ACUTE INPATIENT REHABILITATION

I. POLICY STATEMENT

Inpatient rehabilitation hospitals/units are licensed and certified facilities, which focus on special rehabilitative health care services instead of general medical and surgical services. PEHP defines rehabilitation therapy as the treatment of a disease or injury by physical agents and methods to assist in the rehabilitation and restoration of normal physical bodily function that is goal oriented and where the patient has the ability for functional improvement and ability to progress. An inpatient rehabilitation program uses an interdisciplinary coordinated team approach that involves a minimum of three (3) hours of rehabilitative services daily and at least five (5) days per week. These services may include physical therapy, occupational therapy, speech therapy, cognitive therapy, respiratory therapy, psychology services, social worker services, prosthetic/orthotic services, or a combination thereof.

Inpatient rehabilitation may be provided in a hospital, a free-standing facility, or skilled nursing facility (if provider PEHP contract allows for such a level of acuity). The setting for inpatient rehabilitation is primarily determined by the patient’s medical and functional status and the ability of the rehabilitation facility to provide the necessary level of care. Acute inpatient rehabilitation is appropriate when a patient’s medical status is such that the intensity of services required could not reasonably be provided in an alternate or lower level of care, such as sub-acute facility or outpatient rehabilitation department. Examples of conditions that may require acute inpatient rehabilitation include, but are not limited to, patients with significant functional disabilities associated with stroke (CVA), spinal cord injuries, acquired brain injuries, major trauma and burns. See Appendix section for further information.

Note: It is not necessary that there is an expectation of complete independence in the activities of daily living; but there should be a reasonable expectation of improvement that is of practical value to the individual, measured against his level of function at the start of rehabilitative services.

Benefit limits apply. Check Plan benefits for day limits.

A. Clinical Indications

1. Admission Criteria:

   PEHP considers acute inpatient rehabilitation services to be medically necessary when all of the following are present:
   a. Patient has a new (acute) medical condition or an acute exacerbation of a chronic condition that has resulted in a significant decrease in functional ability such that they cannot adequately recover in a lower level of care; AND
   b. Patient’s overall medical condition and medical needs either identify a risk for medical instability or a requirement for physician and other personnel involvement generally not available outside of the hospital inpatient setting; AND
   c. Patient requires an intensive interdisciplinary, coordinated rehabilitation program (as defined in the description of service above) with a minimum of three (3) hours active participation daily; AND
   d. Patient is medically stable enough to no longer require the services of a medical/surgical inpatient setting; AND
   e. Patient is capable of actively participating in a rehabilitation program, as evidenced by a mental status demonstrating responsiveness to verbal, visual, and/or tactile stimuli and ability to follow simple commands; AND
   f. Patient’s mental and physical condition prior to the illness or injury indicates there is a significant potential for improvement (see Note above); AND
   g. Patient is expected to show measurable functional improvement within a maximum of seven (7) to fourteen (14) days (depending of the underlying diagnosis/medical condition) of admission to the acute inpatient rehabilitation program; AND
h. The necessary rehabilitation services will be prescribed by a physician, and require close supervision and skilled nursing care with the 24-hour 7 days a week availability of a nurse and physician who are skilled in the area of rehabilitation (physiatry) medicine; AND
i. Therapy includes discharge planning.

PEHP considers acute inpatient rehabilitation services to be not medically necessary for patients who do not meet the medical necessity criteria as stated above and the following (list is not all inclusive):
a. Coma stimulation;
b. Educational training related to specific employment requirements;
c. Care is custodial. **PEHP defines custodial care as services, supplies, or accommodations for care rendered which: a) do not provide treatment of injury or illness; b) could be provided by persons without professional skills or qualifications; c) are provided primarily to assist patient in daily living; d) are for convenience, contentment, or other non-therapeutic purposes; or e) maintain physical condition when there is no prospect of affecting remission or restoration of the patient to a condition in which care would not be required.**
d. Regarding major joint replacements: if a single joint is replaced, postoperative acute inpatient rehabilitation is ordinarily not considered to be medically necessary unless the patient has significant comorbidity (ies) resulting in functional deficits which would necessitate an acute inpatient level of rehabilitation to achieve a satisfactory outcome within a reasonable time period. Postoperative acute inpatient rehabilitation may be necessary for patients undergoing more than one major joint replacement during a single hospitalization.
e. Regarding back surgery and compression fractures: acute inpatient rehabilitation is generally not considered to be medically necessary for the following: a) uncomplicated back surgery without other coexisting diseases; b) uncomplicated compression fractures without neurological involvement.

**Note:** Please submit completed PEHP's Pre-Authorization Form entitled, “Inpatient Rehabilitation & Skilled Nursing Facility” along with medical records

2. **Continuation of Services Criteria**

Acute inpatient rehabilitation requires evidence of an interdisciplinary, coordinated rehabilitation team review/meeting at least once weekly, which should document **ALL** of the following information:

a. Evidence of active participation in a multidisciplinary rehabilitation program; AND
b. Evidence of progress toward stated goals documented by objective functional measurements; AND
c. Identification of range and severity of the patient’s problems, including medical status and stability, self-care, mobility, psychological status, communication status, etc.; AND
d. Consideration of special equipment needs when appropriate; AND
e. Goal modification based on current status, progress, and potential for improvement; AND
f. Anticipated length of stay and discharge/disposition planning; AND
g. Status of patient and family/caregivers education regarding post discharge care; AND
h. Identification of barriers to progress, including any medical complications that is likely to impair prognosis; AND
i. Information regarding the status of the underlying medical condition.

In general the record should provide evidence that the individual continues to be able to participate in a minimum of three (3) hours of rehabilitative services daily and at least five (5) days per week, is benefiting from the rehabilitation program, that there has been progress towards reasonable goals, and that the level of care provided in the acute rehabilitation setting continues to be the most appropriate level of care.

**Note:** Please submit completed PEHP’s Pre-Authorization Form entitled, “Inpatient Rehabilitation & Skilled Nursing Facility” along with medical records

3. **Discharge Criteria**

Discharge from an acute inpatient rehabilitation program is appropriate if one or more of the following is present:

a. Treatment goals have been achieved; OR
b. The patient is no longer participating in the interdisciplinary rehabilitative program; OR
c. The patient has limited potential for recovery (e.g. the patient’s functional status has remained unchanged or additional functional improvement is most likely to not occur within a reasonable time frame (7 to 14 days); OR
d. Patient is unable to actively participate in at least 3 hours of intensive therapies per day and at least 5 days per week; OR
e. The level of rehabilitative/restorative care necessary could be safely and effectively performed in a lower level of care, e.g. outpatient, skilled nursing facility, or home health (patient may still need 24 hour supervision, which is not a covered benefit); OR
f. The overall mental status is such that no further progress is anticipated or only minimal gains that could be expected to be achieved with either a less intensive therapy program or regular daily activities.

4. **Case Management**

Complex cases may require specific case management. A discharge plan of care should be developed with input from the patient, caregiver, physician, therapists, and other involved providers. Discharge planning should be incorporated in all acute inpatient rehabilitative admissions and should be an ongoing activity throughout the entire stay.

In some circumstances lay family members and friends can be trained to safely and effectively provide chronic services that are typically considered skilled, e.g. pharyngeal suctioning, or gastrostomy feedings.

*Note: Please contact PEHP’s Clinical Management/Case Management Department at 801-366-7755 if you would like to speak and coordinate with one of PEHP’s certified nurse case managers from 08:00 to 17:00 Monday through Fridays.*

**B. Appendices**

**Appendix 1:** Acute Inpatient Rehabilitation for CNS Insult (CVA, Acquired Brain Injury and Spinal Cord Injury)

The information provided in this Appendix is not a substitute for the criteria set forth in the clinical indications of this policy as all patients for acute inpatient rehabilitation must meet these criteria.

- Regarding CVA (Cerebrovascular Accident): Acute inpatient rehabilitation is considered medically necessary for patients who have suffered a CVA/stroke that results in a significant impairment (contracture, paralysis, severe ataxia or paresis) in at least two extremities or at least one extremity in addition to higher central nervous system functions, including both mentation and autonomic nervous functions such as speech, swallowing and control of secretions.
- Regarding Acquired Brain Injury: Acute inpatient rehabilitation is considered medically necessary for patients who have suffered an acquired brain injury that results in a significant impairment (contracture, paralysis, severe ataxia or paresis) in at least two extremities or at least one extremity in addition to higher central nervous system functions, including both mentation and autonomic nervous functions such as speech, swallowing and control of secretions.
- Regarding Spinal Cord Injury: Acute inpatient rehabilitation is considered medically necessary if a spinal cord injury leads to a significant impairment (contracture, paralysis or severe paresis) of at least two extremities.

**Appendix 2:** Acute Inpatient Rehabilitation for Neurological Disorders (Peripheral Nerve Injury, Multiple Sclerosis, Nerve Root Injury and Postoperative Deficits).

The information provided in this Appendix is not a substitute for the criteria set forth in the clinical indications of this policy as all patients for acute inpatient rehabilitation must meet these criteria.

- Regarding Peripheral Nerve Injury: Acute inpatient rehabilitation is considered medically necessary for patients with focal neurologic disorders which involve the peripheral nerves provided there are multiple injuries that result in a significant impairment (contracture, paralysis, or severe paresis) in at least two extremities.
- Regarding Diffuse Peripheral Nervous System Disorders (e.g., Guillain-Barré): Acute inpatient rehabilitation is considered medically necessary for patients with diffuse peripheral nervous system disorders, which involve at least two extremities and result in significant impairment (contracture, paralysis, or severe paresis) AND the weakness is not limited to a qualitative difference since a prior inpatient admission.
- Regarding Multiple Sclerosis: Acute inpatient rehabilitation is considered medically necessary for individuals with central nervous system disorders (e.g. multiple sclerosis) that result in generalized weakness provided: 1) There has been a significant decline in the patient’s functional status; AND 2) the functional decline is such that it will not self correct without treatment; AND 3) Compensatory training in addition to physical therapy is indicated.
- Regarding Nerve Root Injury: Acute inpatient rehabilitation is considered medically necessary following nerve root injury when the patient experiences a persistent significant impairment (contracture, paralysis, or severe paresis) in at least two extremities and the deficit is not expected to be self-limited after surgical intervention (e.g. decompression).
- Regarding Postoperative Deficits: Acute inpatient rehabilitation is considered medically necessary for patients recovering from neurosurgical procedures provided there are neurological deficits as a result of the surgery and there is significant impairment such that it involves at least one extremity in addition to higher central nervous system functions.

**Appendix 3:** Acute Inpatient Rehabilitation for Musculoskeletal/Orthopedic Disorders (Major Joint Replacement, Amputations, Major/Multiple Trauma, and Other Conditions)
The information provided in this Appendix is not a substitute for the criteria set forth in the clinical indications of this policy as all patients for acute inpatient rehabilitation must meet these criteria.

- **Regarding Major Joint Replacements:** If a single joint is replaced, postoperative acute inpatient rehabilitation is ordinarily not considered to be medically necessary unless the individual has significant comorbidity (ies) resulting in functional deficits which would necessitate an inpatient level of rehabilitation in order to achieve a satisfactory outcome within a reasonable time period. Postoperative acute inpatient rehabilitation may be necessary for patients undergoing more than one major joint replacement during a single hospitalization.

- **Regarding Back Surgery and Compression Fractures:** Acute inpatient rehabilitation is considered to be not medically necessary for the following: 1) uncomplicated back surgery without other coexisting diseases; 2) uncomplicated compression fractures without neurological involvement.

- **Regarding Amputations:** Acute inpatient rehabilitation is considered medically necessary for patients who have experienced the loss of more than one body part (with the exception of digits). Rehabilitation after a single foot or leg amputation may occur in an acute inpatient or less intensive outpatient setting. This determination is based upon: 1) the individual’s ability to actively participate in an intensive rehabilitation program; 2) the functional deficit caused by the amputation itself; and 3) the patient’s underlying medical condition. Acute inpatient rehabilitation is considered not medically necessary for patients who have suffered the loss of fingers, toes or a single hand because they do not require the intensive level of constant care provided in the inpatient setting. These patients usually receive rehabilitation in a less intensive, outpatient setting.

- **Regarding Major/Multiple Trauma:** Acute inpatient rehabilitation is considered medically necessary for patients who have: 1) sustained substantial injuries to a single extremity; OR 2) experienced functional impairments in more than one extremity; OR 3) experienced functional impairment that involves at least one extremity in addition to higher central nervous system functions.

- **Regarding Arthritis and Lupus Erythematosus:** Acute inpatient rehabilitation is considered medically necessary for patients with severe arthritis (e.g. rheumatoid arthritis, osteoarthritis, polyarthritis, and lupus erythematosus) provided joint pathology involvement has progressed to the extent that the individual has experienced a significant functional decline in range of motion in the joint or related contractures in at least two extremities.

**Appendix 4: Additional Clinical Considerations for Review**

The information provided in this Appendix is not a substitute for the criteria set forth in the clinical indications of this policy as all patients for acute inpatient rehabilitation must meet these criteria.

- **Motor Functional Impairment Status:** the motor functional status of patients in this category is defined by: 1) requires moderate to maximum assistance of another person to perform a majority of self-care activities (for example, feeding, grooming, dressing, bathing); AND 2) requires moderate to maximum assistance of another person to perform mobility skills, for example, bed activities (rolling, rise to sitting position), wheelchair locomotion and transfers; AND 3) able to tolerate three or more hours per day of therapy services at least 5 days per week; AND 4) requires an intensive level of constant care which cannot be adequately delivered in a less intensive setting (skilled nursing facility, subacute setting, outpatient rehabilitative setting or patient’s home).

- **Cognitive Status Required to Benefit from Inpatient Rehabilitation:** the patient must be able to follow simple command (verbal or demonstrated) with reasonable consistency (e.g. 50% of the time). Patients who have experienced a head injury, multiple traumas, cerebrovascular or central nervous system insult may start at a lesser level but must show some potential for progressive improvement in following commands during the first 2 weeks of the rehabilitation program.

**II. CODES**

**Considered Medically Necessary when criteria in the applicable policy statements listed above are met:**

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<td>Room &amp; Board-Private (Deluxe)-Rehabilitation</td>
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<td>945</td>
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III. REFERENCES

PEHP Master Policy  
BCBS Rhode Island, Acute Inpatient Rehabilitation, 3/1/23  
Cigna, Inpatient Acute Rehabilitation, 3/15/20