



**Clinical Review Criteria
Inpatient Rehabilitation**

- Admission guidelines

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**Criteria
For Medicare Members**

Source	Policy
CMS Coverage Manuals	See the Medicare Benefit Policy Manual Chapter 1 - Inpatient Hospital Services Covered Under Part A 110 - Inpatient Rehabilitation Facility (IRF) Services
National Coverage Determinations (NCD)	None
Local Coverage Determinations (LCD)	None
Local Coverage Article	None

For Non-Medicare Members

Inpatient Rehabilitation Facility (IRF - acute rehabilitation) admission is indicated by **ALL of the following:**

- 1) No acute hospital care needs.
The inpatient rehabilitation benefit is not to be used as an alternative to completion of the full course of treatment in the referring hospital. (e.g. for completion of antibiotics or to observe renal failure)
- 2) A preadmission screening assessment must be completed. A preadmission screening assessment is an evaluation of the patient's condition and need for rehabilitation therapy and medical treatment that must be conducted by licensed or certified clinician(s) (Registered Nurse, Physical or Occupational Therapist, Nurse Practitioner, or Medical Doctor) within the 48 hours immediately preceding the IRF admission. A preadmission screening that includes all of the required elements, but that is conducted more than 48 hours immediately preceding the IRF admission, will be accepted as long as an update is conducted in person or by telephone to document the patient's medical and functional status within the 48 hours immediately preceding the IRF admission in the patient's medical record at the IRF.
- 3) There must be documentation in the preadmission screening assessment (a copy of the assessment must be available for review) that includes **ALL of the following:**
 - a) Must indicate the patient's prior level of function (prior to the event or condition that led to the patient's need for intensive rehabilitation therapy),
 - b) Expected level of improvement and
 - c) Expected length of time necessary to achieve that level of improvement.
 - d) Nature and degree of improvement identified with practical goals established for patient's condition
 - e) Conditions that caused the need for rehabilitation,
 - f) Treatments needed (i.e., physical therapy, occupational therapy, speech-language pathology, or prosthetics/orthotics),
 - g) Expected frequency and duration of treatment in the IRF,
 - h) Discharge plan that includes **ALL of the following:**
 - Anticipated discharge destination including documentation that patient will be appropriate for discharge to home or to a community-based environment. (not to a SNF or LTC facility)
 - i) Any anticipated post-discharge treatments and any other information relevant to the care needs of the patient.

- 4) In order for IRF care to be considered reasonable and necessary, the documentation must demonstrate a reasonable expectation that **ALL of the following** criteria will be met at the time of admission to the IRF:
- The patient must require the active and ongoing therapeutic intervention of more than two therapy disciplines (physical therapy, occupational therapy, speech-language pathology, or prosthetics/orthotics), one of which must be physical or occupational therapy.
 - Need for an intensive rehabilitation therapy program that includes **ONE or more** of the following:
 - Therapy at least 3 hours per day for 5 days per week OR
 - Therapy at least 15 hours per week consecutive days
 - Therapy must not exceed the patient's need or tolerance or compromise the patient safety.
 - The patient must reasonably be expected to actively participate in, and benefit significantly from, the intensive rehabilitation therapy program. Also, there should be a reasonable expectation that a measurable, practical improvement in the patient's functional condition can be accomplished within a predetermined and reasonable period of time.
 - Close physician involvement with need for treating rehabilitation physician face-to-face assessment at least 3 days per week (e.g. monitoring of uncontrolled pain, bowel and bladder issues, and complex rehabilitation needs such as adapting mobility devices.)
 - The patient must require an intensive and coordinated interdisciplinary approach to providing rehabilitation
- 5) Document must state why an equivalent outcome will not be achieved in a Skilled Nursing Facility.

The following indications are not covered:

- Coma stimulation
- Custodial care
- Routine services for maintenance of medication administration, routine enteral feedings, routine colostomy care, ongoing straight catheterization for chronic conditions.
- Single joint replacement unless the individual has significant comorbidity(ies) resulting in functional deficits which would necessitate an acute inpatient level of rehabilitation in order to achieve a satisfactory outcome within a reasonable time period.

If requesting these services, please send the following documentation to support medical necessity:

- Last 6 months of clinical notes from requesting provider &/or specialist
- Last 6 months of radiology if applicable

The following information was used in the development of this document and is provided as background only. It is provided for historical purposes and does not necessarily reflect the most current published literature. When significant new articles are published that impact treatment option, Kaiser Permanente will review as needed. This information is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

Background

Inpatient rehabilitation hospital admissions provide intensive rehabilitation to patients with various neurological, musculo-skeletal, orthopedic and other medical conditions following stabilization of their acute medical issues. The inpatient rehabilitation bed is specifically licensed for the rehabilitation services and is sometimes part of an acute hospital or a separate facility.

Rehabilitation hospitals were created to meet a perceived need for facilities which were less costly on a per diem basis than general hospitals, but which provided a higher level of professional therapies such as speech therapy, occupational therapy, and physical therapy than can be obtained in a "skilled nursing care" facility. Prior to admission to an inpatient rehabilitation facility an evaluation is conducted by a psychiatrist to determine appropriateness for this level of admission.

Applicable Codes

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

CPT® or HCPC Codes	Description
No specific codes	

***Note:** Codes may not be all-inclusive. Deleted codes and codes not in effect at the time of service may not be covered.

**To verify authorization requirements for a specific code by plan type, please use the [Pre-authorization Code Check](#).

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03/04/2014	02/02/2010 ^{MDCRPC} , 01/04/2011 ^{MDCRPC} , 01/03/2012 ^{MDCRPC} , 02/05/2013 ^{MPC} , 2/04/2014 ^{MPC} , 03/04/2014 ^{MPC} , 02/03/2015 ^{MPC} , 11/03/2015 ^{MPC} , 09/06/2016 ^{MPC} , 07/11/2017 ^{MPC} , 05/01/2018 ^{MPC} , 05/07/2019 ^{MPC} , 05/05/2020 ^{MPC} , 05/04/2021 ^{MPC} , 05/03/2022 ^{MPC} , 05/02/2023 ^{MPC}	06/21/2017

^{MDCRPC} Medical Director Clinical Review and Policy Committee

^{MPC} Medical Policy Committee

Revision History	Description
06/21/2017	Added a clarifying sentence to 4 d