



## NHS MEDICAL POLICY

### Brain Injury Outpatient Rehabilitation AC 2015-002

Brain Injury Outpatient Rehabilitation may be indicated when ALL of the following are present:

#### A. INITIAL REQUEST

1	The member has a traumatic or acquired brain injury that is no more than 6 months old.
2	The member was active in the home setting prior to the injury.
3	The member does not have active psychiatric disorders or substance abuse problems.
4	The member is responsive and demonstrates the ability to participate in, and benefit from, intensive brain injury rehabilitation that includes <b>ALL</b> of the following: <ul style="list-style-type: none"> <li>• Intensive outpatient rehabilitation therapy program</li> <li>• Goals for measurable improvement</li> <li>• Coordinated interdisciplinary team approach</li> </ul>
5	Multidisciplinary therapy services are needed for <b>2 or more</b> of the following: <ul style="list-style-type: none"> <li>• Physical therapy (PT)</li> <li>• Occupational therapy (OT)</li> <li>• Speech-language pathology (SLP) therapy</li> <li>• Cognitive therapy</li> <li>• Pulmonary rehabilitation</li> <li>• Prosthetic or orthotic evaluation and training</li> </ul>
6	Brain Injury Outpatient Rehabilitation program requirements are met (e.g. if tube fed – able to self-administer bolus feeding or a family member will arrive to do so, etc.)
7	Medical care needs are stabilized and do not require acute medical hospitalization.

## B. CONTINUATION OF TREATMENT REQUEST

Continuation of treatment may be indicated when ALL of the following are present:

1	The member does not have active psychiatric disorders or substance abuse problems.
2	The member is responsive and demonstrates the ability to participate in, and benefit from, intensive brain injury rehabilitation that includes <b>ALL</b> of the following: <ul style="list-style-type: none"><li>• Intensive outpatient rehabilitation therapy program</li><li>• Goals for measurable improvement</li><li>• Coordinated interdisciplinary team approach</li></ul>
3	Multidisciplinary therapy services are needed for <b>2 or more</b> of the following: <ul style="list-style-type: none"><li>• Physical therapy (PT)</li><li>• Occupational therapy (OT)</li><li>• Speech-language pathology (SLP) therapy</li><li>• Cognitive therapy</li><li>• Pulmonary rehabilitation</li><li>• Prosthetic or orthotic evaluation and training</li></ul>
4	Brain Injury Outpatient Rehabilitation program requirements are met (e.g. if tube fed – able to self-administer bolus feeding or a family member will arrive to do so, etc.)
5	Medical care needs are stabilized and do not require acute medical hospitalization.
6	Brain Injury Outpatient Rehabilitation notes have been submitted, which include the following documentation: <ul style="list-style-type: none"><li>• The member and family/caregiver (if needed) have been participating.</li><li>• There is improvement in specific target functional status, behaviors and skills.</li><li>• There is progress toward explicit and measurable goals</li><li>• There are still explicit and measurable goals to be achieved with future therapy.</li></ul>

## SOURCES

1. Barker-Collo SL, et al. Reducing attention deficits after stroke using attention process training: a randomized controlled trial. *Stroke*. 2009; 40(10):3293-3298.
2. Centers for Medicare and Medicaid Services (CMS). National Coverage Determination: Institutional and Home Care Patient Education Programs. NCD #170.1.
3. Chestnut RM, Carney N, Maynard H, et al. Rehabilitation for traumatic brain injury. Rockville, MD: Agency for Health Care Policy and Research. February 1999.
4. Salazar AM, Warden DL, Schwab K, et al. Cognitive rehabilitation for traumatic brain injury: a randomized trial. *JAMA*. 2000; 283(23):3075-3081.
5. Turner-Stokes L, et al. Multi-disciplinary rehabilitation for acquired brain injury in adults of working age. *Cochrane Database Syst Rev*. 2005 Jul 20;(3):CD004170.

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

**POLICY HISTORY/REVISION INFORMATION**

Date	Action/Description
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