

[Your Name]  
[Street Address]  
[City, ST ZIP Code]  
[Date]

*Address to Appropriate CMS Regional Office based on the State the facility operates in*

**RE: Inpatient Rehabilitation Facilities (IRF) Compliance Review – Termination of IRF Status for IRF Unit.**

Dear Mr. Severson:

42 CFR 412.25(c)(2) allows a hospital to change the status of its IRF unit from excluded to not excluded (i.e. reverting back to Inpatient Prospective Payment System IPPS) at any time during the cost reporting period upon notifying the CMS Regional Office and the Medicare Administrative Contractor of the change at least 30 days before the date of the change. No approval is needed for this change.

Through this letter, we are notifying you of our intent to discontinue our IRF unit's exclusion from the IPPS effective **xx/xx/xxxx**. On that date, we will begin billing for all of our services under the main hospital number, for reimbursement under the IPPS. We understand that this change must remain in effect for the remainder of the cost reporting period, and that such a change will affect the facilities ability to have another IRF unit treated as "new" for the next five calendar years as discussed in 42 CFR 412.29(c)(1).

Sincerely,

[Your Name]  
[Title]

WPS Medicare  
Attn: Chris Severson  
Medicare Audit Advisement  
PO Box 8310  
Omaha, NE 68108-0310

Or via email at [audit.advisement@wpsic.com](mailto:audit.advisement@wpsic.com)