



## NHS MEDICAL POLICY

### Acute Rehabilitation Admission Alternative Care 2014-002

The most cost-effective option that meets the member's needs will be considered.

Acute Rehabilitation admission may be indicated when **ALL** the following are present:

1	Medical care needs are stabilized and do not require acute medical hospitalization.
2	<p>Patient status supports active participation in, and benefit from, intensive rehabilitation that include <b>ALL</b> the following:</p> <ul style="list-style-type: none"> <li>• Intensive rehabilitation therapy program (a minimum of 3 hours per day, 7 days per week)</li> <li>• Goals for measurable improvement</li> <li>• Close physician involvement</li> <li>• Coordinated interdisciplinary team approach</li> </ul>
3	<p>Skilled therapy services are needed for <b>1 or more</b> of the following:</p> <ul style="list-style-type: none"> <li>• Environmental and active modification for ADL performance</li> <li>• Equipment and adaptive technology use and safety</li> <li>• Functional activity evaluation and treatment</li> <li>• Motor control and balance evaluation and training</li> <li>• Positioning techniques and training</li> <li>• Prosthetic or orthotic evaluation and training</li> <li>• Safety awareness training related to functional mobility and ADL performance</li> <li>• Strength evaluation and training</li> <li>• Therapeutic exercises or activities supervision to ensure patient safety and treatment effectiveness</li> </ul>
4	<p>Multidisciplinary therapy services are needed for <b>2 or more</b> of the following:</p> <ul style="list-style-type: none"> <li>• Physical therapy (PT)</li> <li>• Occupational therapy (OT)</li> <li>• Speech-language pathology (SLP) therapy</li> <li>• Orthotics/prosthetics</li> </ul>

## SOURCES

1. MCG 18th edition, General Recovery Facility Comparison Tool GRG: CG-GRFAC (RFC)
2. Center for Medicare & Medicaid Services. Medicare benefit policy manual. Chapter 1- inpatient services covered under part A (internet) Center for Medicare & Medicaid Services 2010 Jan accessed at <http://www.cms.gov/manuals> accessed Sept 2014

**CODE REFERENCE** (This may not be a comprehensive list of codes to apply to this policy.)

## POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
09/25/2015	Annual review and approval by UM Committee
06/16/2016	Changed from Post Hospital Care (PHC) to Alternative Care (AC)
06/14/2017	Annual review and approval by UM Committee
06/13/2018	Annual review and approval by UM Committee
06/12/2019	Annual review and approval by UM Committee
06/11/2020	Annual review and approval by UM Committee
06/11/2021	Annual review and approval by UM Committee
06/10/2022	Annual review and approval by UM Committee
05/26/2023	Annual review and approval by UM/QM Committee
05/20/2024	Annual review and approval by UM/QM Committee
03/24/2025	Annual review and approval by UM/QM Committee