



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 ALL the following:</p> <ul style="list-style-type: none"> • Intensive rehabilitation therapy program (a minimum of 3 hours per day, 7 days per week) • Goals for measurable improvement • Close physician involvement • Coordinated interdisciplinary team approach
3	<p>Skilled therapy services are needed for 1 or more of the following:</p> <ul style="list-style-type: none"> • Environmental and active modification for ADL performance • Equipment and adaptive technology use and safety • Functional activity evaluation and treatment • Motor control and balance evaluation and training • Positioning techniques and training • Prosthetic or orthotic evaluation and training • Safety awareness training related to functional mobility and ADL performance • Strength evaluation and training • Therapeutic exercises or activities supervision to ensure patient safety and treatment effectiveness
4	<p>Multidisciplinary therapy services are needed for 2 or more of the following:</p> <ul style="list-style-type: none"> • Physical therapy (PT) • Occupational therapy (OT) • Speech-language pathology (SLP) therapy • Orthotics/prosthetics

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