

	<p align="center"><b>Inpatient Rehabilitation Services Guideline</b></p>	
<p align="center"><b>Guideline #</b> 6200</p>	<p align="center"><b>Categories</b> Clinical → Care Management CM, TCHP Guidelines, Utilization Management UM</p>	<p align="center"><b>This Guideline Applies To:</b> Texas Children's Health Plan</p>
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**GUIDELINE STATEMENT:**

Texas Children's Health Plan (TCHP) performs authorization of all Inpatient Rehabilitation Services performed in a freestanding rehabilitation facility

**DEFINITIONS:**

- **Inpatient Rehabilitation Services** include medically necessary items and services ordinarily furnished by a Medicaid hospital or by an approved out-of-state hospital under the direction of a physician for the care and treatment of inpatient clients. Inpatient rehabilitation services will be considered for an acute problem or an acute exacerbation of a chronic problem resulting in a significant decrease in functional ability that will benefit from inpatient rehabilitation services. A condition is considered to be acute or an acute exacerbation of a chronic condition only during the six months from the onset date of the acute condition or the acute exacerbation of the chronic condition.
- **Inpatient Rehabilitation Services**, furnished pursuant to physician orders, require the skills of qualified technical or professional health personnel such as registered nurses, physical therapists, occupational therapists and speech pathologists or audiologists. These services must be provided directly by or under the general supervision of these skilled nursing or skilled rehabilitation personnel to assure the safety of the individual and to achieve the medically desired result.

**PRIOR AUTHORIZATION GUIDELINES**

1. **Inpatient Rehabilitation Services** are a benefit of Texas Medicaid when provided as part of a general acute care inpatient admission, or with prior authorization for clients who are 20 years of age and younger in a freestanding rehabilitation facility. Inpatient rehabilitation services in an acute care setting are included in the hospital DRG payment. [TMPPM Inpatient and Outpatient Hospital Services Handbook, Section 3.3]
2. All requests for prior authorization for **Inpatient Rehabilitation Services** are received via fax, phone or mail by the Utilization Management Department and processed during normal business hours.

3. TCHP requires clinical documentation to be provided to support the medical necessity of **Inpatient Rehabilitation Services** that may include:
  - 2.1. A preadmission evaluation of the patient's condition and need that documents the following:
    - 2.1.1. Baseline level of function, and summary of medical history that has led to the need for **Inpatient Rehabilitation Services**
    - 2.1.2. Medical treatment needs (e.g., skilled therapies and/or specialized nursing care), including expected frequency and duration of treatment, and other information relevant to the member's care needs;
    - 2.1.3. Prognosis including expected level of improvement, and anticipated length of stay required to achieve that level of improvement;
    - 2.1.4. Signed Physician order for **Inpatient Rehabilitation Services**
4. **Inpatient Rehabilitation Services** are **medically necessary** when ALL of the following criteria are met:
  - 4.1. The client has an acute problem or an acute exacerbation of a chronic problem resulting in a significant decrease in functional ability that will benefit from inpatient rehabilitation services.
  - 4.2. The intensity of necessary rehabilitative service cannot be provided in the outpatient setting.
  - 4.3. The client requires and will receive multidisciplinary team care defined as at least two therapies (occupational therapy (OT), physical therapy (PT), and/or speech therapy (ST)).
  - 4.4. This therapy will be provided for a minimum of three hours per day, five days per week.
5. Inpatient rehabilitation may be prior authorized for up to two months when the attending physician submits documentation of medical necessity.
  - 5.1. The treatment plan must indicate that the client is expected to improve within a 60-day period and be restored to a more functional lifestyle for an acute condition or the previous level of function for an acute exacerbation of a chronic condition.
6. Requests for subsequent services for increments up to 60 days may be prior authorized based on medical necessity.
7. Requests for prior authorization of subsequent services must be received before the end-date of the preceding prior authorization.
  - 7.1. A prior authorization request for an additional 60 days of therapy will be considered with documentation supporting medical necessity. Supporting documentation for an initial request must include the following:
    - 7.1.1. The request for inpatient rehabilitation and the treatment plan must be signed and dated by the physician. The physician's signature is valid for no more than 60 days prior to the requested start of care date.
    - 7.1.2. A CCP Prior Authorization Request Form signed and dated by the physician.
    - 7.1.3. A current therapy evaluation with the documented age of the client at the time of evaluation.

7.1.4. Therapy goals related to the client's individual needs; goals may include improving or maintaining function, or slowing of deterioration of function.

7.1.5. An updated written comprehensive treatment plan established by the attending physician or by the therapist to be followed during the inpatient rehabilitation admission that:

7.1.5.1. Is under the leadership of a physician and includes a description of the specific therapy being prescribed, diagnosis, treatment goals related to the client's individual needs, and duration and frequency of therapy.

7.1.5.2. Includes the date of onset of the illness or injury requiring the freestanding inpatient rehabilitation facility admission.

7.1.5.3. Includes the requested dates of service.

7.1.5.4. Incorporates an active interdisciplinary team.

7.1.5.5. Consists of at least two appropriate physical modalities (OT, PT, and/or ST) designed to resolve or improve the client's condition.

7.1.5.6. Includes a minimum of three hours of team interaction with the client every day, five days per week.

7.1.6. In addition to the documentation for an initial request, supporting documentation for a request for subsequent services must include the following

7.1.6.1. A brief synopsis of the outcomes of the previous treatment relative to the debilitating condition.

7.1.6.2. The expected results to be achieved by an extension of the active treatment plan, and the time interval at which this extension outcome should be achieved.

7.1.6.3. Discussion why the initial two months of inpatient rehabilitation has not met the client's needs and why the client cannot be treated in an outpatient setting.

7.2. A request for prior authorization must include documentation from the provider to support the medical necessity of the service.

[TMPPM Children's Services Manual 2.17.3]

8. Requests that do not meet the criteria established by this procedure will be referred to a TCHP Medical Director for review and the Denial Policy will be followed.

9. Preauthorization is based on medical necessity and not a guarantee of benefits or eligibility. Even if preauthorization is approved for treatment or a particular service, that authorization applies only to the medical necessity of treatment or service. All services are subject to benefit limitations and exclusions. Providers are subject to State and Federal Regulatory compliance and failure to comply may result in retrospective audit and potential financial recoupment.

## **REFERENCES:**

### **Government Agency, Medical Society, and Other Publications:**

- Texas Medicaid Provider Procedures Manual December 2020  
<https://www.tmhp.com/resources/provider-manuals/tmppm>
- Texas Medicaid Provider Procedures Manual Children’s Services Handbook December 2020  
[https://www.tmhp.com/sites/default/files/file-library/resources/provider-manuals/tmppm/pdf-chapters/2020/2020-12-december/2\\_Childrens\\_Services.pdf](https://www.tmhp.com/sites/default/files/file-library/resources/provider-manuals/tmppm/pdf-chapters/2020/2020-12-december/2_Childrens_Services.pdf)
- Texas Medicaid Provider Procedures Manual Inpatient and Outpatient Services Handbook December 2020  
[https://www.tmhp.com/sites/default/files/file-library/resources/provider-manuals/tmppm/pdf-chapters/2020/2020-12-december/2\\_Inpatient\\_Outpatient\\_Hosp\\_Srvs.pdf](https://www.tmhp.com/sites/default/files/file-library/resources/provider-manuals/tmppm/pdf-chapters/2020/2020-12-december/2_Inpatient_Outpatient_Hosp_Srvs.pdf)

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