

STRIDESM (HMO) MEDICARE ADVANTAGE

Effective Date: January 1, 2017

Subject: Inpatient Rehabilitation Facility and Long-Term Acute Care Hospital Services

Policy:

Harvard Pilgrim StrideSM (HMO) Medicare Advantage Acute Rehabilitation benefits cover:

- Services provided in Inpatient Rehabilitation Facilities (IRFs) when the member requires significant medical care, and can be expected to benefit from, an intensive interdisciplinary team approach to the delivery of rehabilitative care.
- Services provided in Long-Term Acute Care (LTAC) hospitals when the member requires, and can be expected to benefit from, the intensive management of complex medical needs.

All covered IRF and LTAC hospital services must be:

- Reasonable and medically necessary based on the member's condition, complexity of requested service(s), and accepted standards of clinical practice;
- An essential part of active treatment of the member's medical condition, and ordered under a plan of care established and reviewed regularly by the attending physician caring for the member; and
- Furnished by provider(s) with appropriate state licensure, and accreditation/certification from an appropriate accrediting organization.¹
 - To assure patient safety and the achievement of medically desired result(s), covered services must be provided in licensed facilities that are fully equipped, and capable of providing required care (including 24 hour availability of nursing and physician services).²

¹ Appropriate accrediting organizations include the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO), or another Centers for Medicare and Medicaid Services (CMS) Approved Accrediting Organization.

² A licensed IRF must provide intensive physical, occupational, and speech therapies with involvement of other disciplines (e.g., physiatry/physical medicine, psychologists, orthotists, prosthetists, vocational counselors) as appropriate. A licensed LTAC must provide complex medical care for patients with serious medical problems that require intense, special treatment (e.g., ventilator or other life support medical assistance, multiple and prolonged IV therapies).

Medical Review Criteria

Inpatient Rehabilitation and Long-Term Acute Care Hospital Services

Page 1 of 6

Harvard Pilgrim StrideSM (HMO) policies are based on medical science and relevant information including current Medicare coverage (including National and Local Coverage Determinations), Harvard Pilgrim medical policies, and Harvard Pilgrim StrideSM (HMO) Medicare Advantage Plan materials. These policies are intended to provide benefit coverage information and guidelines specific to the Harvard Pilgrim StrideSM (HMO) Medicare Advantage Plan. Providers are responsible for reviewing the CMS Medicare Coverage Center guidance; in the event that there is a conflict between this document and the CMS Medicare Coverage Center guidance, the CMS Medicare Coverage Center guidance will control.

Typically, the member's family and/or caregivers are expected to actively participate in learning techniques and medical management that will be needed to assist the patient at home upon discharge.

- Services may not be denied because a member is not expected to return to his/her prior level of function; it is sufficient if the goal and result are for the patient to adapt to his/her disability and/or make progress that is of practical value to the member.

Authorization:

Prior authorization from Harvard Pilgrim StrideSM (HMO) Medicare Advantage is required for all IRF and LTAC admissions.

A preadmission evaluation of the patient's condition and need for IRF or LTAC level of care is required, and must document ALL the following:

1. Baseline level of function, and summary of medical history that has led to the need for IRF or LTAC level of care;
2. Medical treatment needs (e.g., physical therapy, occupational therapy, speech-language pathology, telemetry, vent weaning, specialized nursing care), including expected frequency and duration of treatment, and other information relevant to the individual member's care needs;
3. Prognosis including expected level of improvement, and anticipated length of stay necessary to achieve that level of improvement.

Requests for admission to IRF and/or LTAC settings for members with conditions listed below must be discussed with an HPHC UM physician before services are authorized.³

- Recovery from Single Hip Fracture
- Recovery from Single Hip Replacement
- Recovery from Single Knee Replacement
- Amputation of a single limb in the absence of co-morbidities
- Amputation of single hand, foot or amputation of fingers and toes
- Routine post-operative major surgery, orthopedic surgery, or neurosurgery
- Spinal fracture without neurologic deficit
- Minor trauma
- Pain rehabilitation

³ HPHC UM physicians review and decide these requests on a case by case basis. IRF and/or LTAC settings may be authorized only when medical record documentation confirms the member's need for a multidisciplinary, coordinated rehabilitation program (provided by a team of professionals) which is not available at a skilled nursing facility or on an outpatient basis.

Medical Review Criteria

Inpatient Rehabilitation and Long-Term Acute Care Hospital Services

Page 2 of 6

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- Transient Ischemic Attacks (TIA) and questionable ischemic events
- Coma stimulation
- Routine cardiac rehabilitation
- Routine pulmonary rehabilitation
- Acute exacerbation of chronic illness and general debilitation
- Auto-immune and related diseases with diffuse manifestations

Medical necessity of ongoing inpatient IRF/LTAC care is evaluated through concurrent review.

Criteria:

Inpatient care in an IRF or LTAC is authorized when Harvard Pilgrim StrideSM (HMO) Medicare Advantage determines services are medically necessary and cannot, as a practical matter, be safely provided in a less restrictive clinical setting. Relevant Criteria (below) must be met.

Service	Criteria	Additional Information
IRF Admission	<p>Medical record documentation must confirm the member meets ALL the following:</p> <ol style="list-style-type: none"> 1. Has a significant functional impairment and intensive medical needs; 2. Is willing and able to participate in an intensive rehabilitation therapy program (i.e., at least 15 hours of skilled therapy per week)⁴, and can reasonably be expected to benefit from the program. 3. Requires physician management⁵, monitoring and treatment (at least 3x/week) by a licensed physician with specialized training and experience in inpatient rehabilitation AND: <ol style="list-style-type: none"> a. Skilled nursing care several times a day; AND b. Active and ongoing therapeutic 	<p>Members with significant cognitive, neurological and/or behavioral impairment may not be able to consent to, or actively cooperate/participate with therapies. Requests for IRF admission for members who are able to physically tolerate, but unable to actively participate in an intensive rehabilitation therapy program may be authorized if the member’s needs cannot be safely met in a less restrictive clinical setting (e.g., SNF).</p>

⁴ An intensive rehabilitation therapy program typically consists of 3 or more hours of skilled therapies per day at least 5 days per week, but may consist of at least 15 hours of skilled therapy within a 7-consecutive day period when supported by appropriate documentation.

⁵ Physician management must include treatment modification(s) as appropriate to maximize the member’s capacity to benefit from the rehabilitation process.

Medical Review Criteria

Inpatient Rehabilitation and Long-Term Acute Care Hospital Services

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Service	Criteria	Additional Information
	intervention by at least two therapy disciplines (i.e., physical therapy, occupational therapy, speech-language pathology), one of which must be physical or occupational therapy.	
IRF Continued Stay	<p>Medical record documentation confirms member meets ALL the following:</p> <ol style="list-style-type: none"> 1. Is tolerating rehabilitative services, and making significant improvements toward established goals⁶; 2. Has ongoing need for intensive interdisciplinary team approach to rehabilitative care, including regular⁷ rehabilitation physician assessment and treatment modification to maximize the member's capacity to benefit from therapeutic interventions; 3. Needed care cannot be safely and effectively managed in a less restrictive clinical setting. 	<p>If an unexpected clinical event (e.g., extensive off-site diagnostic tests), or decompensation of the member's medical condition (e.g., CHF, COPD, or surgical procedure) significantly limits the member's ability to participate in the therapy program, a limited break in service (usually ≤ 3 days) should not affect the determination of medical necessity. Specific reasons for the limited break in service must be documented in the medical record.⁸</p>
LTAC Admission	<p>Medical record documentation confirms the member meets ALL the following:</p> <ol style="list-style-type: none"> 1. Has significant functional impairment(s), and medical needs that require complex medical treatment (e.g., ventilator weaning, telemetry, multiple and prolonged IV therapies); 2. Requires complex medical treatment 	

⁶ Improvements must be ongoing, sustainable, and of practical value.

⁷ Regular rehabilitation physician assessment should occur at least 3x/week, more frequently if indicated.

⁸ If the break in service persists beyond 3 days, and member is unable to meet the demands of the IRF rehabilitation program, he/she may continue to receive treatment in the IRF only until HPHC determines care can be safely be managed in a less restrictive clinical setting, and placement in the appropriate setting is arranged.

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Service	Criteria	Additional Information
	including at least daily physician evaluation, and ≥ 6.5 hours of skilled nursing services and/or ≥ 3 respiratory therapy interventions per day; 3. Needed services are not available, or cannot be safely managed in a less intense clinical setting.	
LTAC Continued Stay	Medical record documentation confirms the member requires ALL the following: 1. LTAC setting for active management of complex medical needs (i.e., care cannot be safely and effectively managed in a less restrictive clinical setting); 2. Daily physician assessment of medical and functional status including treatment modification to maximize member's capacity to benefit from therapeutic intervention(s).	

Exclusions:

Harvard Pilgrim StrideSM (HMO) Medicare Advantage does not cover admission to, or ongoing care in, IRF or LTAC settings when criteria above are not met.

In addition, Harvard Pilgrim StrideSM (HMO) Medicare Advantage does not cover:

- Massage therapy that is not part of an authorized multi-modality treatment plan appropriate to the patient's plan of care
- Vocational or prevocational assessment and training related solely to specific employment opportunities, work skills or work settings
- General exercises that promote overall fitness
- Activities that provide a diversion or general motivation
- Recreational therapy

Coding: Codes are listed for informational purposes only, and do not guarantee member coverage or provider reimbursement. The list may not be all-inclusive.

CPT® Code	Description
	TBD

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Approved by UMCP: 9/28/16

- Initial Approval: 8/12/15 (effective 1/1/16)

Summary of Changes

Date	Revision
9/28/16	Minor language and formatting changes.

References:

1. Medicare Benefit Policy Manual, Chapter 1, Section 110 – Inpatient Rehabilitation Facility (IRF) Services at <http://www.cms.hhs.gov/manuals/Downloads/bp102c01.pdf>. (Accessed 9/21/16)
2. CMS NCD 10.3 Inpatient Hospital Pain Rehabilitation Programs
3. CMS NCD 240.8 Pulmonary Rehabilitation Services

Medical Review Criteria

Inpatient Rehabilitation and Long-Term Acute Care Hospital Services

Page 6 of 6

Harvard Pilgrim StrideSM (HMO) policies are based on medical science and relevant information including current Medicare coverage (including National and Local Coverage Determinations), Harvard Pilgrim medical policies, and Harvard Pilgrim StrideSM (HMO) Medicare Advantage Plan materials. These policies are intended to provide benefit coverage information and guidelines specific to the Harvard Pilgrim StrideSM (HMO) Medicare Advantage Plan. Providers are responsible for reviewing the CMS Medicare Coverage Center guidance; in the event that there is a conflict between this document and the CMS Medicare Coverage Center guidance, the CMS Medicare Coverage Center guidance will control.