



Inpatient Rehabilitation Facility Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Inpatient Rehabilitation Facility		
MNG #: 085	<input checked="" type="checkbox"/> CCA Senior Care Options (HMO D-SNP) (MA) <input checked="" type="checkbox"/> CCA One Care (Medicare-Medicaid) (MA)	Prior Authorization Needed? <input checked="" type="checkbox"/> Yes (always required) <input type="checkbox"/> Yes (only in certain situations. See this MNG for details) <input type="checkbox"/> No
Benefit Type: <input checked="" type="checkbox"/> Medicare <input type="checkbox"/> Medicaid	Original Approval Date: 10/14/2021	Effective Date: 2/06/2022; 1/11/2024; 1/1/2025; 5/22/2025
Last Revised Date: 5/30/2022; 01/11/2024; 1/9/2025; 4/10/2025	Next Annual Review Date: 10/14/2022; 5/30/2023; 01/11/2025; 1/9/2026	Retire Date:

OVERVIEW:

Inpatient rehabilitation hospitals and rehabilitation units of acute-care hospitals, collectively known as Inpatient Rehabilitation Facilities (IRFs), provide intensive rehabilitation therapy in a resource-intensive inpatient hospital environment for patients who, because of 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 Medicare Benefit Policy Manual (the Manual), Pub. No. 100-02, chapter 1, § 110). The goal-oriented rehabilitative services require the skills of a rehabilitation physician with specialized training and experience in rehabilitative services, a registered nurse with specialized training and experience in rehabilitation, a social worker or case manager (or both), and a licensed physical, speech/language and occupational therapists to safely and effectively furnish a recognized therapy service whose goal is improvement of an impairment or functional limitation for patients that are admitted to an Acute Rehabilitation Hospital.

Interdisciplinary services are those provided by a treatment team in which all members participate in a coordinated effort to benefit the patient and the patient's significant others and caregivers. Interdisciplinary services, by definition, cannot be provided by only one discipline. Though individual members of the interdisciplinary teamwork within their own scopes of practice, each professional is also expected to coordinate with team members of other specialties, as well as with the patient and the patient's significant others and caregivers. The purpose of the interdisciplinary team is to foster frequent, structured, and documented communication among disciplines to establish, prioritize, and achieve treatment goals. The interdisciplinary team must be led by a rehabilitation physician, remotely or in person, and meet weekly at minimum.

DEFINITIONS:

Inpatient Rehabilitation Facility (IRF) — A facility, or a unit within a facility, devoted to the provision of comprehensive services to patients whose handicaps are primarily physical, coordinated with efforts to minimize the patient's behavioral, social, and vocational disadvantages. The course of treatment is limited to the period in which the member continues to make progress toward his or her treatment goal, as described in the member's service plan.

Inpatient Rehabilitation Facility Medical Necessity Guideline

Medical Doctor (MD) – A physician provider who is registered and licensed to practice medicine.

Non-physician practitioner (NPP) – A nurse practitioner, physician’s assistant, or clinical nurse specialist who is licensed in Massachusetts to perform medical services according to their scope of practice. Ordering non-physician practitioners are also allowed to conduct face-to-face encounters. In the case of nurse practitioners and nursing specialists, ordering is permitted only when the nurse is under the supervision of a physician or has a collaborative practice agreement with a physician.

Social Worker (SW) – An individual who by training and experience meets the requirements for licensing by the board and is duly licensed to engage in the practice of social work in the commonwealth by offering and providing services which involve the application of social work theory and methods in the prevention, treatment, or resolution of behavioral and emotional disorders or family or social dysfunctioning caused by physical illness, intrapersonal conflict, interpersonal conflict or environmental stress. Such professional services may include, but shall not be limited to, the formulation of a psychosocial evaluation, counseling, psychotherapy of a nonmedical nature, referral to community resources, and the development and provision of educational programs.

Case Manager (CM) – For the purposes of this MNG, a healthcare professional who helps members and their families navigate the rehabilitation process at an inpatient rehabilitation facility.

Physical Therapy (PT) - Skilled therapy services, including diagnostic evaluation and therapeutic intervention, which are designed to improve, develop, correct, rehabilitate, or prevent the worsening of physical functional capabilities that are impaired or have been reduced as a result of specific disease, injury, or congenital disorder. Skilled physical therapy incorporates services such as individual rehabilitative exercises, skilled manual techniques, therapeutic modalities, assistive and adaptive devices, and physical agents and mechanical modalities.

Occupational Therapy (OT) - Skilled therapy services, including diagnostic evaluation and therapeutic intervention, which are designed to improve, develop, correct, rehabilitate, or prevent the worsening of functions that affect the activities of daily living (ADLs), including self-care (i.e., bathing, dressing, feeding, grooming, toileting) and instrumental activities of daily living (IADLs) that are impaired or have been reduced as a result of specific disease, injury, or congenital disorder. Skilled occupational therapy programs are designed to improve quality of life by recovering competence and preventing further injury or disability, and to improve the individual’s ability to perform tasks required for independent functioning. MassHealth-approved prescribers for home health agencies are physicians and podiatrists; approved prescribers for outpatient therapy providers or independent therapists are physicians and nurse practitioners.

Registered Nurse - The designation given to an individual who is licensed to practice professional nursing, holds ultimate responsibility for direct and indirect nursing care, is a graduate of a Board approved school for professional nursing, and is currently licensed as a Registered Nurse.

Speech Language Therapy (SLT) – Those services necessary for the diagnosis or evaluation and treatment of

Inpatient Rehabilitation Facility Medical Necessity Guideline

communication disorders that result from swallowing (dysphagia), speech-language, and cognitive-communication disorders. Communication disorders are those that affect speech sound production, resonance, voice, fluency, language, and cognition. Speech-language therapy services are designed to improve, develop, correct, rehabilitate, or prevent the worsening of communication and swallowing skills that have been lost, impaired, or reduced as a result of acute or chronic medical conditions, congenital anomalies, developmental conditions, or injuries. Potential etiologies of communication and swallowing disorders include neonatal problems, developmental disabilities, auditory problems, oral, pharyngeal, and laryngeal anomalies, respiratory compromise, neurological disease or dysfunction, psychiatric disorders, and genetic disorders.

DECISION GUIDELINES:

Clinical Coverage Criteria:

1. Inpatient Rehabilitation Facility services are considered reasonable and necessary when there is a reasonable expectation that all of the following criteria (a-f) are met at the time of admission:
 - a. The member can reasonably be expected to actively participate in, and benefit significantly from, the intensive rehabilitation therapy program.
 - b. The member requires the active and ongoing therapeutic intervention of multiple therapy disciplines (PT, OT, SLT, or prosthetics/orthotics), one of which must be PT or OT.
 - c. The member is sufficiently stable at the time of the IRF admission and is able to actively participate in the intensive rehabilitation therapy program.
 - d. The member requires an intensive therapy program; under industry standard, this is usually three (3) hours of combined therapy per day, at least 5 days per week; in certain, well-documented cases, this therapy might consist of at least fifteen (15) hours of therapy within a seven (7) consecutive calendar day period, beginning with day of admission to IRF.
 - e. The member requires MD supervision by a rehabilitation physician, defined as a licensed physician with specialized training and experience in IRF. The requirement for MD supervision means that the rehabilitation physician must complete a face-to-face visit with the patient at least 3 days/week (beginning with the first week) throughout the admission in the IRF to assess the patient both medically and functionally, as well as to modify the course of treatment as needed to maximize the patient's capacity to benefit from the rehabilitation process. In the second, third, fourth, and the weeks thereafter, a non-physician practitioner (NPP) may conduct one of the three required face to face visits per week so long as it is within the NPP's scope of practice.
 - f. A comprehensive preadmission screening has been completed that meets all the following requirements:
 - Conducted by a licensed or certified clinician designated by a rehabilitation physician.
 - Conducted more than 48 hours immediately preceding the IRF admission, with comprehensive screening planned to be updated within 48 hours immediately following the IRF admission.
2. The authorizing clinician must determine that the member requires rehabilitative services based on the plan of care that was developed by the IRF. The services shall be of such a level of complexity and sophistication, or the condition of the member shall be such that the services required can only be safely and effectively performed by a qualified clinician, or therapists supervising assistants.

Inpatient Rehabilitation Facility Medical Necessity Guideline

3. Concurrent Reviews must occur every 7 days by a CCA Clinician conducting weekly collaboration with facility case manager to discuss current plan of care and discharge planning. This will include review of clinical documentation to determine continued need based on the following IRF criteria:

The member must require acute inpatient level of care based on all of the following clinical needs, according to the following Medicare criteria or evidence based clinical support tools:

- Relatively intense, multi-disciplinary rehabilitation provided by a coordinated team of physical therapists, occupational therapists, speech language therapists, nurses and/or other professionals supervised by a physician with experience or training in rehabilitation medicine.
 - MD oversight 3x/week, allowing one of the three visits/week to be performed by a NPP, and 24-hour MD availability
 - Daily skilled nursing services
 - Rehabilitation 3 hours of therapy per day at least 5 days per week provided by a minimum of 2 therapies or 15 hours of therapy in 7 consecutive calendar days in well documented cases
- Reasonable and attainable goals
- Ability and willingness to participate in an intensive rehabilitation program.
- Presence of a condition that cannot be handled at a lower level of care

LIMITATIONS/EXCLUSIONS:

1. Services that do not require the professional skills of a therapist to perform or supervise are not medically necessary, even if they are performed or supervised by a therapist or physician. Therefore, if a patient's therapy can proceed safely and effectively through a home exercise program, self-management program, restorative nursing program or caregiver assisted program, payment cannot be made for therapy services.
2. If at any point in the treatment it is determined that the treatment becomes repetitive and does not require the unique skills of a therapist, the services are non-covered.
3. If a member's limited ability to comprehend instructions, follow directions, or remember skills that are necessary to achieve an increase in function, is so severe as to make functional improvement very unlikely, rehabilitative therapy is not required, and therefore, is not covered. However, limited services in these circumstances may be covered with supportive documentation if the skills of a therapist are required to establish and teach a caregiver a safety or maintenance program.
 - This does not apply to the limited situations where rehabilitative therapy is reasonable, and achieving meaningful goals is appropriate, even when a member does not have the ability to comprehend instructions, follow directions or remember skills. Examples include sitting and standing balance activities that help a patient recover the ability to sit upright in a seat or wheelchair, or safely transfer from the wheelchair to a toilet.
 - This does not apply to members experiencing an unexpected clinical event during their IRF admission which limits the patient from participating in the intensive rehabilitation program for a limited period of time, not to exceed 3 consecutive days.
 - Examples may include extensive diagnostic tests off premises, prolonged intravenous infusion of chemotherapy or blood products, bed rest due to signs of deep vein thrombosis, exhaustion

Inpatient Rehabilitation Facility Medical Necessity Guideline

due to recent ambulance transportation, surgical procedure, etc.

- The specific reasons for the break in the provision of therapy services should be documented in the patient's IRF medical record and should not affect the determination of the medical necessity of the IRF admission.

4. Prior authorizations are required for all Inpatient Rehabilitation Facility admissions. Authorization decisions require documentation of an in-person assessment of the member by a licensed physical therapist, speech/language pathologist, or occupational therapist; the documentation must show why rehabilitative services are needed, what goals are to be achieved, and an approximate timeframe in which the goals can be expected to be achieved. (Note: the time indicated in the assessment shall not be considered a limitation; it will, however, guide when additional information may be requested to document the need for continued coverage).

REFERENCES:

1. Medicare Benefit Policy Manual Chapter 1 - Inpatient Hospital Services Covered Under Part A (Rev. 10892, 08-06-21). Accessed 12/19/2024. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c01.pdf>
2. Title 42 Code of Federal Regulations 42 CFR SS412.622(a)(3), (4), (5). Last amended 12/17/2024. Accessed 12/19/2024 <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-412/subpart-P/section-412.622>
3. 130 CMR 435.000: DIVISION OF MEDICAL ASSISTANCE CHRONIC DISEASE AND REHABILITATION INPATIENT HOSPITAL SERVICE. MA REG. # 1302, Dated 12-18-15. Accessed 12/19/2024. <https://www.mass.gov/doc/130-cmr-435-chronic-disease-and-rehabilitation-inpatient-hospital-services/download>

Disclaimer

Commonwealth Care Alliance (CCA) follows applicable Medicare and Medicaid regulations and uses evidence based InterQual® criteria, when available, to review prior authorization requests for medical necessity. This Medical Necessity Guideline (MNG) applies to all CCA Products unless a more expansive and applicable CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), or state-specific medical necessity guideline exists. Medical Necessity Guidelines are published to provide a better understanding of the basis upon which coverage decisions are made. CCA makes coverage decisions on a case-by-case basis by considering the individual member's health care needs. If at any time an applicable CMS LCD or NCD or state-specific MNG is more expansive than the criteria set forth herein, the NCD, LCD, or state-specific MNG criteria shall supersede these criteria.

Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. This Medical Necessity Guideline is subject to all applicable Plan Policies and Guidelines, including requirements for prior authorization and other requirements in Provider's agreement with the Plan (including complying with Plan's Provider Manual specifications).

This Medical Necessity Guideline is not a rigid rule. As with all CCA's criteria, the fact that a member does not meet these criteria does not, in and of itself, indicate that no coverage can be issued for these services. Providers are advised, however, that if they request services for any member who they know does not meet our criteria, the request should be accompanied by clear and convincing documentation of medical necessity. The preferred type of documentation is the letter of medical necessity, indicating that a request should be covered either because there is supporting science indicating medical necessity [supporting literature (full text preferred) should be attached to the request], or describing the member's unique clinical circumstances, and describing why this service or supply will be more effective and/or less



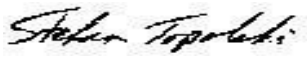
Inpatient Rehabilitation Facility Medical Necessity Guideline


costly than another service which would otherwise be covered. Note that both supporting scientific evidence and a description of the member's unique clinical circumstances will generally be required.

REVISION LOG:

REVISION DATE	DESCRIPTION
4/10/2025	Title change: Removed "Determination and Documentation of Medical Necessity in an".
1/21/2025	Utilization Management Committee Approval
1/9/2025	Annual Review: Removed MAPD product applicability; updated DEFINITIONS; updated to current template; added reference.
6/25/2024	Utilization Management Committee Approval
1/11/2024	Added language to include use of NPPs for assessments and use of brief exception periods under limitations. Updated references. Updated clinical lead and CMO.
12/31/23	Utilization Management Committee approval
05/30/2022	Template changed to include PA requirements and benefit type. Business owner changed.

APPROVALS:

Stefan Topolski	Senior Medical Director
CCA Clinical Lead	Title
	5/8/2025
Signature	Date
CCA Senior Operational Lead	Title
Signature	Date

Nazlim Hagmann	Chief Medical Officer
CCA CMO or Designee	Title
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