



Acute Inpatient Rehabilitation

Last Revision/Review Date: November 18, 2020

P&P # C.3.06

Policy

The Medical Management Department reviews referrals for medical necessity of initial admission and continuation of acute inpatient rehabilitative services.

This Medical Policy does not constitute medical advice. When deciding coverage, the enrollee's specific plan document must be referenced. The terms of an enrollee's plan document (Certificate of Coverage (COC) or Summary Plan Description (SPD)) may differ from this Medical Policy. In the event of a conflict, the enrollee's specific benefit plan document supersedes this Medical Policy. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements, and the plan benefit coverage prior to use of this Medical Policy. Other Policies and Coverage Determination Guidelines may apply. Quartz reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

Procedure

A. Documentation Required:

In order to facilitate the authorization process of referral requests for admission to an acute inpatient rehabilitation facility the following documentation must be submitted:

1. An admission order by the treating practitioner (MD, DO, PA, NP).
2. A verbal or written assessment of the patient's current care needs completed by a clinician from the acute inpatient rehabilitation team.
3. Weekly updates from the inpatient rehabilitation team to include participation in therapy, physician assessments, improvement in condition and progress towards goals including anticipated length of stay.

B. Criteria for Medical Necessity of Admission:

Admission to an Acute Inpatient Rehabilitation facility is considered medically necessary if the patient's condition requires 24-hour availability of a physician with specialized training in the field of rehabilitation and meeting **ALL** of the following criteria (1 – 6).

1. The patient's condition requires face to face assessments by a physician specialized in rehabilitation at least 3x/week; **AND**
2. The patient's condition requires 24-hour rehabilitation nursing; **AND**
3. The patient must demonstrate the need for and be able to participate in a minimum of 3 hours of physical, occupational, speech-language pathology, or prosthetics-orthotics services per day, 5 days per week or a total of 15 hours of combined therapy services within a 7 day week; **AND**
4. At least two therapy disciplines must be involved in the plan of care of which ONE must be physical or occupational therapy; **AND**
5. Patient demonstrates the potential to make significant improvement in a reasonable period of time; **AND**
6. Patient's goals are centered on achieving at least modified independence in

self-care and activities of daily living to allow the patient to return home or to a non-skilled community based facility (e.g. assisted living facility).

C. Criteria for Medical Necessity of Continuation of Care:

Continuation of care in an Acute Inpatient Rehabilitation facility will be considered medically necessary when weekly updates provided by the inpatient rehabilitation team indicate **ALL** of the following criteria (1 – 7):

1. The patient's condition continues to require 24-hour availability of a physician with specialized training in the field of rehabilitation; **AND**
2. The patient's condition continues to require face to face assessments by a physician specialized in rehabilitation at least 3x/week; **AND**
3. The patient's condition continues to require 24-hour rehabilitation nursing; **AND**
4. The patient continues to demonstrate the need for and the able to participate in a minimum of 3 hours of physical, occupational, speech-language pathology, or prosthetics-orthotics services per day, 5 days per week or a total of 15 hours of combined therapy services within a 7 day week; **AND**
5. At least two therapy disciplines continue to be involved in the plan of care of which ONE must be physical or occupational therapy; **AND**
6. Patient continues to demonstrate significant, measurable progress towards goal; **AND**
7. Patient's goals remain focused on achieving at least modified independence in self-care and activities of daily living to allow the patient to return home or to a non-skilled community based facility (e.g. assisted living facility).

D. Indications Considered Not Medically Necessary:

1. Does not meet criteria for admission;
2. Services that can be provided at a lower level of care such as a skilled nursing facility, home health care or an outpatient clinic;
3. Patient is ventilator dependent;
4. Patient has complex wound care needs that would prohibit patient participation and progress in therapy;
5. Patient needs are limited to custodial care.

E. Indications Considered Experimental, Investigational:

1. Patient requires coma stimulation;

REFERENCES:

CMS DHS Medicare Learning Network, Inpatient Rehabilitation Therapy Services: Complying with Documentation Requirements.

CMS Pub.100-02, Medicare Benefit Policy Manual, Chapter 1;
Section 110 – Inpatient Rehabilitation Facility (IRF) Services
Section 110.1 – Documentation Requirements
Section 110.1.1 – Required Preadmission Screening
Section 110.1.2 – Required Post-Admission Physician Evaluation
Section 110.1.3 – Required Individualized Overall Plan of Care
Section 110.2 – Inpatient Rehabilitation Facility Medical Necessity Criteria