

## IRF Pre-Claim Review Submission Form

State / Contract ID

Alabama - 10111

### IRF Information

Provider Name\*

Certification / Provider Numer\*

National Provider Identifier (NPI)\*

Provider Address\*


If this is a Resubmission, please provide the previous UTN

### Beneficiary Information

First Name\*

Last Name\*

Medicare ID\*

Date of Birth\*

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### Rehabilitation Physician Information

Name\*

National Provider Identifier (NPI)\*

Address\*


### Admission Information

Admit Date\*

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Bill Type\*

111
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### Requestor Information

Name\*

Phone Number\*

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Fax Number\*

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Email Address\*

Please return this form and all supporting documentation to:

**Fax: 803-870-6069**

**US Mail:**

IRF RCD  
PO Box 100309  
Columbia, SC 29202-3309

## IRF Pre-Claim Review Submission Form - Page 2

Please answer the following questions:

- Yes     No    Was the PAS (Pre-Admission Screen) completed or updated within the 48 hours immediately preceding the IRF admission?
- Yes     No    Does the PAS include a detailed and comprehensive review of the patient's condition and medical history?
- Yes     No    Does the PAS contain information about the conditions that caused the patient's need for inpatient rehab?
- Yes     No    Does the PAS contain the patient's prior level of function?
- Yes     No    Is the patient's expected level of improvement documented in the PAS?
- Yes     No    Does the PAS establish the expected length of time to achieve the documented expected level of improvement?
- Yes     No    Does the PAS evaluate any risk for clinical complications the patient may have?
- Yes     No    Does the PAS contain the expected treatments/therapies the patient will require (PT, OT, ST, or prosthetics/orthotics)?
- Yes     No    Does the PAS contain an anticipated discharge destination?
- Yes     No    Has the rehabilitation physician reviewed and documented his or her concurrence with the findings and results of the preadmission screening prior to the IRF admission?

## Task 1 - Upload PAS

- Yes     No    Does documentation support that required therapy services began within 36 hours from midnight of the day of admission to the IRF?
- Yes     No    Does documentation support that the multiple therapy services are reasonable and necessary at the level of intensity required for inpatient rehabilitation?

## TASK 2 - UPLOAD Therapy Notes/Evaluations

- Yes     No    Is there supporting documentation from the IRF that documents the beneficiary's need for intensive therapy, expected treatments/therapies, ability to participate in extensive therapy, etc. (History and Physical, POC, Therapy Evaluations, Skilled Notes, Interdisciplinary Team notes, etc.)?
- Yes     No    Does documentation support that at time of admission the patient's condition required at least 2 therapy disciplines (one of which must be PT or OT)?
- Yes     No    Does the documentation support the beneficiary's need for supervision by a rehabilitation physician?
- Yes     No    Does documentation support that the rehabilitation physician has conducted the initial face-to-face visit(s) that are required to be conducted at least 3 days per week throughout the patient's stay in the IRF. (Beginning with the second week, a non-physician practitioner who is determined by the IRF to have specialized training may conduct 1 or 3 of the required visits)?
- Yes     No    Is there documentation to support the rehabilitation physician is a licensed physician who has been determined by the IRF to have specialized training and experience in inpatient rehabilitation, in accordance with 42 CFR § 412.622(c)?

**TASK 3 – UPLOAD Supporting Documentation for admission to the IRF. (Supporting documentation MAY include: History and Physical, POC, Therapy Evaluations, Skilled Notes, Interdisciplinary Team notes, Admission Orders etc.).**