Using the 60% Rule Compliance Field in the UDS-PROi® Software

The UDS-PROi® software contains a 60% Rule Compliance field (field 118). You can use this field to estimate 60% Rule qualification if your fiscal intermediary (FI) conducts a medical record review in lieu of the presumptive eligibility test.

Select Yes from the drop-down menu in field 118 if you believe that you have supporting documentation that qualifies this case as one of the 13 qualifying medical conditions of the 60% Rule; select No or leave the field blank otherwise. (These conditions are listed in Section 140.1.1C of Transmittal 938, Change Request 5016, dated May 5, 2006.) When making your selection, disregard the codes used for the presumptive eligibility test, as they might not be used as part of the medical record review process employed by your FI.

The following questions will help determine your selection:

- Does the medical documentation support the impairment group code and etiologic diagnosis assigned to this patient, and does the primary diagnosis correspond to the definition of one of the 13 qualifying medical conditions?
- If the patient has a comorbid condition that corresponds to the definition of one of the 13 qualifying medical conditions, does documentation support that the comorbidity has caused significant decline in functional ability in the patient such that, even in the absence of the admitting condition, the patient would require the intensive rehabilitation treatment that is unique to an IRF paid under the IRF PPS and that cannot be appropriately performed in another care setting covered under Medicare?
- If the patient’s primary diagnosis involves a knee replacement or hip replacement (or both), does documentation support at least one of the following criteria?
  - The patient underwent bilateral knee or bilateral hip joint replacement surgery during the acute hospital admission immediately preceding admission to the IRF.
  - The patient is extremely obese (defined as a body mass index of 50 or greater at the time of admission to the IRF).
  - The patient is age 85 or older at the time of admission to the IRF.
- If the patient has an arthritic condition, does documentation support all criteria as defined in Section 140.1.1C.10-12 of Transmittal 938, Change Request 5016, dated May 5, 2006?

If you answered “yes” to any of these questions, select Yes from the 60% Rule Compliance drop-down menu.

Note that the ultimate determination of a case’s compliance status rests with your FI. Please contact your FI with any questions regarding interpretation of the 13 qualifying medical conditions or the documentation needed to support qualification for the 60% Rule.
Presumptive Eligibility Test vs. Medical Record Review

Enforcement of the 60% Rule lies with two processes: the presumptive eligibility test and the medical record review. Depending on your FI and your facility’s characteristics, one or both processes may apply to your facility. Each process has its own set of characteristics.

If 50% or more of your facility population are Medicare Part A patients (identified by code 02 for item 20A of the IRF-PAI) during your facility’s review period, your facility is eligible for the presumptive eligibility test. This test is a software program run by your FI on Medicare cases only. Utilizing IRF-PAI data submitted to CMS, the software searches for cases that have one of the codes listed in Appendix A of Transmittal 938, Change Request 5016, dated May 5, 2006. If the percentage of cases with a qualifying code exceeds the threshold for 60% Rule compliance, your facility will be considered presumptively qualified for the 60% Rule.

By contrast, the medical record review is utilized in the following situations:

- Less than 50% of your facility population are Medicare Part A patient during your facility’s review period.
- The presumptive eligibility test fails to establish that your facility’s percentage of qualifying cases meets or exceeds the threshold percentage for your review period.
- The FI determines that the medical record review is necessary to establish compliance.

As part of the medical record review, the FI selects a random sample of your facility’s cases from the review period for all payer sources and requests medical record documentation for the patients in the random sample. The FI then determines whether each case qualifies for the 60% Rule based upon the documentation provided and the case’s status vis-à-vis the 13 qualifying medical conditions in Section 140.1.1C of Transmittal 938, Change Request 5016, dated May 5, 2006. The FI may choose to utilize the presumptive eligibility test codes listed in Appendix A of Transmittal 938, Change Request 5016, dated May 5, 2006, but the FI is not required to use these codes during the review. If the percentage of qualifying cases from the random sample exceeds the threshold percentage for your review period, your facility will be deemed to have met the qualifications for the 60% Rule.

The differences between the processes require you to understand two important factors: (1) the cases that are used in each test and (2) how the process determines whether a case meets 60% Rule qualification. The following table explains these issues.

<table>
<thead>
<tr>
<th>Presumptive Eligibility Test</th>
<th>Medical Record Review</th>
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</thead>
<tbody>
<tr>
<td>Which cases are used?</td>
<td>Random sample from all payer sources</td>
</tr>
<tr>
<td>How does a case qualify?</td>
<td>Documentation in the medical record corresponds with the criteria for one of the 13 qualifying medical conditions in Section 140.1.1C of Transmittal 938, Change Request 5016, dated May 5, 2006.</td>
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