Inpatient Rehabilitation Facility Services

Medicare Advantage Medical Policy No.: MNG-004

The Health Plan reserves the right to amend this policy and procedure at any time. Exceptions to this policy and procedure will be made on a case-by-case basis at the total discretion of the Health Plan.

Effective Date: December 27, 2023

Instructions for Use

Inpatient rehabilitation facility (IRF) services are covered when medical criteria for admissions are met. All IRF services must be reasonable and necessary to be covered by the MA plan. Medical necessity determinations will be made in accordance with generally accepted standards of medical practice, taking into account credible scientific evidence published in peer reviewed medical literature generally recognized by the relevant medical community, physician specialty society recommendations, and the views of the physicians practicing in relevant clinical areas, and other relevant factors, as they related to the member's clinical circumstances.

The IRF benefit is designed to provide intensive rehabilitation therapy in a resource intensive inpatient hospital environment for members who, due to the complexity of their nursing, medical management, and rehabilitation needs, require, and can reasonably be expected to benefit from an inpatient stay and an interdisciplinary team approach to the delivery of rehabilitation care.

The services must be reasonable and necessary (in terms of efficacy, duration, frequency, and amount) for the treatment of the member's condition. It must also be reasonable and necessary due to the member's condition to receive a more coordinated, intensive program of multiple services to furnish the care on an inpatient hospital basis, rather than in a less intensive facility such as a Skilled Nursing Facility (SNF) or on an outpatient basis. In general, the goal of IRF treatment is to enable the member's safe return to the home or community-based environment upon discharge from the IRF. The member's IRF medical record is expected to indicate both the nature and degree of expected improvement and the expected length of time to achieve the improvement.

Preauthorization by the Plan is required.

Authorization is appropriate if **each** of the following conditions are met:

1. The member must require the active and ongoing therapeutic intervention of multiple therapy disciplines (physical therapy, occupational therapy, speech-language pathology, or prosthetics/orthotics), one of which must be physical or occupational therapy.
2. The member must generally require an intensive rehabilitation therapy program. Under current industry standards, this intensive rehabilitation therapy program generally consists of at least three (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 fifteen (15) hours of intensive rehabilitation therapy within a seven (7) consecutive calendar day period, beginning with the date of admission to the IRF.

3. The member can only be expected to benefit significantly from the intensive rehabilitation therapy program if the member's condition and functional status at the time of admission are such that the member can reasonably be expected to make measurable improvement (that will be of practical value to the member's functional capacity or adaptation to impairments) as a result of the rehabilitation treatment, and if such improvement can be expected to be made within a prescribed period of time. The patient need not be expected to achieve complete independence in the domain of self-care nor be expected to return to his or her prior level of functioning in order to meet this standard.
4. The member must require physician supervision by a rehabilitation physician, defined as a licensed physician with specialized training and experience in inpatient rehabilitation. The requirement for medical supervision means that the rehabilitation physician must conduct face-to-face visits with the patient at least three (3) days per week throughout the member's stay in the IRF to assess the member both medically and functionally, as well as to modify the course of treatment as needed to maximize the member's capacity to benefit from the rehabilitation process.
5. The member must require an intensive and coordinated interdisciplinary approach to providing rehabilitation. Skilled staff in the IRF program should include: rehabilitiation physician, physical/occupational therapist, and speech-language pathologist.

Coverage Will Not Be Approved for The Following Indications

- When the criteria above are not met.

Medicare Advantage Members

Coverage criteria for Medicare Advantage members can be found in Medicare coverage guidelines in statutes, regulations, National Coverage Determinations (NCD)s, and Local Coverage Determinations (LCD)s. To determine if a National or Local Coverage Determination addresses coverage for a specific service, refer to the Medicare Coverage Database at the following link: https://www.cms.gov/medicare-coverage-database/search.aspx. You may wish to review the Guide to the MCD Search here: https://www.cms.gov/medicare-coverage-database/help/mcd-bene-help.aspx.

When coverage criteria are not fully established in applicable Medicare statutes, regulations, NCDs or LCDs, internal coverage criteria can be developed. This policy is to serve as the summary of evidence, a list of resources and an explanation of the rationale that supports the adoption of the coverage criteria and is to be used by all plans and lines of business unless Federal or State law, contract language, including member or provider contracts, take precedence over the policy.

InterQual® is utilized as a source of medical evidence to support medical necessity and level of care decisions. InterQual® criteria are intended to be used in connection with the independent professional medical judgment of a qualified health care provider. InterQual® criteria are clinically based on best practice, clinical data, and medical literature. The criteria are updated continually and released annually. InterQual® criteria are a first-level screening tool to assist in determining if the proposed services are clinically indicated and provided in the appropriate level or whether further evaluation is required. The utilization review nurse does the first-level screening. If the criteria are met, the case is approved; if the criteria are not met, the case is referred to the medical director.

Reference Sources:

Centers for Medicare and Medicaid Services (CMS). Medicare Benefit Policy Manual, CMS Pub. 100-2, Chap 1 - Inpatient Hospital Services Covered Under Part A, Sec. 110.2 - Inpatient Rehabilitation Facility (IRF) Services (Rev. 10892, 08/06/2021, Effective 11/08/2021). Accessed 12/21/2023. Available at: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c01.pdf.

(n.d.). *Interqual Solution*. https://www.changehealthcare.com/clinical-decision-support/interqual.Last accessed 12-19-2023.

(n.d.). *Final Rule 2024*. https://public-inspection.federalregister.gov/2023-07115.pdf. Last accessed 12-19-2023.

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(n.d.). *CMS Addendum E*. https://www.cms.gov/Files/Document/Mm13031-Hospital-Outpatient-Prospective-Payment-System-January-2023-Update.pdf. Last accessed 12-19-2023.