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Medical Policy

Acute Inpatient Rehabilitation

Policy Number: 1029

Policy History			
Approve Date:	06/01/2018	Effective Date:	06/01/2018
Reviewed/Revised Date:	07/15/2019, 10/1/2019, 10/1/2020, 10/01/2021		

Preauthorization	
All Plans	Benefit plans vary in coverage and some plans may not provide coverage for certain service(s) listed in this policy. Decisions for authorization are subject to all terms and conditions of the applicable benefit plan, including specific exclusions and limitations as well as applicable state and/or federal laws. Please review the benefit plan descriptions for details.

Policy

Indications of Coverage

I. Acute inpatient rehabilitation services are medically necessary when ALL of the following are present.
   A. Individual 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 less intensive setting AND
   B. Individual'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 the hospital inpatient setting AND
   C. Individual requires an intensive inter-disciplinary, coordinated rehabilitation program (as defined in the description of service) with a minimum of three hours active participation daily AND
   D. Individual is medically stable enough to no longer require the services of a medical/surgical inpatient setting AND
   E. Individual 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. Individual's mental and physical condition prior to the illness or injury indicates there is significant potential for improvement AND
   G. Individual is expected to show measurable functional improvement within a maximum of seven to fourteen days (depending on the underlying diagnosis/medical condition) of admission to the inpatient rehabilitation program AND
   H. The necessary rehabilitation services will be prescribed by a physician, and require close medical supervision and skilled nursing care with the 24 hour availability of a nurse and physician who are skilled in the area of rehabilitation medicine AND
   I. Therapy includes discharge plan

Coverage stops when further progress toward the established rehabilitation goal is unlikely or when further progress can be achieved in a less intensive setting. 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 condition at the start of the rehabilitation program. Additionally, the individual must have no lasting or major treatment impediment that prevents progress (for example severe dementia).

Additional Clinical Considerations for Specific Conditions

I. Clinical Considerations for Central Nervous System Insult
   A. Regarding cerebrovascular accident
      Acute inpatient rehabilitation is considered medically necessary for individuals who have suffered a cerebrovascular accident (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.
   B. Regarding acquired brain injury
      Acute inpatient rehabilitation is considered medically necessary for individuals 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.
   C. 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.
   D. Length of stay - acute inpatient rehabilitation setting for individuals with central nervous system insult
      This is variable and generally related to the severity of the original injury and the duration of coma or loss of consciousness. Those with longer periods of coma will generally recover more slowly. This is also applicable to Central Nervous System (CNS) injury related to non-traumatic intracranial insults (stroke, intracranial hemorrhage, metabolic insult).
   E. Length of stay for spinal cord injuries is related to the level of the injury. Injuries occurring higher in the spinal cord result in more profound loss of function and generally require longer periods of rehabilitation for adaptation.
   F. Routine (typically weekly) reviews are completed to assess how the individual is progressing and to determine the expected length of time inpatient rehabilitation will be required.

II. Clinical Considerations for Neurological Disorders
   A. Regarding peripheral nerve injury
      i. Acute inpatient rehabilitation is considered medically necessary for individuals 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.
      ii. Acute inpatient rehabilitation is considered medically necessary for individuals with diffuse peripheral nervous system disorders (e.g. Guillain-Barré), 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.
   B. 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
      i. There has been a significant decline in the individual's functional status AND
      ii. The functional decline is such that it will not self-correct without treatment AND
      iii. Compensatory training is needed in addition to physical therapy.
   C. Regarding nerve root injury
      Acute inpatient rehabilitation is considered medically necessary following nerve root injury when the individual 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).
   D. Regarding postoperative deficits
      Acute inpatient rehabilitation is considered medically necessary for individuals 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.

III. Length of Stay - Acute Rehabilitation Setting for Individuals with Neurological Disorders
This is variable and generally related to the severity of the original injury or surgical procedure. Progress may be slower in members of the geriatric population as well as in individuals with co-morbidities, complications, or decreased cognitive status.

Because the length of stay varies depending on the complexity of the individual's condition, it is not unusual that routine (typically weekly) reviews are completed to assess how the individual is progressing and to determine the expected length of time inpatient rehabilitation will be required.

IV. Clinical Considerations for Musculoskeletal/Orthopedic Disorders
A. Regarding major joint replacements
i. If a single joint is replaced, typically postoperative acute inpatient rehabilitation is considered not 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.
ii. Acute postoperative inpatient rehabilitation may be medically necessary for individuals undergoing more than one major joint replacement during a single hospitalization.
B. Regarding back surgery and compression fractures
Acute inpatient rehabilitation is considered not medically necessary for the following
i. Uncomplicated back surgery without other concomitant diseases
ii. Uncomplicated compression fractures without neurologic involvement.
C. Regarding amputations
Acute inpatient rehabilitation is considered medically necessary for individuals who have experienced the loss of more than one body part (with the exception of digits).
i. Rehabilitation after a single foot or leg amputation may occur in an acute inpatient or less intensive outpatient setting. This determination is dependent 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 individual's underlying medical condition.
ii. Acute inpatient rehabilitation is considered not medically necessary for individuals 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 individuals typically undergo rehabilitation in a less intensive, outpatient setting.
D. Regarding major/multiple trauma
Acute inpatient rehabilitation is considered medically necessary for individuals who have:
i. Suffered massive injuries to a single extremity OR
ii. Experienced functional impairments of more than one extremity OR
iii. Experienced functional impairment such that it involves at least one extremity in addition to higher central nervous system functions.
E. Regarding arthritis and lupus erythematosus
Acute inpatient rehabilitation is considered medically necessary for individuals 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.
F. Regarding other conditions
Acute inpatient rehabilitation is considered not medically necessary for individuals with the following musculoskeletal/orthopedic disorders because they do not require the intensive level of constant care provided in the inpatient setting. These individuals typically undergo rehabilitation in a less intensive, outpatient setting.
i. Simple fractures
ii. Single extremity deficits
iii. Simple (minor) trauma
iv. Generalized weakness or general debility

V. Length of Stay - Acute Rehabilitation Setting for Individuals with Musculoskeletal/Orthopedic Disorders

This is variable and generally related to the severity of the original injury or surgical procedure. Progress may be slower in members of the geriatric population as well as in individuals with co-morbidities, complications, or decreased cognitive status.

Because the length of varies depending on the complexity of the individual's condition, it is not unusual that routine (typically weekly) reviews are completed to assess how the individual is progressing and determine the expected length of time inpatient rehabilitation will be required.

VI. Criteria for Continuation of Services – Review occurs at least two times per week, submitted documentation MUST include ALL of the following:

A. Evidence of an inter-disciplinary, coordinated rehabilitation team review at least weekly AND
B. Evidence of active participation in a multidisciplinary rehabilitation program AND
C. Evidence of progress toward stated goals documented by objective functional measurements AND
D. Identification of range and severity of the individual's problems, including medical status and stability, self-care, mobility, psychological status, communication status, etc. AND
E. Consideration of special equipment needs when appropriate AND
F. Goal modification based on current status, progress, and potential for improvement AND
G. Projected length of stay and discharge/disposition planning AND
H. Status of education of the individual and family members/caregivers regarding post discharge care AND
I. Identification of barriers to progress, including any medical complications likely to impair progress AND
J. Information regarding the status of the underlying medical condition.

VII. Discharge Criteria

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

A. Treatment goals necessitating the inpatient setting were achieved OR
B. Absence of participation in an interdisciplinary rehabilitation program OR
C. The individual has limited potential for recovery (e.g. The individual's functional status has remained unchanged or additional functional improvement appears unlikely within a reasonable time frame [7 to 14 days]) OR
D. Individual is unable to actively participate in at least three hours of intensive therapies per day, at least five days per week OR
E. The level of rehabilitative/restorative care required could be safely and effectively rendered in an alternate, less intensive setting, e.g. outpatient, Skilled nursing facility (SNF) or home health, (still may require 24 hour supervision) OR
F. The overall medical status is such that no further progress is anticipated or only minimal gains that could be expected to be attained with either less intensive therapy program or regular daily activities.

VIII. Not Medically Necessary

Acute inpatient rehabilitation services are considered not medically necessary for individuals who do not meet the medical necessity criteria as state above. Examples of none covered services include but are not limited to the following.

A. Coma stimulation
B. Chronic Pain Programs
C. Spinal Cord Injury Programs
D. Brain Injury Programs
E. Educational training related to specific employment requirements
F. Care that is custodial

Background

Inpatient rehabilitation hospitals/units are licensed and certified facilities, which primarily promote special rehabilitative health care services rather than general medical and surgical services. Rehabilitation is defined as restoration of a disabled person to self-sufficiency or maximal possible functional independence. An inpatient rehabilitation program utilizes an inter-disciplinary coordinated team approach that involves a minimum of three hours rehabilitation services daily. These services may include physical therapy, occupational therapy, speech therapy, cognitive therapy, respiratory therapy, psychology services, prosthetic/orthotic services, or a combination thereof.

Inpatient rehabilitation may be provided in a hospital, a free-standing facility or skilled nursing facility. The setting for inpatient rehabilitation is principally determined by the individual's medical and functional status and the ability of the rehabilitation facility to provide the necessary level of care. Acute inpatient rehabilitation is required when an individual's medical status is such that the intensity of services required could not reasonably be provided in an alternative setting (subacute facility or outpatient rehabilitation department). Examples of conditions requiring acute inpatient rehabilitation include, but are not limited to, individuals with significant functional disabilities associated with stroke, spinal cord injuries, acquired brain injuries, major trauma and burns.

References

The above policy is based on the following references:
Milliman Care Guidelines:

The criteria set forth in this document are based in part on the recommendations set forth in the Centers for Medicare & Medicaid Services (CMS). LMRP #L13627- Inpatient Rehabilitation