**PURPOSE:**

To establish clear guidelines for those patients who will be admitted to the Inpatient Rehabilitation Facility (IRF) for comprehensive medical rehabilitation.

**POLICY:**

The Inpatient Rehabilitation Facility (IRF) will serve patients 18 and over with recent functional limitations related to physical impairments and who have the ability to tolerate a comprehensive rehabilitation program. The criteria for admission, continued stay, and discharge will be applied uniformly to all patients referred and/or admitted to the IRF and will be consistent with the Medicare conditions of participation for required diagnostic groups.

**BACKGROUND:**

Current Medicare regulations specify that the compliance threshold for meeting the CMS-13 criteria will be 60 percent.

Medicare Acceptable Inpatient Rehabilitation Diagnoses

The currently accepted Medicare diagnoses for inclusion in the required percentages are:

* Stroke
* Spinal cord injury
* Congenital deformity
* Amputation
* Major multiple trauma
* Fracture of femur (hip fracture)
* Brain injury
* Neurological disorders, including multiple sclerosis, motor neuron diseases, polyneuropathy, muscular dystrophy, and Parkinson’s disease
* Burns
* Active, polyarticular rheumatoid arthritis, psoriatic arthritis, and seronegative arthropathies resulting in significant functional impairment of ambulation and other activities of daily living that have not improved after an appropriate, aggressive, and sustained course of outpatient therapy services or services in other less intensive rehabilitation settings immediately preceding the inpatient rehabilitation admission or that result from a systemic disease activation immediately before admission, but have the potential to improve with more intensive rehabilitation.
* Systemic vasculidities with joint inflammation, resulting in significant functional impairment of ambulation and other activities of daily living that have not improved after an appropriate, aggressive, and sustained course of outpatient therapy services or services in other less intensive rehabilitation settings immediately preceding the inpatient rehabilitation admission or that result from a systemic disease activation immediately before admission, but have the potential to improve with more intensive rehabilitation.
* Severe or advanced osteoarthritis (osteoarthrosis or degenerative joint disease) involving two or more major weight bearing joints (elbow, shoulders, hips, or knees, but not counting a joint with a prosthesis) with joint deformity and substantial loss of range of motion, atrophy of muscles surrounding the joint, significant functional impairment of ambulation and other activities of daily living that have not improved after the patient has participated in an appropriate, aggressive, and sustained course of outpatient therapy services or services in other less intensive rehabilitation settings immediately preceding the inpatient rehabilitation admission but have the potential to improve with more intensive rehabilitation. (A joint replaced by a prosthesis is no longer considered to have osteoarthritis, or other arthritis, even though this condition was the reason for the joint replacement.)
* Knee or hip joint replacement, or both, during an acute hospitalization immediately preceding the inpatient rehabilitation stay and also meet one or more of the following specific criteria:
* The patient underwent bilateral knee or bilateral hip joint replacement surgery during the acute hospital admission immediately preceding the IRF admission.
* The patient is extremely obese with a Body Mass Index of at least 50 at the time of admission to the IRF.
* The patient is age 85 or older at the time of admission to the IRF.

**Admission Criteria-Reasonable and Necessary Care**

* Patient must demonstrate an inability to function independently as demonstrated by a requirement for minimal to moderate assistance in one or more of the areas listed below and must demonstrate potential for significant improvement as measured against his/her condition prior to rehabilitation:
* Activities of daily living
* Feeding
* Bathing
* Dressing
* Mobility
* Transfers
* Ambulation
* Stair Climbing
* Wheelchair Mobility
* Cognitive or Communication Abilities (accompanied by at least one element of ADL or Mobility loss)
* Aphasia with major receptive and/or expressive components
* Cognitive dysfunction (e.g., attention span, confusion, memory, intelligence)
* Perceptual motor dysfunction area (e.g., spatial orientation, visual motor, depth and distance perception) ***or***
* Patient must have significant functional loss due to somatic dysfunction including:
* Spasticity
* Incoordination
* Paresis
* Bowel and bladder dysfunction
* Gait disturbance
* Dysarthria or
* Dyskinesia

## AND

* Patient must meet one of the following criteria:
* Has had no previous comprehensive rehabilitation effort or, previous rehabilitative efforts for the same condition showed little or no improvement, but because of an intervening circumstance, rehabilitation is now considered reasonable
* Previously has been unable to attain rehabilitation goals that are currently considered attainable because of techniques or technology not previously available to the patient. This may include previous trial of outpatient therapy with unsatisfactory response
* Has lost previous level of attained functional independence due to complications or illness and re-obtainment of functional independence currently is feasible
* The patient is medically stable, but has complications that require special care to achieve rehabilitation goals
* There has been some documented objective evidence of a significant change in the patient’s function requiring a planned evaluation or re-evaluation of rehabilitation goals or attainment of goals

## AND

* Patient must meet ***all*** of the following criteria:
* The patient requires the active and ongoing intervention of multiple therapy disciplines, one of which must be physical or occupational therapy.
* The patient must require and actively participate in at least 3 hours of therapy per day at least 5 days per week.
	+ In certain well-documented cases, this intensive rehabilitation therapy program might instead consist of at least 15 hours of intensive rehabilitation therapy within a 7 consecutive day period, beginning with the date of admission to the IRF.
* The patient can reasonably be expected to make measurable improvement (that will be of practical value to improve the patient’s functional capacity or adaptation to impairments) as a result of the rehabilitation treatment.
* The patient must require medical supervision by a rehabilitation physician at least three days per week throughout the stay in order to assess the patient both medically ***and*** functionally and to modify the course of rehabilitation treatment as needed to maximize the patient’s capacity to benefit from rehab.
* The patient must require and receive and intensive and coordinated interdisciplinary approach to providing rehab.

**Admission Criteria-Other Factors**

* Patient must have appropriate and approved benefits for inpatient rehabilitation services. Patients without funding may be considered on an individual basis, based on hospital policies on the provision of charity care
* Patient with known or suspected suicidal intent, mental illness or chemical addition will not be admitted until the psychological status is appropriate for participation in a comprehensive medical rehabilitation program
* When patients require rehabilitation for conditions that are not included in the approved Medicare diagnostic categories, patients will be considered for admission as long as the inpatient rehabilitation facility is able to maintain compliance with the established percentages for the current qualifying period

**Continued Stay Criteria**

Patients are continually monitored to determine the ongoing need and appropriateness of participation in a comprehensive inpatient rehabilitation program. Patient progress and plan of care will be assessed not less than once every seven days to determine progress toward treatment goals and the necessity of continued treatment. Input from the members of the interdisciplinary team is used to continually update the treatment plan and to plan toward discharge.

A patient is considered eligible for continued stay when:

* There is evidence that the patient has reasonable potential to achieve the goals of the rehabilitation program
* The goals of the rehabilitation program include an increase in independence in activities of daily living and self-care
* The members of the clinical team can document significant and continued progress toward the rehab goals
* The goals of treatment can be achieved in a reasonable length of stay
* The patient and, as appropriate, the family participate actively in the care
* The patient is cognitively able to comprehend the goals of the rehab program
* There are no medical or psychological problems that preclude the patient’s benefiting from continuing the comprehensive rehabilitation program

## Discharge Criteria

Discharge criteria establish guidelines for transfer of the patient to the appropriate level of care and facilitate the patients’ discharge from the inpatient rehabilitation program to a community setting or lower level of care with the highest level of functional independence possible.

Discharge criteria include:

* When a patient is determined to have no potential to benefit from comprehensive inpatient rehabilitation program
* When patient reaches a sustained plateau and is unable to make further progress toward rehabilitation goals
* When the patient no longer requires interdisciplinary services to achieve rehabilitation goals or can achieve the rehabilitation goals in a less comprehensive setting
* When the patient has achieved the goals of the rehabilitation program
* When the patient experiences a major surgical or medical intervention that precludes benefit from a continued intensive rehabilitation program
* When the patient experiences a psychological problem that precludes benefit from a continued intensive rehabilitation program
* When the patient/family are no longer willing to be active participants in the program
* When the patient/family exercises legal rights and refuses continued services
* When funding is no longer available unless discharge is in conflict with state or federal regulations that guide participation in programs that cover services or when discharge will result in a negative outcome for the patient

**REFERENCES:**

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| --- | --- |
| **TJC** | **PC.01.01.01****PC.04.01.01****PC.002.02.01****PC.04.02.01****LD.01.03.01****RC.02.01.01** |
| **HFAP** | **26.00.12****26.00.23****26.00.24** |
| **CFR** | **42 CFR 412.23 (b) (2)****42 CFR 412.25****42 CFR 412.29** |
| **SURVEY TAG REFERENCES** | **CMS-437B: A3601****CMS-437A: A3501** |
| **STATE REGS** |  |
| **OTHER** | **Medicare Benefits Policy Manual Chapter 1: 110.2 Inpatient Rehabilitation Facility Medical Necessity Criteria; 110.2.1 Multiple Therapy Disciplines, 110.2.2 Intensive Level of Rehabilitation Services.****Medicare Claims Processing Manual Chapter 3: Inpatient Hospital Billing; 140.1, 140.2** |