

# PROCEDURE

<b>Procedure Title:</b> Non-Physician Practitioners in the Inpatient Rehab Facility (IRF)	<b>No:</b> L-21.PR.01
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	<b>Effective Date:</b> 07/08/2021
	<b>Previous Versions:</b> 4/30/18
<b>Policy Title:</b> L-21 Non-Physician Practitioners Engaged by Facilities	<b>Approved By:</b> Sue Monaco
	<b>Approval Date:</b> 06/21/2021

## I. Definitions:

**NPP Inpatient Rehabilitation Facility (IRF):** Free standing rehabilitation hospitals and rehabilitation units in acute care hospitals that provide intensive rehabilitation programs.

**Rehabilitation (Rehab) Physician:** A licensed Doctor of Medicine or Osteopathy with specialized training and experience in rehabilitation who is a member of the medical staff of the IRF.

## II. Procedure:

L-21 applies to the activities of NPPs, except as modified by this procedure.

Only a Rehab Physician may provide written approval of a patient’s qualification for IRF services on the Pre-Admission Screening, admit the patient, perform and document at least the majority of the required face-to-face visits, document the integration of the Plan of Care by Day 4, and lead team conferences.

### A. Pre-Admission Screening (PAS)

NPPs may make recommendations to the Rehab Physician regarding admission. The Rehab Physician, not a NPP, must document their determination regarding the preadmission screening prior to the IRF admission. A NPP may not grant the admission approval.

### B. History and Physical (H&P)

NPPs may perform a preliminary H&P that is in addition to, not in lieu of, the Rehab Physician’s H&P.

### C. Individualized Day 4 Plan of Care

NPPs may work in collaboration with the Rehab Physician to develop the plan of care. However, it is the sole responsibility of the Rehab Physician to integrate the information and to document the patient’s medical record no later than calendar day 4 of the stay.

### D. Face-to-Face Visits

NPPs may perform daily patient visits for routine follow-up and rounds. However, the Rehab Physician must perform and document a minimum of 3 face-to-face physician visits in the first calendar 7 days after admission. Beginning with the second week of admission on calendar day 8, the Rehab Physician must perform and document a minimum of face-to-face visits with the

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patient per week. The duties must be within the NPP's scope of practice and practice prerogatives.

**E. Team Conference**

NPPs may attend and contribute to the Interdisciplinary Team Conference. However, a Rehab Physician must lead the team conference and the documentation must clearly demonstrate the Rehab Physician's involvement in leading the conference.

**F. Auditing and Monitoring**

Each IRF Program Director is responsible for a concurrent self-auditing process. The IRF Medical Director is responsible for monitoring the performance of Rehab Physicians in the IRF. The Program Director will escalate any non-adherence to the Hospital Compliance Officer.

### III. References:

COMP-RCC 4.62 Scribes in the Hospital Provider Based Setting

COMP-RCC 4.03 Health Information Management Operations, Hospital Chart Completion, Documentation and Security

CMS Final Rule, CMS-1729-F, effective 10/1/2020

Complete List of IRF Clarifications, 2017

CMS, Pub 100-02 Medicare Benefit Policy Manual

[42 CFR 412.622 Basis of Payment](#)

[42 CFR 412.29 Classification criteria for payment under the IRF PPS](#)

42 CFR 482.24 Conditions of Participation: Medical Record Services

42 CFR 482.56 Conditions of Participation: Rehabilitation Services