

## 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.

**Deleted:** Rehabilitation is the restoration of the disabled person to self-sufficiency or the maximum possible functional independence for members who have experienced a physically- and/or functionally-disabling disease or trauma.

**Deleted:** at least two of the following

**Deleted:** (physical, occupational, speech/language, or psychological therapy),

**Deleted:** daily

#### 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

**Deleted:** psychiatry

- 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.

**Deleted:** Coordination of care in an acute inpatient rehabilitation program is determined by the Preferred Care clinical reviewer, Rehabilitative Case Manager, or designee in collaboration with the program’s interdisciplinary team, attending physician, PCP, member, and/or family or responsible party and in compliance with the member’s Preferred Care contract.¶

**Deleted:** , but are not limited to, when the member has experienced:

**Deleted:** an organic or traumatic brain injury (TBI); ¶  
spinal cord injury; ¶  
anoxia; ¶  
toxic poisoning;

**Deleted:** aneurysm; infection or tumor; orthopedic or neuromuscular disease or injury; or ¶

**Deleted:** unilateral above

**Deleted:** <#>the-knee and bilateral above- or below-the-knee amputations.¶  
<#>bilateral joint replacement¶  
¶

**Deleted:** is medically stable so that he/she has the ability to participate for at least three (3) hours a day with therapy;

**Deleted:** moderate to total

**Deleted:** and/or health;

**Deleted:** the member requires multidisciplinary services;

## 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.

Deleted: <#>the consent and involvement of the appropriate responsible party is obtained if the member is not able to give consent due to the member's medical or functional status; and¶ <#>the member meets all other admission requirements of the acute 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](http://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](http://www.guideline.gov).

Deleted: Members with cognitive deficits severe enough to preclude effective learning generally do not benefit from rehabilitation programs. **Admission to acute inpatient rehabilitation will be considered on an individual basis for members who are too debilitated to participate in an active rehabilitation program but who may benefit from a brief interdisciplinary program designed to educate caregivers and provide "hands-on" training in the skills needed to maintain a severely disabled member at home**

Deleted: Centers for Medicare & Medicaid Services (2002). Inpatient rehabilitation facility patient assessment instrument (IRF PAI). Available: [http://cms.hhs.gov/providers/irfpps/irf\\_pai.asp](http://cms.hhs.gov/providers/irfpps/irf_pai.asp).

**Approval(s) & Review/Revision(s)**

Medical:

Review:

Surgical Advisory Team: 3/7/08

Approval:

Quality Improvement Committee: 6/9/08

Prior Approval Date: 6/19/06

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Effective Date: 8/1/08

**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](http://www.preferredcare.org).

**Deleted:** American Medical Rehabilitation Providers Association (2002). CMS issues therapy review protocols. Copyright ©2002.¶  
American Medical Rehabilitation Providers Association (1999). Report of the AMRPA task force on a prospective payment system for inpatient rehabilitation. Available: .American Medical Rehabilitation Providers Association (2002). Quick Web Links.¶  
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](http://www.guideline.gov).¶  
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**Medicare Regulation 3101.11 and INT2 2260.**