

MVP/Preferred Care BENEFIT INTERPRETATION

Acute Inpatient Rehabilitation

Type of Policy

Medical Care

Codes

CPT codes: 99231, 99232, 99233

ICD-9 codes: 340-344.X, 348.1, 357.0, 358.0, 359.X, 430.X-434.X, 436.X-438, 714.0, 715.X, 800.X, 801.X, 803.X, 806.X, 850.X, 851.X, 854.X, 897.X, 941.X-946.X

Evidence Basis for Policy

Standard of Care. The procedure, device, or drug is accepted medical practice as evidenced by an abundance of scientific literature and well-designed clinical trials.

Description

Acute inpatient rehabilitation is a comprehensive, intensive unit or hospital-based rehabilitative program that employs a coordinated, interdisciplinary, team-care delivery system of multiple services. The inpatient rehabilitative program involves at least two rehabilitative disciplines with a minimum of three hours of active rehabilitation each day, and continuing 24-hour medical availability by a rehabilitative physician and rehabilitative nursing to ensure safe and effective treatment for complex medical conditions.

Indications/Criteria

Documentation Required

- Medical necessity must be documented in the medical record and available upon request.
- Specifics of PT/OT/ST evaluation must be submitted at the time of request including but not limited to:
 - the member's current clinical status including goals to be obtained;
 - the member's neurological deficits and functional status prior to event;
 - the member's current functional deficits, mental status and ability to learn;
 - the member's motivation to participate in rehabilitation;
 - the member's functional communication, physical activity, and endurance;
 - the member's social/caregiver support, discharge environmental factors; and

- the member/caregiver expectations of rehabilitation.

Common indications for acute inpatient rehabilitation include:

- brain injury;
- cerebral vascular accident (CVA);
- spinal cord injury;
- Guillian-Barre;
- CNS hemorrhage;
- amputation; or
- bilateral joint replacement.

A member will be considered for acute inpatient rehabilitation when all of these specific criteria are met:

- the member requires at least three (3) hours per day, five (5) days per week, of a rehabilitation program that includes at least two rehabilitative disciplines; and
- the “three-hour rule” should not be considered an inflexible rule of thumb; however, a patient receiving a less intensive schedule of therapy will require additional documentation to explain why he or she requires an inpatient rehabilitation facility level of care; and
- the member has one or more persistent disabilities that require at least minimal assistance in mobility, basic Activities of Daily Living, bowel or bladder control, cognition, emotional functioning, pain management, swallowing or communication; and
- the member is medically stable, is able to fully participate in the rehabilitation program, and has the potential for significant improvement in functional status; and
- the member has a discharge residence other than a Residential Health Care Facility, sufficient family/caregiver support to ensure personal and medical safety, and consensus among the patient, family/caregivers and health care team of discharge setting; and
- treatment precluded in a lower level of care due to clinical complexity; and
- a patient requires 24-hour a day access to a registered nurse (RN) with specialized training in rehabilitation; and
- a patient requires the 24-hour availability of a physician with specialized training or experience in rehabilitation and requires medically necessary physician visits at least every two to three days during the patient’s stay due to the presence of a co-morbid medical condition or a risk of change in medical status.

Exclusions/Limitations

Not meeting Indications/Criteria as above.

Members will be discharged from the acute rehabilitation program for any of the following conditions:

- the member has achieved the established goals or the goals can be attained at a lower level of care; or
- the member's needs have been met or services can be provided at a lower level of care; or
- the member no longer demonstrates functional improvement or appears to no longer benefit from acute rehabilitation; or
- the member refuses to participate in the program or has been non-compliant with the rehabilitation program; or
- the member is unable to tolerate or regularly attend the prescribed rehabilitation program.

References (Updated 2008)

1. McKesson Health Solutions, LLC. (2007) InterQual[®] Level of Care: Acute rehabilitation criteria senior rehabilitation. Copyright © 2007 McKesson Corporation.
2. Centers for Medicare & Medicaid Services (2003). Medicare Program; Changes to the Criteria for Being Classified as an Inpatient Rehabilitation Facility; Proposed Rule. (42 CFR Part 412).
3. National Government Services, Inc. Empire Medicare Services . Local Coverage Determination (LCD) (Revision Effective Date 12/01/2007). LCD for inpatient rehabilitation services provided in an inpatient rehabilitation facility (IRF)(L25714). Available: www.empiremedicare.com.
4. National Guideline Clearinghouse (1998). Management of patients with stroke, IV: rehabilitation, prevention and management of complications, and discharge planning. A national clinical guideline. SIGN publication no. 24. Available: www.guideline.gov.

Approval(s) & Review/Revision(s)

Medical:

Review:

Surgical Advisory Team: 3/7/08

Approval:

Quality Improvement Committee: 6/9/08

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Note: For Preferred Care authorization requirements refer to Appendix A and Appendix B in the Referral/Prior Authorization/Notification Administrative Policy. You may also refer to the "Prior Authorization of Certain Prescription Drugs" for information on drugs that require prior authorization. Both policies are available on the *easyLink* for Providers at www.preferredcare.org.