Keep Your IRF Therapy Minutes in Line

Question: I'm in an IRF setting, and our Medicare contractor is National Government Services. Does NGS require that we list the start and end times for the therapy minutes we document in the chart for acute rehab units? Or, can we just document the total number of minutes? I looked to CMS for guidance, and it didn't have specific instructions.

-- New York Subscriber

Answer: As you know, most payers, including the Medicare program, do not reimburse separately for therapy services provided in the IRF setting. You get a PPS payment based on the CMG, so your Medicare contractor doesn't need start and end times of therapy. However, you should keep track of therapy minutes for other reasons. For example, reviewers will look to see if the patient received three hours of therapy at least five out of seven days (or 15 hours within seven days when appropriate). How you internally track productivity is up to you and your organization.

- Reader Question was answered by **Rick Gawenda, PT**, director of finance for Kinetix Advanced Physical Therapy Inc. in Valencia, Calif., and president/CEO of Gawenda Seminars & Consulting.