

Policy: MP331

Section: Medical Benefit Policy

Subject: Inpatient Rehabilitation

I. Policy: Inpatient Rehabilitation

II. Purpose/Objective:

To provide a policy of coverage regarding Inpatient Rehabilitation

III. Responsibility:

- A. Medical Directors
- B. Medical Management

IV. Required Definitions

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

V. Additional Definitions

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

- a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
- b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
- c. in accordance with current standards of good medical treatment practiced by the general medical community.
- d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
- e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

Medicaid Business Segment

Medical Necessity shall mean a service or benefit that is compensable under the Medical Assistance Program and if it meets any one of the following standards:

- (i) The service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition or disability.
- (ii) The service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental or development effects of an illness, condition, injury or disability.
- (iii) The service or benefit will assist the Member to achieve or maintain maximum functional

capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for members of the same age.

CRITERIA: REQUIRES PRIOR AUTHORIZATION BY A PLAN MEDICAL DIRECTOR OR DESIGNEE

To be considered for admission to an inpatient rehabilitation facility, **ALL MUST BE MET:**

- The member has had a recent acute event resulting in a significant function decline requiring an interdisciplinary team approach that includes:
 - Weekly rehabilitation team assessment, intervention, and conferences due to the potential risk of significant change in physical or medical status; and
 - 24-hour per day access to a rehabilitative registered nurse; and
 - Supervision or active intervention by a rehabilitation physician at least 3 times per week; and
 - The planned rehabilitation services require an intensity, frequency and duration as to make it impractical for the services to be delivered in a less intense setting
- The member must be clinically stable enough to follow commands, and be able to tolerate and willing to participate in an intensive therapy program for a minimum of 3 hours/day, 5 days/week
- The member must require at least 2 therapy disciplines (PT, OT, ST, orthotics/prosthetics), one of which must be PT or OT
- The rehabilitative program is individualized and defines quantifiable outcome goals; and
- There is a reasonable expectation of significant therapeutic improvement as a result of the rehabilitative program over a clearly defined timeframe, and reasonable expectation of discharge to home or other community setting

EXCLUSIONS:

Inpatient rehabilitation will be considered to be not medically necessary and therefore **NOT COVERED** when any of the following apply:

- The medical record documentation does not support the need for intensive inpatient rehabilitation
- The member's condition is such that the medically necessary services could be adequately provided in a less intensive setting
- A program of coordinated interdisciplinary care is either not required or not provided
- A significant meaningful therapeutic improvement is not expected
- The treatment is intended to maintain the current physical state, or to prevent or slow progressive deterioration of the current state.

Note: A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven is outlined in MP 15 - Experimental Investigational or Unproven Services or Treatment.

CODING ASSOCIATED WITH: Inpatient Rehabilitation

The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at www.cms.gov or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements

Revenue Codes:

0128	Room and board, semi-private, two-bed, rehabilitation
0138	Room and board, semi-private, three-four-bed, rehabilitation
0158	Room and board, ward, rehabilitation
0420-0429	physical therapy
0430-0439	occupational therapy
0440-0449	speech-language pathology

DRG Code

945	Rehabilitation with complications and comorbidities/major complications and comorbidities
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LINE OF BUSINESS:

Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD's and NCD's will supercede this policy. For PA Medicaid Business segment, this policy applies as written.

REFERENCES:

Centers for Medicare and Medicaid Services, Medicare Benefit Policy Manual: Chapter 1 - Inpatient Hospital Services Covered Under Part A; Section 110 - Inpatient Rehabilitation Facility (IRF) Services.

Centers for Medicare and Medicaid Services (CMS). Medicare benefit policy manual. Chapter 1. Inpatient hospital services covered under Part A. (Rev 234, 03-10-17).

Centers for Medicare and Medicaid Services (CMS). Inpatient rehabilitation facility prospective payment system. Memo on Inpatient rehabilitation facility PPS and the 75% rule. Updated June 8, 2007

Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) Inpatient Hospital Pain Rehabilitation (10.3).

Centers for Medicare and Medicaid Services (CMS). Medicare Benefit Policy Manual, Chapter 15, §230 - Practice of Physical Therapy, Occupational Therapy, and Speech-Language Pathology.

Centers for Medicare and Medicaid Services (CMS). Medicare Benefit Policy Manual, Chapter 15, §220.2-Reasonable and Necessary Outpatient Rehabilitation Therapy Services, A-General.

This policy will be revised as necessary and reviewed no less than annually.

Devised: 10/19

Revised:

Reviewed: 10/20, 10/21

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

Coverage for experimental or investigational treatments, services and procedures is specifically excluded under the member's certificate with Geisinger Health Plan. Unproven services outside of an approved clinical trial are also specifically excluded under the member's certificate with Geisinger Health Plan. This policy does not expand coverage to services or items specifically excluded from coverage in the member's certificate with Geisinger Health Plan. Additional information can be found in MP015 Experimental, Investigational or Unproven Services.

Prior authorization and/or pre-certification requirements for services or items may apply. Pre-certification lists may be found in the member's contract specific benefit document. Prior authorization requirements can be found at <https://www.geisinger.org/health-plan/providers/ghp-clinical-policies>

Please be advised that the use of the logos, service marks or names of Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company on a marketing, press releases or any communication piece regarding the contents of this medical policy is strictly prohibited without the prior written consent of Geisinger Health Plan. Additionally, the above medical policy does not confer any endorsement by Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company regarding the medical service, medical device or medical lab test described under this medical policy.