Department:	Medical Management	**Original Approval:**	11/01/2018
Policy #:	MM171	**Last Approval:**	12/12/2018
Title:	Inpatient Rehabilitation		
Approved By:	UM Committee		

REQUIRED CLINICAL DOCUMENTATION FOR REVIEW

The information below must be submitted for review to determine whether policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome:

The IRF medical record should include components such as, but not limited to, the following:

- Pre-admission screening, post-admission physician evaluation, and individualized care plan and admission orders; Therapeutic goals set for the individual member;
- The active and ongoing therapeutic intervention of multiple therapy disciplines (physical therapy, occupational therapy, speech-language pathology, or prosthetics/orthotics) anticipated to be provided (prior to admission) and those that are provided during the course of the IRF stay (after admission);
- The patient's response to the services provided during the course of the admission;
- Any other pertinent characteristics of the beneficiary
- Must have a discharge plan in place prior to admission.
- Must provide FIM scores prior to admission and weekly thereafter.

BACKGROUND

The inpatient rehabilitation facility (IRF) benefit is designed to provide intensive rehabilitation therapy in a resource intensive inpatient hospital environment for members who, due to the complexity of their nursing, medical management, and rehabilitation needs, require and can reasonably be expected to benefit from an inpatient stay and an interdisciplinary team approach to the delivery of rehabilitation care.

POLICY STATEMENT

Subject to the criteria for coverage specific to each referenced line of business, coverage will be provided for inpatient rehabilitation when it is determined to be medically necessary when the medical criteria and guidelines shown below are met.

DEFINITIONS

Enter all definitions here.

INDICATIONS/CRITERIA

Medicaid Members	***Continue to criteria for approval below.***
Medicare Members	

Washington Apple Health

All covered Inpatient rehab services must be:

- Reasonable and medically necessary based on the member's condition, complexity of requested service(s), and accepted standards of clinical practice;
- An essential part of active treatment of the member's medical condition, and ordered under a plan of care established and reviewed regularly by the attending physician caring for the member; and
- Furnished by provider(s) with appropriate state licensure, and accreditation/certification from an appropriate accrediting organization. To assure patient safety and the achievement of medically desired result(s), covered services must be provided in licensed facilities that are fully equipped, and capable of providing required care (including 24 hour availability of nursing and physician services).
- Typically, the member's family and/or caregivers are expected to actively participate in learning techniques and medical management that will be needed to assist the patient at home upon discharge.
- Services may not be denied because a member is not expected to return to his/her prior level of function; it is sufficient if the goal and result are for the patient to adapt to his/her disability and/or make progress that is of practical value to the member (however, determining "lack of practical value" would include scenarios where the member is expected to remain at a custodial level care at the time of completion of inpatient rehab services

Inpatient Rehabilitation Facility (IRF) Coverage Criteria

IRF Admission Medical record documentation must confirm the member meets ALL the following:

1. Has a significant functional impairment and intensive medical needs;
2. Is willing and able to participate in an intensive rehabilitation therapy program (i.e., at least 15 hours (3 hours daily) of skilled therapy per week)
3. Can reasonably be expected to benefit from the program. Discharge goals and discharge plans should be clearly stated.
4. Requires physician management, monitoring and treatment (at leastby a licensed physician with specialized training and experience in inpatient rehabilitation AND: a. Skilled nursing care several times a day; AND b. Active and ongoing therapeutic intervention by at least two therapy disciplines (i.e., physical therapy, occupational therapy, speech language pathology), one of which must be physical or occupational therapy.

5. Must have a discharge plan in place prior to admission.
6. Must provide FIM scores prior to admission and weekly thereafter.
7. Reasons for acute inpatient rehab admission include: (A.) acute stroke (with loss of a major function such as walking, speech, swallowing etc. (B.) ICH or any traumatic brain injury (pt has to be able to follow commands and participate with PT/OT/ST. (C.) Spinal cord injury causing acute paraplegia or quadriplegia (not from routine recovery from ortho or neurosurgery procedures.) (D.) Amputation of a major limb (E.) Acute neurological injury that has a chance of rapid improvement such as Guillian Barre syndrome.
8. Exclusions: acute exacerbation of chronic neurological conditions such as multiple sclerosis.
9. Exclusions: planned spinal surgeries such as spinal fusion/laminectomy

***Note** Members with significant cognitive, neurological and/or behavioral impairment may not be able to consent to, or actively cooperate/participate with therapies. Requests for IRF admission for members who are able to physically tolerate, but unable to actively participate in an intensive rehabilitation therapy program may be authorized if the member's needs cannot be safely met in a less restrictive clinical setting

IRF Continued stay criteria

Medical record documentation confirms member meets ALL the following:

1. Is tolerating rehabilitative services, and making significant improvements (Improvements must be ongoing, sustainable, and of practical value) toward established goals;
2. Has ongoing need for intensive interdisciplinary team approach to rehabilitative care, including regular rehabilitation physician assessment and treatment modification to maximize the member's capacity to benefit from therapeutic interventions;
3. Needed care cannot be safely and effectively managed in a less restrictive clinical setting.
4. 4. Weekly FIM scores to objectively evaluate their clinical improvement
5.

***Note**: If an unexpected clinical event (e.g., extensive off-site diagnostic tests), or decompensation of the member's medical condition (e.g., CHF, COPD, or surgical procedure) significantly limits the member's ability to participate in the therapy program, a limited break in service (usually < 3 days) should not affect the determination of medical necessity. Specific reasons for the limited break in service must be documented in the medical record. If the break in service persists beyond 3 days, and member is unable to meet the demands of the IRF rehabilitation program, he/she may continue to receive treatment in the IRF only until CHPW determines care can be safely be managed in a less restrictive clinical setting, and placement in the appropriate setting is arranged.

Authorization:

A preadmission evaluation of the patient's condition and need for IRF level of care is required, and must document ALL the following:

1. Baseline level of function, and summary of medical history that has led to the need for IRF level of care;

2. Medical treatment needs (e.g., physical therapy, occupational therapy, speech-language pathology, telemetry, vent weaning, specialized nursing care), including expected frequency and duration of treatment, and other information relevant to the individual member's care needs;
3. Prognosis including expected level of improvement, and anticipated length of stay necessary to achieve that level of improvement.

Requests for admission to IRF settings for members with conditions listed below must be discussed with a UM physician before services are authorized, as they would not typically be covered for inpatient rehab services without extenuating clinical circumstances that makes the needs for rehabilitative care more complicated than would typically be expected without such comorbidities or complexities.

- Recovery from Single Hip Fracture
- Recovery from Single Hip Replacement
- Recovery from Single Knee Replacement
- Limb amputation is an appropriate reason for inpatient rehab regardless of comorbidities. Amputation , of fingers and toes
- Routine post-operative major surgery, orthopedic surgery, or neurosurgery (must show evidence of spinal injury causing quadriplegia/paraplegia, bladder or bowel dysfunction)
- Spinal fracture without neurologic deficit
- Major trauma or multiple fractures
- Pain rehabilitations
- Transient Ischemic Attacks (TIA) and questionable ischemic events
- Coma stimulation
- Routine cardiac rehabilitation
- Routine pulmonary rehabilitation
- Acute exacerbation of chronic illness and general debilitation
- Auto-immune and related diseases with diffuse manifestations

Medicare

CMS Coverage Manuals: Read all applicable sections and subsections, in their entirety, for complete criteria details

Clinical coverage criteria for Admissions to Inpatient Rehabilitation Facilities

Medicare Benefit Policy Manual Chapter 1 - Inpatient Hospital Services Covered under Part A, See Section 110.2 in the following link:

§110.2 - Inpatient Rehabilitation Facility Medical Necessity Criteria

Summary: In order for IRF care to be considered reasonable and necessary, the documentation in the patient's IRF medical record (which must include the preadmission screening described in section 110.1.1, the post-admission physician evaluation described in section 110.1.2, the overall plan of care described in section 110.1.3, and the admission orders described in section 110.1.4) must demonstrate a reasonable expectation that the following criteria were met at the time of admission to the IRF:

1. The patient must require the active and ongoing therapeutic intervention of multiple therapy disciplines (physical therapy, occupational therapy, speech-language pathology, or prosthetics/orthotics), one of which must be physical or occupational therapy.

2. The patient must generally require an intensive rehabilitation therapy program, as defined in section 110.2.2. Under current industry standards, this intensive rehabilitation therapy program generally consists of at least 3 hours of therapy per day at least 5 days per week. In certain well-documented cases, this intensive rehabilitation therapy program might instead consist of at least 15 hours of intensive rehabilitation therapy within a 7 consecutive day period, beginning with the date of admission to the IRF.

3. The patient must reasonably be expected to actively participate in, and benefit significantly from, the intensive rehabilitation therapy program that is defined in section 110.2.2 at the time of admission to the IRF. The patient can only be expected to benefit significantly from the intensive rehabilitation therapy program if the patient's condition and functional status are such that the patient can reasonably be expected to make measurable improvement (that will be of practical value to improve the patient's functional capacity or adaptation to impairments) as a result of the rehabilitation treatment, as defined in section 110.3, and if such improvement can be expected to be made within a prescribed period of time. The patient need not be expected to achieve complete independence in the domain of self-care nor be expected to return to his or her prior level of functioning in order to meet this standard.

4. The patient must require physician supervision by a rehabilitation physician, defined as a licensed physician with specialized training and experience in inpatient rehabilitation. The requirement for medical supervision means that the rehabilitation physician must conduct face-to-face visits with the patient at least 3 days per week throughout the patient's stay in the IRF to assess the patient both medically and functionally, as well as to modify the course of treatment as needed to maximize the patient's capacity to benefit from the rehabilitation process.

5. The patient must require an intensive and coordinated interdisciplinary approach to providing rehabilitation, as defined in section 110.2.5.

Coverage criteria for continued stays in Inpatient Rehabilitation Facilities

Medicare Benefit Policy Manual Chapter 1 - Inpatient Hospital Services Covered Under Part A, See Section 110.3, specifically the documentation required to justify the need for a continued IRF stay in the 3rd paragraph of the following link:

§110.3 - Definition of Measurable Improvement

SPECIAL CONSIDERATIONS

Enter all special considerations here.

LIMITATIONS/EXCLUSIONS

Please refer to a product line's certificate of coverage for benefit limitations and exclusions for these services:

PRODUCT LINE	LINK TO CERTIFICATE OF COVERAGE
MEDICARE ADVANTAGE	http://healthfirst.chpw.org/for-members/resource-library/handbooks-and-guides
WASHINGTON APPLE HEALTH	http://chpw.org/our-plans/apple-health/
INTEGRATED MANAGED CARE	http://chpw.org/our-plans/apple-health/

Citations & References

CFR		
WAC		
RCW		
Contract Citation	☒ WAH	
	☒ IMC	
	☒ MA	
Other Requirements		
NCQA Elements		

Revision History

Revision Date	Revision Description	Revision Made By
11/01/2018	New policy	Tom Paulson, MD; Faiza Zafar, DO; LuAnn Chen, MD
12/12/2018	Approval	UM Committee