



Acute Inpatient Rehabilitation

Clinical Coverage Criteria

Overview

Acute Inpatient Rehabilitation facilities provide intensive rehabilitation services for those with a complex need for medical management, nursing, and multiple therapy disciplines (PT, OT, etc.). While this rehabilitation is overseen by a physician the services are coordinated and rendered by a multi-disciplinary team.

For admission and continued stay it is expected the member is able to fully participate and benefit from this approach to care.

Policy

Fallon Health requires Prior Authorization for admission to Acute Inpatient Rehabilitation and continued stay is subject to review. The below criteria must be met for admission as supported by the treating provider(s) medical records:

1. The member has medically complex issues, a functional impairment, and the ability to participate in an intensive rehabilitation program.
2. The member is able to participate in intensive rehabilitation for at least 3 hours per day for 5 days a week or at least 15 hours in 7 days. The member must reasonably benefit from this and make measurable improvements in their functional abilities.
3. The member's program must be physician supervised and requires 3 face to face visits by a physician licensed and with specialized training and expertise in inpatient rehabilitation.
4. The member requires an intensive and coordinated interdisciplinary rehabilitation program. Rehabilitation must be inclusive of multiple therapy disciplines one of which must be physical or occupational therapy.

Continued Stay: (Continued stay is concurrently reviewed by Fallon Health and the need for continued service must clearly be documented in the medical records.)

1. As supported in Medical Records, the member must be making measurable improvement in functional status within a predetermined and reasonable period of time.
2. The member has a continued need and ability to tolerate intensive rehabilitation defined as at least 3 hours a day 5 days a week or at least 15 hours 7 days a week.
3. The member cannot safely and effectively be managed in a less restrictive clinical setting.

Covered Services: (Please note these are general examples of what is covered in the per diem and not necessarily all inclusive and may be subject to the particular contract with the facility)

- Ambulance transportation directly related to the plan of care

- Bariatric equipment
- Daily nursing care
- Daily therapies (physical, occupational, speech, respiratory, etc.)
- Dialysis
- Discharge planning
- Durable medical equipment (any specialized DME required for patients should be requested via prior authorization):
 - Non-disposable single patient use DME provided as part of an individual member's inpatient rehabilitation care is included in the per diem rate and should be sent home with the member upon discharge from the facility. This includes (but is not limited to) bed pans, emesis basins, splints, and tens.
 - Non-disposable/multi-patient use DME provided as part of an individual member's inpatient rehabilitation care that is owned or rented by the facility is included in the per diem rate and should not be sent home with the member upon discharge. This includes (but is not limited to) wheelchairs, walkers, and canes.
 - If the Plan purchases any DME on behalf of an individual member receiving care within the facility (either purchased from the facility or from an independent DME provider), those items must be sent home with the patient upon discharge from the facility. These items include but are not limited to: Customized orthotics, prosthetics, adaptive devices, and bariatric equipment.
 - The rehabilitation facility agrees to not delay obtaining authorization and ordering any custom-type device that is medically necessary to promote discharge and rehabilitation of the member. This type of DME must be authorized by the Plan and ordered through a Plan-contracted DME provider.
- Enteral/parenteral nutrition and supplies
- Infusion pumps and services
- Laboratory services
- Medical/surgical supplies and equipment
- Medications
- Non-custom orthotics or prosthetics
- On-site/mobile x-ray
- Private room, when medically indicated
- Semi-private room and board
- Social services
- Wound vacuum

Exclusions: (Please note these services are not part of the per diem and may require separate authorization)

- Ambulance transportation for services not related directly to the plan of care (Please see Fallon Health's Transportation Services Payment Policy for further rules)
- Custom orthotics or prosthetics
- Professional charges for physician services
- Radiation/Chemotherapy

Exclusions

- Acute Inpatient Rehabilitation that does not meet the above criteria

References

1. Medicare Benefit Policy Manual. Chapter 1 - Inpatient Hospital Services Covered Under Part A. (Rev. 234, 03-10-17)
2. English ML, Speed J. Effectiveness of acute inpatient rehabilitation after left ventricular assist device placement. *Am J Phys Med Rehabil.* 2013 Jul;92(7):621-6. doi: 10.1097/PHM.0b013e31827442a4.
3. Dijkers M, Brandstater M, Horn S, Ryser D, Barrett R. Inpatient rehabilitation for traumatic brain injury: the influence of age on treatments and outcomes. *NeuroRehabilitation.* 2013;32(2):233-52. doi: 10.3233/NRE-130841.
4. DiVita MA, Mix JM, Goldstein R, et al. Rehabilitation outcomes among burn injury patients with a second admission to an inpatient rehabilitation facility. *PM R.* 2014 Nov;6(11):999-1007. doi: 10.1016/j.pmrj.2014.05.010. Epub 2014 May 28.
5. McCormick ZL, Chu SK, Goodman D, et al. An Appropriate Population for Acute Inpatient Rehabilitation? A Case Series of Three Patients With Advanced Heart Failure on Continuous Inotropic Support. *PM R.* 2015 Jun;7(6):662-6. doi: 10.1016/j.pmrj.2015.01.006. Epub 2015 Jan 21.
6. Safer VB, Koseoglu BF. Timing of inpatient rehabilitation initiation in stroke patients: factors influencing early admission. *J Phys Ther Sci.* 2015 Jun;27(6):1913-7. doi: 10.1589/jpts.27.1913. Epub 2015 Jun 30.
7. McLafferty FS, Barmparas G, Ortega A, et. al. Predictors of improved functional outcome following inpatient rehabilitation for patients with traumatic brain injury. *NeuroRehabilitation.* 2016 Jul 15;39(3):423-30. doi: 10.3233/NRE-161373.

Policy History

Origination date: 06/01/2016
Approval(s): Technology Assessment Committee: 05/25/2016 (new policy), 05/24/2017 (added/clarified services included in the per diem), 05/15/2018 (annual review, no updates), 05/22/2019 (updated references)

Not all services mentioned in this policy are covered for all products or employer groups. Coverage is based upon the terms of a member's particular benefit plan which may contain its own specific provisions for coverage and exclusions regardless of medical necessity. Please consult the product's Evidence of Coverage for exclusions or other benefit limitations applicable to this service or supply. If there is any discrepancy between this policy and a member's benefit plan, the provisions of the benefit plan will govern. However, applicable state mandates take precedence with respect to fully-insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, federal mandates will apply to all plans. For Medicare and Medicaid members, this policy will apply unless Medicare and Medicaid policies extend coverage beyond this policy.