

Compliance Today – March 2019 Calling all IRFs

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A report issued in late 2018 by the OIG's Office of Audit Services (OAS) indicated that 80% of medical records sampled from inpatient rehabilitation facility (IRF) stays occurring in 2013 did not comply with applicable Medicare coverage and/or documentation requirements.^[1] When extrapolating these results to all claims occurring during the audit period, the OIG concluded that the Medicare program paid \$5.7 billion for IRF care that was not reasonable and necessary. Additionally, CMS's Comprehensive Error Rate Testing (CERT) program identified that the error rate of sampled IRF claims during 2016 was 62%, resulting in an extrapolated improper payment amount of \$4.6 billion.^[2]

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