

**Revisions to CMS-437B Form
Rehabilitation Hospital Criteria Worksheet (CMS-437B)**

Current Section Number, Section Title, Data Field Text and Location	Revised Section Number, Section Title, Data Field Text & Location	Description of Changes Made	Reasons for Changes Made
<p>NOTES: Revised and new text is identified in bolded and yellow highlighted text. Deleted text is identified on bolded and green highlighted text</p>			
<p align="center">IRF Hospital Demographic Information Section of CMS-437B</p>			
<p>Existing Page Number: 1</p> <p>Existing Section Number: NA</p> <p>Existing Section: IRF Hospital Demographic Information</p> <p>Existing Data Field Text: “Related Provider Medicare Number”</p> <p>Existing Locations: Row 1, column 1</p>	<p>Revised Page Number: 1</p> <p>Revised Section Number: NA</p> <p>Revised Section: IRF Hospital Demographic Information</p> <p>Revised Data Field Text: “IRF Hospital’s Name”</p> <p>Revised Location: Row 1, column 1</p>	<p>1. We have changed the following text:</p> <p>“Related Provider Medicare Number” in the existing CMS-437B form</p> <p align="center">to</p> <p>“Name of IRF Hospital” in the revised CMS-437B form</p> <p>2. We have added a new data field for “IRF Hospital CCN #” at row 1, column 2</p>	<p>The existing CMS-437B form does not request the CCN number for the IRF hospital, but only requests the “Related Medicare Provider Number.</p> <p>We have made this change because we do not believe that it would be confusing to ask for a related Medicare provider number. For example, is this asking for the Medicare number of the IRF hospital or for another related facility? We believe that it is important to have the Medicare number for IRF hospital and that the data field specify this.</p> <p>Therefore, we have deleted the text in row 1, column 1 of this section and added “IRF Hospital’s Name” instead.</p> <p>We have also added a new data field for “IRF Hospital CCN # in row 1, column 2.</p>
<p>Existing Page Number: 1</p>	<p>Revised Page Number: 1</p>	<p>1. We have changed the following text:</p>	<p>In the existing CMS-437B form, there is no data field</p>

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<p>Existing Section Number: NA</p> <p>Existing Section: IRF Hospital Demographic Information</p> <p>Existing Data Field Text: “Room Numbers In Hospital”</p> <p>Existing Locations: Row 1, column 2</p>	<p>Revised Section Number: NA</p> <p>Revised Section: IRF Hospital Demographic Information</p> <p>Revised Data Field Text: “IRF Hospital CCN Number”</p> <p>Revised Location: Row 1, column 2</p>	<p>“Room Numbers In Hospital” in the existing CMS-437B form to “IRF Hospital’s CCN:” in the revised CMS-437B form</p> <p>2. We added a new data field for “Number of Beds in Hospital” at Row 2, column 2 in the revised CMS-437B form.</p>	<p>which collects the CCN number of the IRF hospital, To correct this, we have renamed this data field from “Number of Rooms in Hospital” to “IRF Hospital’s CCN Number.” However, we have added a new data field for the number of beds in the IRF hospital in a new location in this section.</p>
<p>Existing Page Number: 1</p> <p>Existing Section Number: NA</p> <p>Existing Section: IRF Hospital Demographic Information</p> <p>Existing Data Field Text: “Facility Name and Address (City, State, Zip Code)”</p> <p>Existing Locations: Rows 1 & 2, Column 3</p>	<p>Revised Page Number: 1</p> <p>Revised Section Number: NA</p> <p>Revised Section: IRF Hospital Demographic Information</p> <p>Revised Data Field Text: “Date of Last Survey”</p> <p>Revised Location: Row 1, Column 3</p>	<p>1. We have changed the following text: “Facility Name and Address (City, State, Zip Code)” in the existing CMS-437B form to “Date of Last IRF Hospital Survey” in the revised CMS-437B form</p> <p>2. We have also made the following changes in the revised CMS-437B form:</p> <ol style="list-style-type: none"> a. added a separate data field for the IRF’s name at row 1, column 1; b. added a new separate data field for Street address for the IRF hospital at row 2, columns 1 & 2; c. added additional new separate data fields for the IRFs city, state & zip code at row 3, columns 1,2 and 3. 	<p>The CMS-437B form provides only a small space in which the person completing the for must fill in the name and location (city, state and zip code) of the IRF.</p> <p>We have converted the CMS-437B form to a .pdf fillable format. This will allow for the data to be exported from the form. However, if several types of data are combined into one data field, it cannot be exported into an Excel spreadsheet and the data searched by these pieces of data separately. For example, with the name and location are combined in the same data field and exported as one data field into a spread sheet, one would not be able to search by IRF name or IRF location separately.</p> <p>Also, we believe that it is important to collect the complete address for the IRF, and not only the city, state and zip code,</p>

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			<p>To correct these issues, we have added separate data fields for the name of the IRF, street address, city, state and zip code.</p> <p>We have changed the text of the data field which is intended to collect the date of the last IRF hospital survey date from “Survey Date” in the existing CMS-437B form to “Date of Last IRF Hospital Survey” in the revised CMS-437 form.</p> <p>We made this change because we believe that the existing title of “Survey Date” is vague and does not clearly communicate what data is being sought. For example, is this data field requesting a date the hospital, in which the IRF hospital is located was surveyed? Or, is it requesting a date the IRF was surveyed? Also, it does not specify which survey this information is requested. For example, does it address the most recent survey, or a previous survey? We have removed these questions with the revised data field title of “Date of Last IRF Hospital Survey.”</p>
Existing Page Number: 1	Revised Page Number: 1	1. We have changed the following text:	See the explanation above for the change made.

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<p>Existing Section Number: NA</p> <p>Existing Section: IRF Hospital Demographic Information</p> <p>Existing Data Field Text: “Number of Beds in Hospital”</p> <p>Existing Locations: Row 2, Column 1</p>	<p>Revised Section Number: NA</p> <p>Revised Section: IRF Hospital Demographic Information</p> <p>Revised Data Field Text: “IRF Hospital’s Street Address”</p> <p>Revised Location: Row 2, Columns 1 & 2</p>	<p>“Number of Beds in Hospital” in the existing CMS-437B form to “IRF Hospital’s Street Address” in the revised CMS-437B form</p> <p>2. We have also added a new data field for “Number of Beds in Hospital” at Row 2, column 2 in the revised CMS-437B form.</p>	
<p>Existing Page Number: 1</p> <p>Existing Section Number: NA</p> <p>Existing Section: IRF Hospital Demographic Information</p> <p>Existing Data Field Text: “Survey Date:”</p> <p>Existing Locations: Row 2, Column 2</p>	<p>Revised Page Number: 1</p> <p>Revised Section Number: NA</p> <p>Revised Section: IRF Hospital Demographic Information</p> <p>Revised Data Field Text: “IRF Hospital’s Street Address”</p> <p>Revised Location: Row 2, columns 1 & 2</p>	<p>1. We have changed the following text: “Survey Date:” in the existing CMS-437B form to “IRF Hospital’s Street Address” in the revised CMS-437B form</p> <p>2. We have also added a new data field for “Date of Last Survey” at row 1, column 3 in the revised CMS-437B form,</p>	See the explanation above for the change made

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<p>Existing Page Number: 1</p> <p>Existing Section Number: NA</p> <p>Existing Section: IRF Hospital Demographic Information</p> <p>Existing Data Field Text: “Request for Exclusion for Reporting Period”</p> <p>Existing Locations: Row 3, Column 1</p>	<p>Revised Page Number: 1</p> <p>Revised Section Number: NA</p> <p>Revised Section: IRF Hospital Demographic Information</p> <p>Revised Data Field Text: “Dates of Reporting Periods for Which Exclusion Is Requested”</p> <p>Revised Location: Row 3, column 1</p>	<p>We have changed the following text:</p> <p>“Request for Exclusion for Reporting Period” in the existing CMS-437B form</p> <p style="text-align: center;">to</p> <p>“Dates of Reporting Periods for Which Exclusion Is Requested” in the revised CMS-437B form</p>	<p>We believe that the text in the existing CMS-437B form of Request for Exclusion for Reporting Period is confusing.</p> <p>We have changed this text to “Dates of Reporting Periods for Which Exclusion Is Requested” to clarify this data field.</p>
<p>Existing Page Number: 1</p> <p>Existing Section Number: NA</p> <p>Existing Section: IRF Hospital Demographic Information</p> <p>Existing Data Field Text: “Verified By:”</p> <p>Existing Locations: Row 3, Column 2</p>	<p>Revised Page Number: 1</p> <p>Revised Section Number: NA</p> <p>Revised Section: IRF Hospital Demographic Information</p> <p>Revised Data Field Text: “Telephone Number”</p> <p>Revised Location: Row 3, column 4</p>	<p>We have changed the following text:</p> <p>“Verified By:” in the existing CMS-437B form</p> <p style="text-align: center;">to</p> <p>“IRF Hospital’s Telephone Number” in the revised CMS-437B form</p>	<p>We do not believe that it is necessary to have the data field “verified by” because there is a signature line at the end of the form and the person signing the form must attest to the following:</p> <p style="text-align: center;"><i>“I hereby certify that the responses in this form are true and correct to the best of my knowledge, information and belief. Whoever knowingly and willfully makes or causes to be made a false statement or representation on this statement, may be prosecuted under applicable federal and state laws.”</i></p> <p>We have replaced “Verified by” with “Telephone Number” because we believe it is important to have the full contact information for the IRF.</p>
<p>Existing Page Number: 1</p>	<p>Revised Page Number: 1</p>	<p>We have added a new data field for</p>	<p>The existing CMS-437B does not request the</p>

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<p>Existing Section Number: NA</p> <p>Existing Section: IRF Hospital Demographic information</p> <p>Existing Data Field Text: None</p> <p>Existing Locations: Row 3, column 4</p>	<p>Revised Section Number: NA</p> <p>Revised Section: IRF Hospital Demographic information</p> <p>Revised Data Field Text: “Telephone Number”</p> <p>Revised Location: Row 3, Column 4</p>	<p>“Telephone Number” for the IRF hospital to the revised CMS-437B form at row 3, column 4:</p>	<p>telephone number for the IRF hospital. We believe that collecting complete contact information for the IRF is important because if the responses on the form are incomplete or the CMS Location or SA has questions about the IRF hospitals’ responses, they will be able to contact them by telephone to get further information or clarification.</p>
Worksheet Checklist Section of CMS-437B form			
<p>Existing Page Number: 2</p> <p>Existing Section Number:</p> <ul style="list-style-type: none"> • Tag A3600– Surveyor Guidance • §412.29(a) <p>Existing Section: Worksheet checklist section</p> <p>Existing Data Field Text: “The surveyor will verify, through the regional office (RO), that the hospital has an agreement to participate in the Medicare program.</p> <p>Existing Locations: Row 4, column 3</p>	<p>Revised Page Number: 2</p> <p>Revised Section Number:</p> <ul style="list-style-type: none"> • Tag A3600– Surveyor Guidance • §412.29(a) <p>Revised Section: Worksheet checklist section</p> <p>Revised Data Field Text: A surveyor or IRF hospital representative will verify, through the CMS regional office (RO), that the IRF hospital has an agreement to participate in the Medicare program.</p> <p>Revised Location: Row 4, column 3</p>	<p>We have made the changes identified in the yellow bolded text in the 2 left hand columns</p>	<p>We have made these changes to better reflect and clarify the regulatory requirements.</p> <p>We have added that either the surveyor or the IRF hospital representative could make this verification because this is a self-attestation that is submitted by IRF hospitals every 3 years. If this form is due to be submitted either before or after the time of the IRF hospital’s triennial survey, a surveyor would not be available to assist the facility with this verification. Therefore, a representative from the IRF hospital would have to perform this verification.</p>
<p>Existing Page Number: 2</p>	<p>Revised Page Number: 2</p>	<p>We have made the changes identified in yellow highlighted and bolded text in the 2 left hand</p>	<p>We made some minor changes to the text of this section for clarity.</p>

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<p>Existing Section Number:</p> <ul style="list-style-type: none"> Tag A3600– Actions Required §412.29(a) <p>Existing Section: Worksheet checklist section</p> <p>Existing Data Field Text: “Representative to ensure the hospital has a Medicare provider agreement. “</p> <p>Existing Locations: Row 4, column 4</p>	<p>Revised Section Number:</p> <ul style="list-style-type: none"> Tag A3600– Actions Required §412.29(a) <p>Revised Section: Worksheet checklist section</p> <p>Revised Data Field Text: ““The IRF hospital representative will verify that the IRF hospital has a Medicare provider agreement. “</p> <p>Revised Location: Row 4, column 4</p>	<p>columns.</p>	
<p>Existing Page Number: 2</p> <p>Existing Section Number:</p> <ul style="list-style-type: none"> Tag A3601 – Surveyor Guidance §412.29(b) <p>Existing Section: Worksheet checklist section</p> <p>Existing Data Field Text: 412.29(b)“The MAC/FI reviews the inpatient population of the IRF. If the hospital has not demonstrated that it served the appropriate inpatient population as defined in § 412.29 (b) (2), the MAC notifies the RO.” §412.29(b)(1) For cost reporting periods beginning on or after July 1, 2004, and before July 1, 2005, the IRF served an inpatient population of whom at least 50 percent, and</p>	<p>Revised Page Number: 2</p> <p>Revised Section Number:</p> <ul style="list-style-type: none"> Tag A3601 – Surveyor Guidance §412.29(b) <p>Revised Section: Worksheet checklist section</p> <p>Revised Data Field Text: “The MAC/FI reviews the inpatient population of the IRF. If the hospital has not demonstrated that it served the appropriate inpatient population as defined in § 412.29 (b)(2), the MAC notifies the RO. After July 1, 2005, the IRF patient</p>	<p>We have made the changes identified in the yellow bolded text in the 2 left hand columns</p>	<p>We have made these changes to better reflect and clarify the regulatory requirements.</p> <p>We have also made these changes to state the requirements is a more logical order.</p>

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<p>for cost reporting periods beginning on or after July 1, 2005, the IRF served an inpatient population of whom at least 60 percent required intensive rehabilitation services for treatment of one or more of the conditions specified at paragraph (b)(2) of this section. A patient with a comorbidity, as defined at § 412.602 of this part, may be included in the inpatient population that counts toward the required applicable percentage if—</p> <p>(i) The patient is admitted for inpatient rehabilitation for a condition that is not one of the conditions specified in paragraph (b)(2) of this section;</p> <p>(ii) The patient has a comorbidity that falls in one of the conditions specified in paragraph (b)(2) of this section; and</p> <p>(iii) The comorbidity has caused significant decline in functional ability in the individual that, even in the absence of the admitting condition, the individual would require the intensive rehabilitation treatment that is unique to inpatient rehabilitation facilities paid under subpart P of this part and that cannot be appropriately performed in another care setting covered under this title.</p> <p>Existing Locations: Row 5, column 3</p>	<p>population must meet the 60% rule.”</p> <p>Revised Location: Row 5, column 3</p>		

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<p>Existing Page Number: 2</p> <p>Existing Section Number:</p> <ul style="list-style-type: none"> • Tag A3601– Actions Required • §412.29(b) <p>Existing Section: Worksheet checklist section</p> <p>Existing Data Field Text: NONE</p> <p>Existing Locations: Row 5, column 4</p>	<p>Revised Page Number: 3</p> <p>Revised Section Number:</p> <ul style="list-style-type: none"> • Tag A3601– Actions Required • §412.29(b) <p>Revised Section: Worksheet checklist section</p> <p>Revised Data Field Text: “For IRF hospitals or hospitals established after 07/01/2005, the IRF representative will verify that the IRF population meets the 60% rule. (i.e. – at least 60 percent of the IRF’s population required intensive rehabilitation services for treatment of one or more of the conditions specified at paragraph § 412.29(b)(1) and § 412.29(b)(2). A patient with a comorbidity, as defined at § 412.602, may be included in the inpatient population that counts toward the required applicable percentage.)”</p> <p>Revised Location: Row 5, column 4</p>	<p>We have made the changes identified in the yellow bolded text in the 2 left hand columns</p>	<p>In the existing CMS-437B form, there are no requirements stated for TagA3510 for new IRF beds. However there are regulatory requirements that the IRF must meet.</p> <p>Therefore, we have added the appropriate requirements.</p>
<p>Existing Page Number: 2</p> <p>Existing Section Number:</p> <ul style="list-style-type: none"> • Tag A3602– Actions Required • §412.29(c) 	<p>Revised Page Number: 3</p> <p>Revised Section Number:</p> <ul style="list-style-type: none"> • Tag A3602– Actions Required • §412.29(c) 	<p>We have made the changes identified in the yellow bolded text in the 2 left hand columns</p>	<p>We have made these changes to better reflect and clarify the regulatory requirements.</p>

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<p>Existing Section: Worksheet checklist section</p> <p>Existing Data Field Text: “The representative completes this form (Form CMS 437B) as well as a signed attestation statement attesting that the rehab hospital’s patients it intends to serve meets the requirements outlined in § 412.29(b)(2).”</p> <p>Existing Locations: Row 6, column 4</p>	<p>Revised Section: Worksheet checklist section</p> <p>Revised Data Field Text: For new IRF hospitals (defined as an IRF hospital that has not been paid under the new IRF PPS in subpart P of this part for at least 5 calendar years), or for new IRF beds added:</p> <ul style="list-style-type: none"> The IRF hospital representative must provide a written attestation statement and completed and signed CMS-437B form that certify that 60% of the inpatient population it intends to serve will require intensive rehabilitation services for treatment of one or more of the conditions specified in §412.29(b)(2). <p>Revised Location: Row 6, column 4</p>		
<p>Existing Page Number: 5</p> <p>Existing Section Number:</p> <ul style="list-style-type: none"> Tag A3603 – Actions Required §412.29(c)(1) 	<p>Revised Page Number: 11</p> <p>Revised Section Number:</p> <ul style="list-style-type: none"> Tag A3603 – Actions Required §412.29(c)(1) 	<p>We have made the changes identified in the yellow bolded text in the 2 left hand columns</p>	<p>We have made these changes to better reflect and clarify the regulatory requirements.</p>

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<p>Existing Section: Worksheet checklist section</p> <p>Existing Data Field Text: The representative ensures the IRF hospital has not been paid under the IRF PPS for at least 5 calendar years.</p> <p>Existing Locations: Row 7, column 4</p>	<p>Revised Section: Worksheet checklist section</p> <p>Revised Data Field Text: The representative ensures the IRF hospital has not been paid under the IRF PPS for at least 5 calendar years.</p> <p>NOTE: An IRF hospital is considered new if it has not been paid under the IRF PPS in subpart P of this part for at least 5 calendar years. A new IRF will be considered new from the point that it first participates in Medicare as an IRF until the end of its first full 12-month cost reporting period.</p> <p>Revised Location: Row 7, column 4</p>		
<p>Existing Page Number: 3</p> <p>Existing Section Number:</p> <ul style="list-style-type: none"> • Tag A3604 – Actions Required • §412.29(c)(2) <p>Existing Section: Worksheet checklist section</p> <p>Existing Data Field Text: “The representative completes this form (Form CMS 437B) as well as a signed attestation statement attesting that the rehab patients it intends to serve meets the requirements outlined</p>	<p>Revised Page Number: 4</p> <p>Revised Section Number:</p> <ul style="list-style-type: none"> • Tag A3604 – Actions Required • §412.29(c)(2) <p>Revised Section: Worksheet checklist section</p> <p>Revised Data Field Text: “If new IRF beds were added during the previous 12 months, the IRF hospital representative will verify that:</p> <ul style="list-style-type: none"> • The IRF hospital received State 	<p>We have deleted the existing text in this section and replaced it with new text.</p>	<p>In the existing CMS-437B form, the text in row 8, column 4 (“Actions Required”) corresponds to The language provided is the existing CMS-437B form corresponds to §412.29(c). However, Tag A3604 corresponds to §412.29(c)(2). Therefore, the text in the Actions required section is incorrect.</p> <p>We have corrected this error by adding text that states the correct actions required.</p>

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<p>in § 412.29(b)(2)."</p> <p>Existing Locations: Row 8, Column 4</p>	<p>approval (certification of need or State licensure) prior to any IRF hospital bed increase, if prior approval is required by the State;</p> <ul style="list-style-type: none"> The IRF hospital received written approval from the applicable CMS Location before the new beds were added to the IRF hospital; and The IRF hospital didn't have more than one increase in beds during a single cost reporting period. <p>If IRF hospital removed or decertified beds, the IRF hospital representative will that:</p> <ul style="list-style-type: none"> The IRF hospital didn't thereafter add any additional beds until after a full 12-month cost reporting period had elapsed; and The IRF hospital didn't have more than one increase in beds during a single cost reporting period. <p>Revised Location: Row 8, Column 4</p>		
<p>Existing Page Number: 3</p> <p>Existing Section Number:</p> <ul style="list-style-type: none"> Tag A3605 – Actions Required §412.29(c)(3) 	<p>Revised Page Number: 5</p> <p>Revised Section Number:</p> <ul style="list-style-type: none"> Tag A3605– Actions Required §412.29(c)(3) 	<p>We have made the changes identified in the yellow bolded text in the 2 left hand columns</p>	<p>We have made these changes to better reflect and clarify the regulatory requirements.</p>

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<p>Existing Section: Worksheet checklist section</p> <p>Existing Data Field Text: “The representative of the IRF hospital, that has undergone a change of ownership, must ensure that the new owner(s) have accepted assignment of the previous Medicare provider agreement. If the new owner(s) have not accepted the assignment, the representative cannot request continued participation as an IPPS-excluded hospital.”</p> <p>Existing Locations: Row 9, Column 4</p>	<p>Revised Section: Worksheet checklist section</p> <p>Revised Data Field Text: “The IRF hospital representative will verify the following:</p> <ul style="list-style-type: none"> • Whether the hospital has or is currently undergoing a change of ownership or leasing; and, • If so, whether the new owner(s) or leasee(s) of the hospital have accepted assignment of the hospital's existing Medicare provider agreement. <p>Revised Location: Row 9, Column 4</p>		
<p>Existing Page Number: 5</p> <p>Existing Section Number:</p> <ul style="list-style-type: none"> • Tag A3606 – Actions Required • §412.29(c)(4) 	<p>Revised Page Number: 6</p> <p>Revised Section Number:</p> <ul style="list-style-type: none"> • Tag A3606 – Actions Required • §412.29(c)(4) 	<p>We have made the changes identified in the yellow bolded text in the 2 left hand columns</p>	<p>We have made these changes to better reflect and clarify the regulatory requirements.</p>

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<p>Existing Section: Worksheet checklist section</p> <p>Existing Data Field Text: “The representative of the IRF hospital that has undergone a merger must ensure that the new owner(s) have accepted assignment of the previous Medicare provider agreement. If the new owner(s) have not accepted the assignment, the representative cannot request continued participation as an IPPS-excluded hospital.”</p> <p>Existing Locations: Row 10, Column 4</p>	<p>Revised Section: Worksheet checklist section</p> <p>Revised Data Field Text: The IRF hospital representative will verify the following:</p> <ul style="list-style-type: none"> • Whether the hospital in which the IRF hospital is located has merged with another hospital; and • If so, the whether the new hospital owner(s) accepted assignment of the IRF hospital’s existing Medicare provider agreement.” <p>Revised Location: Row 10, Column 4</p>		
<p>Existing Page Number: 4</p> <p>Existing Section Number:</p> <ul style="list-style-type: none"> • Tag A3607– Actions Required • §412.29(d) 	<p>Revised Page Number: 7</p> <p>Revised Section Number:</p> <ul style="list-style-type: none"> • Tag A3607 – Actions Required • §412.29(d) 	<p>We have made the changes identified in the yellow bolded text in the 2 left hand columns</p>	<p>We have made these changes to better reflect and clarify the regulatory requirements.</p>

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Current Section Number, Section Title, Data Field Text and Location	Revised Section Number, Section Title, Data Field Text & Location	Description of Changes Made	Reasons for Changes Made
<p>Existing Section: Worksheet checklist section</p> <p>Existing Data Field Text: “The representative will ensure the hospital’s rehabilitation hospital is using the preadmission screening procedure on all patients admitted to the rehab hospital.”</p> <p>Existing Locations: Row 11, Column 4</p>	<p>Revised Section: Worksheet checklist section</p> <p>Revised Data Field Text: The IRF hospital representative will verify that:</p> <ul style="list-style-type: none"> • The IRF hospital has a preadmission screening procedure under which each prospective patient’s condition and medical history are reviewed to determine whether the patient is likely to benefit significantly from an intensive inpatient hospital program; and, • The IRF hospital is using the preadmission screening procedure on all patients admitted to the IRF hospital. <p>Revised Location: Row 11, Column 4</p>		
<p>Existing Page Number: 4</p> <p>Existing Section Number:</p> <ul style="list-style-type: none"> • Tag A3608 – Actions Required • §412.29(e) 	<p>Revised Page Number: 7</p> <p>Revised Section Number:</p> <ul style="list-style-type: none"> • Tag A3608 – Actions Required • §412.29(e) 	<p>We have made the changes identified in the yellow bolded text in the 2 left hand columns</p>	<p>We have made these changes to better reflect and clarify the regulatory requirements.</p>

**Revisions to CMS-437B Form
Rehabilitation Hospital Criteria Worksheet (CMS-437B)**

Current Section Number, Section Title, Data Field Text and Location	Revised Section Number, Section Title, Data Field Text & Location	Description of Changes Made	Reasons for Changes Made
<p>Existing Section: Worksheet checklist section</p> <p>Existing Data Field Text: “The representative will ensure the rehab hospital has a procedure or other alternative documents or records verifying the hospital has a procedure detailing close medical supervision that includes the rehabilitation physician making at least 3 face-to-face visits per week.”</p> <p>Existing Locations: Row 12, column 4</p>	<p>Revised Section: Worksheet checklist section</p> <p>Revised Data Field Text: “The IRF hospital representative will verify that:</p> <ul style="list-style-type: none"> • The IRF hospital has a procedure for close medical supervision of the patients, and • That this procedure includes at least 3 face-to-face visits per week by a licensed physician with specialized training and experience in inpatient rehabilitation, for the purpose of assessing the patient both medically and functionally, as well as to modify the courses of treatment as needed to maximize the patient’s capacity to benefit from the rehabilitation process. <p>Revised Location: Row 12, column 4</p>		
<p>Existing Page Number: 5</p> <p>Existing Section Number:</p> <ul style="list-style-type: none"> • Tag A3609 – Actions Required • §412.29(f) 	<p>Revised Page Number: 9</p> <p>Revised Section Number:</p> <ul style="list-style-type: none"> • Tag A3609– Actions Required • §412.29(f) 	<p>We have made the changes identified in the yellow bolded text in the 2 left hand columns</p>	<p>We have made these changes to better reflect and clarify the regulatory requirements.</p>

**Revisions to CMS-437B Form
Rehabilitation Hospital Criteria Worksheet (CMS-437B)**

Current Section Number, Section Title, Data Field Text and Location	Revised Section Number, Section Title, Data Field Text & Location	Description of Changes Made	Reasons for Changes Made
<p>Existing Section: Worksheet checklist section</p> <p>Existing Data Field Text: “The representative verifies that all qualified personnel, which are required by the State to be licensed, have licenses that are up-to-date.”</p> <p>Existing Locations: Row 13, column 4</p>	<p>Revised Section: Worksheet checklist section</p> <p>Revised Data Field Text: “The IRF hospital representative will verify that:</p> <ul style="list-style-type: none"> • The IRF’s patients receive rehabilitation nursing care, physical therapy, and occupational therapy, and, if needed, that they received speech-language pathology services, social services, psychological services (including neuropsychological services) and orthotic and prosthetic services; and • All of the IRF hospital professional staff that provide the above-stated services have current licenses and certifications, as applicable.” <p>Revised Location: Row 13, column 4</p>		

**Revisions to CMS-437B Form
Rehabilitation Hospital Criteria Worksheet (CMS-437B)**

Current Section Number, Section Title, Data Field Text and Location	Revised Section Number, Section Title, Data Field Text & Location	Description of Changes Made	Reasons for Changes Made
<p>Existing Page Number: 5</p> <p>Existing Section Number:</p> <ul style="list-style-type: none"> • Tag A3610 – Actions Required • §412.29(g) <p>Existing Section: Worksheet checklist section</p> <p>Existing Data Field Text: “The representative will verify that the rehab hospital has a physician Director of Rehabilitation.”</p> <p>Existing Location: Row 14, column 4</p>	<p>Revised Page Number: 9</p> <p>Revised Section Number:</p> <ul style="list-style-type: none"> • Tag A3610 – Actions Required • §412.29(g) <p>Revised Section: Worksheet checklist section</p> <p>Revised Data Field Text: “The IRF hospital representative will verify that the IRF hospital has a Director of Rehabilitation.”</p> <p>Revised Location: Row 14, column 4</p>	<p>We have made the changes identified in the yellow bolded text in the 2 left hand columns</p>	<p>We have made these changes to better reflect and clarify the regulatory requirements.</p>
<p>Existing Page Number: 5</p> <p>Existing Section Number:</p> <ul style="list-style-type: none"> • Tag A3611 – Actions Required • 412.29(g)(1) <p>Existing Section: Worksheet checklist section</p> <p>Existing Data Field Text: “The representative will verify that the physician is spending 20 hours per week providing a combination of patient services and administration the rehab hospital.”</p> <p>Existing Location: Row 15, column 4</p>	<p>Revised Page Number: 10</p> <p>Revised Section Number:</p> <ul style="list-style-type: none"> • Tag A35211– Actions Required • 412.29(g)(1) <p>Revised Section: Worksheet checklist section</p> <p>Revised Data Field Text: “The IRF hospital representative will verify that the Director of Rehabilitation spends at least 20 hours per week providing a combination of patient services and administration at the IRF hospital.”</p> <p>Revised Location: Row 15, column 4</p>	<p>We have made the changes identified in the yellow bolded text in the 2 left hand columns</p>	<p>We have made these changes to better reflect and clarify the regulatory requirements.</p>

**Revisions to CMS-437B Form
Rehabilitation Hospital Criteria Worksheet (CMS-437B)**

Current Section Number, Section Title, Data Field Text and Location	Revised Section Number, Section Title, Data Field Text & Location	Description of Changes Made	Reasons for Changes Made
<p>Existing Page Number: 5</p> <p>Existing Section Number:</p> <ul style="list-style-type: none"> • Tag A3612 – Actions Required • §412.29(g)(2) <p>Existing Section: Worksheet checklist section</p> <p>Existing Data Field Text: “The representative will review the physician’s license to ensure the physician is an MD or DO.”</p> <p>Existing Locations: Row 16, column 4</p>	<p>Revised Page Number: 10</p> <p>Revised Section Number:</p> <ul style="list-style-type: none"> • Tag A3612 – Actions Required • §412.29(g)(2) <p>Revised Section: Worksheet checklist section</p> <p>Revised Data Field Text: “The IRF hospital representative will verify that the Director of Rehabilitation is a physician (MD or DO) with current, valid licensure as a physician in the State in which the IRF hospital is located.”</p> <p>Revised Location: Row 16, column 4</p>	<p>We have made the changes identified in the yellow bolded text in the 2 left hand columns</p>	<p>We have made these changes to better reflect and clarify the regulatory requirements.</p>
<p>Existing Page Number: 5</p> <p>Existing Section Number:</p> <ul style="list-style-type: none"> • Tag A3613 – Actions Required • §412.29(g)(3) <p>Existing Section: Worksheet checklist section</p> <p>Existing Data Field Text: “The representative verifies the physician’s license is current.”</p> <p>Existing Locations: Row 17, column 4</p>	<p>Revised Page Number: 10 & 11</p> <p>Revised Section Number:</p> <ul style="list-style-type: none"> • Tag A3613 – Actions Required • §412.29(g)(3) <p>Revised Section: Worksheet checklist section</p> <p>Revised Data Field Text: “The IRF hospital representative will verify that the Director of Rehabilitation holds current, unexpired licensure as a physician in the State in which the IRF hospital is located.”</p> <p>Revised Location: Row 17, column 4</p>	<p>We have made the changes identified in the yellow bolded text in the 2 left hand columns</p>	<p>We have made these changes to better reflect and clarify the regulatory requirements.</p>

**Revisions to CMS-437B Form
Rehabilitation Hospital Criteria Worksheet (CMS-437B)**

Current Section Number, Section Title, Data Field Text and Location	Revised Section Number, Section Title, Data Field Text & Location	Description of Changes Made	Reasons for Changes Made
<p>Existing Page Number: 5</p> <p>Existing Section Number:</p> <ul style="list-style-type: none"> • A3614 – Actions Required • §412.29(g)(4) <p>Existing Section: Worksheet checklist section</p> <p>Existing Data Field Text: “The representative reviews the director of rehabilitation’s level of training and experience.”</p> <p>Existing Locations: Row 18, column 4</p>	<p>Revised Page Number: 11</p> <p>Revised Section Number:</p> <ul style="list-style-type: none"> • A3614 – Actions Required • §412.29(g)(4) <p>Revised Section: Worksheet checklist section</p> <p>Revised Data Field Text: “The IRF hospital representative will verify that the IRF hospital director of rehabilitation has at least 2 years of training or experience in the medical management of inpatients requiring rehabilitation services (after completing 1 year of residency).”</p> <p>Revised Location: Row 18, column 4</p>	<p>We have made the changes identified in the yellow bolded text in the 2 left hand columns</p>	<p>We have made these changes to better reflect and clarify the regulatory requirements.</p>
<p>Existing Page Number: 6</p> <p>Existing Section Number:</p> <ul style="list-style-type: none"> • Tag 3615– Actions Required • §412.29(h) <p>Existing Section: Worksheet checklist section</p> <p>Existing Data Field Text: “The representative verifies that the rehab hospital has patient plans of treatment.”</p>	<p>Revised Page Number: 11</p> <p>Revised Section Number:</p> <ul style="list-style-type: none"> • Tag A3615– Actions Required • §412.29(h) <p>Revised Section: Worksheet checklist section</p> <p>Revised Data Field Text: The IRF hospital representative will verify that the IRF hospital has an established plan of treatment for each</p>	<p>We have made the changes identified in the yellow bolded text in the 2 left hand columns</p>	<p>We have made these changes to better reflect and clarify the regulatory requirements.</p>

**Revisions to CMS-437B Form
Rehabilitation Hospital Criteria Worksheet (CMS-437B)**

Current Section Number, Section Title, Data Field Text and Location	Revised Section Number, Section Title, Data Field Text & Location	Description of Changes Made	Reasons for Changes Made
<p>Existing Locations: Row 19, column 4</p>	<p>inpatient, that is prepared, reviewed, and revised as needed by a physician in consultation with other professional personnel who provide services to the patient.</p> <p>Revised Location: Row 19, column 4</p>		
<p>Existing Page Number:</p> <p>Existing Section Number:</p> <ul style="list-style-type: none"> • Tag A3616 – Actions Required • §412.29(h)(i) <p>Existing Section: Worksheet checklist section</p> <p>Existing Data Field Text: “The representative will determine whether interdisciplinary teams are meeting once weekly to review patient progress and that documentation is in the medical records.”</p> <p>Existing Locations: Row 20, column 4</p>	<p>Revised Page Number: 12</p> <p>Revised Section Number:</p> <ul style="list-style-type: none"> • Tag A3616 – Actions Required • §412.29(h)(i) <p>Revised Section: Worksheet checklist section</p> <p>Revised Data Field Text: “The IRF hospital representative will verify that the IRF hospital has an interdisciplinary team, that meets no less than once weekly to review patient progress and that documentation is in the medical records.”</p> <p>Revised Location: Row 20, column 4</p>	<p>We have made the changes identified in the yellow bolded text in the 2 left hand columns</p>	<p>We have made these changes to better reflect and clarify the regulatory requirements.</p>