

INPATIENT INSIGHTS, continued

- An interdisciplinary team must coordinate the care. The team must consist of a rehabilitation physician, at least one registered nurse with experience in rehab, a social worker or case manager (or both), and a licensed or certified therapist from each therapy discipline involved in treating the patient. Also, the team must meet at least once a week, rather than once every two weeks.

- Within 24 hours of admission to the IRF, the rehab physician must do a post-admission evaluation to verify that the preadmission screening information is still accurate. CMS dropped its proposed requirement that the physician consult with the interdisciplinary team on this assessment, points out **Patricia Trela, RHIA**, director of HIM and rehabilitation services for Diskriter Inc in Pittsburgh. “The Final Rule also specifies that therapy must be initiated within 36 hours of midnight the day of admission.”

Don't miss: “Coverage criteria” is not the same as the requirements IRFs must meet to be paid under IRF PPS, such as the 60-percent rule, CMS clarified. “The coverage criteria apply to all Medicare patients in the facility without regard to whether they have one of the IRF qualifying conditions as an admitting or secondary diagnosis.” Also, Medicare Advantage patients must now be reported using the IRF PAI, and these patients count toward the 60 percent threshold.

Prepare for Operational Overhaul

“IRFs should start to look at their processes and timeframes to complete the pre-admission screening, the post-admission evaluation, and the development of the individualized overall plan of care,” Trela recommends. “Develop procedures to include documentation of these items in the patient’s health record.”

Critical: If you’ve relied heavily on group therapy to meet the 3-hour rule, you’re in for a shock. CMS hinted at scrutinizing group therapy in the proposed rule and went straight to ruling it out in the Final Rule. “Therapists can still deliver group therapy, but they can’t count it toward the 3-hour rule,” Fowler says.

Another important clarification was that IRFs may not use aides to satisfy the 3-hour rule, points out **Rick Gawenda, PT**, director of PM&R for Detroit Receiving Hospital. The Final Rule’s exact words are: “Therapy aides are authorized to perform support services for licensed and/or certified skilled therapy practitioners ... therapy aide services are not considered skilled ...”

Note the Positives

If you’re feeling overwhelmed by now, check out the bright side of the rule experts have noted. For example, while the payment updates in the Final Rule take effect Oct. 1, 2009, the coverage criteria changes will not take

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PRACTICE POINTERS

Don't Get Too Discount-Happy With Patients

► Show your therapists the numbers.

During these tight times, many therapists are afraid that if they don’t discount their rates or waive copays, their business will go elsewhere. But this is actually a big mistake for more than one reason.

“The biggest way to save money is to not purposefully lose money,” says **Michael Weinper, MPH, PT**, president & CEO of PTPN in Calabasas, Calif. And that’s precisely what waiving copays does — you’re in essence subsidizing the patient’s care.

Not to mention: Waiving copays is illegal, Weinper points out.

Important: Make sure patients understand the reason behind why you can’t waive copays, as opposed to just

saying, “This is just our policy,” Weinper says. Therapists are business owners, and business owners should charge for everything they do.

Sometimes therapists or front desk staff may feel the practice is charging patients too much because the therapists don’t realize what it really costs to run a business. This might cause them to not bill for every service or to waive copays.

Solution: “Let your employees see the reality of the financial situation you face,” Weinper says. Show them your budget at a team meeting. “Most of them don’t realize how close you are to break-even. Some owners pay everyone first and then take their money last,” he says. ■