

CORPORATE POLICY

Manual/Library Name: Regulatory Compliance	No: EAC.03.03
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Title: Inpatient Rehabilitation Facility Admission, Continued Stay, And Discharge Criteria (COMP-RCC 4.11)	Effective Date: 06/19/23
	Previous Versions: 06/30/19; 04/26/19; 05/29/13; 09/21/12; 09/27/11; 01/01/10
	Approved By: Executive Leadership Team
	Approval Date: 06/15/23

I. Scope:

This policy applies to Tenet Healthcare Corporation, its subsidiaries, and affiliates (each, an “Affiliate”), any other entity or organization in which Tenet or an Affiliate owns a direct or indirect equity interest of greater than 50%, and any entity in which an Affiliate either manages or controls the day-to-day operations of the entity (each, a “Tenet Entity”) (collectively, “Tenet”).

II. Purpose:

To ensure that patients are admitted to Tenet’s Inpatient Rehabilitation Facilities (IRFs) based on appropriate admission criteria and that all care provided in the IRF is reasonable and necessary as it applies to decisions for admission, continued stay, and determination of the timing for discharge.

III. Policy:

All inpatient rehabilitation services provided in a Tenet IRF shall meet the appropriate medical necessity criteria and all care provided in the IRF shall be reasonable and necessary as it applies to decisions for admission, continued stay, and determination of the timing for discharge.

IV. Procedure:

A. Admission Criteria

1. Medicare FFS / Part A:

- a. The patient has completed their full course of treatment in the referring hospital; and
- b. Requires a resource intensive environment due to complex nursing, medical and rehabilitation needs; and
- c. Requires close medical supervision by a rehab experienced physician; and
- d. Requires 24-hour availability of nurses skilled in rehabilitation; and
- e. Requires ongoing therapeutic intervention of multiple therapy disciplines; and
- f. Is expected to require and participate in an intensive rehabilitation therapy program under regulatory standards; and
- g. Has a Pre-Admission Screening completed within 48 hours prior to admission:
 - (i) Completed by a clinician licensed or certified to perform evaluations; and
 - (ii) Findings are relayed to the physician; and

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(iii) The physician reviews and concurs with the findings and documents as such.

2. Non-Medicare Part A Patients:

In addition to requirements for Medicare Part A patients above, individual payer requirements are met including pre-authorization and otherwise defined coverage criteria.

3. Clinical Indicators of Admission:

- a. Medical or surgical co-morbidities are considered to be manageable in the rehabilitation program; and
- b. The patient presents as capable of fully participating in the inpatient rehabilitation program with a mental status demonstrating responsiveness to verbal, visual, and/or tactile stimuli and ability to follow simple commands; and
- c. The patient has an established discharge plan that will support the anticipated medical and functional needs of the patient post rehabilitation
- d. The patient is expected to make measurable, practical improvement that is of value to improve the patient’s functional and medical needs, in a reasonable timeframe.

B. Exclusions to Admission

- 1. Ventilator dependent patients;
- 2. Presence of an untreated psychiatric disorder as a primary diagnosis or on suicidal precautions and/or unstable psychiatric condition;
- 3. Profound anemia with declining Hemoglobin/Hematocrit of unknown etiology;
- 4. Active TB or any other respiratory infection requiring respiratory isolation;
- 5. Patients with a Rancho Los Amigos Head Injury scale score 1 – 3 at the time of referral; unless the IRF has an established “minimally conscious program”) and
- 6. Patients on cardiac medication drips (e.g., dopamine).
- 7. The following medical conditions may be admitted upon Medical Director or rehab physician approval with an established plan of care that is evidenced in the History and Physical.

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- a. Patients with a terminal illness and a prognosis less than six months;
- b. Patients with MRSA, VRE, C-Diff and other infections requiring contact isolation;
- c. Individuals requiring telemetry if telemetry is available in the IRF;
- d. Patients on neutropenic precautions – WBC <4.0;
- e. Patients with a Rancho Los Amigos Head Injury scale score 4 at the time of referral;
- f. Patients requiring radiation and/or chemotherapy;
- g. Spinal cord injury patients with strength less than 2/5 that are not receiving low molecular weight heparin or have not had placement of a venous filter catheter; and
- h. Patients with chest tubes;
- i. Patients under 18 years of age.
- j. Other cases may be considered provided that the physician determines that the patient care requirements are within the experience level of the treatment team, and the needed resources can be obtained.

C. Continued Stay Criteria

- 1. An Individualized Overall Plan of Care is developed by the rehab physician, with input from the interdisciplinary team, no later than the fourth day of the stay.
- 2. An interdisciplinary team meeting, led by the rehab physician occurs at least once weekly to determine if there is progress towards goals and revisions to the treatment plan.
- 3. Continued participation in the prescribed intensity of therapy services or meets the CMS definition of Brief Exceptions Policy.

D. Discharge Criteria

- 1. Treatment goals necessitating the inpatient setting were achieved; OR
- 2. Absence of participation in an interdisciplinary rehabilitation program; OR

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3. The individual has limited potential for recovery (e.g., the individual’s functional status has remained unchanged or additional functional improvement appears unlikely within a reasonable time frame; OR
4. Individual is unable to actively participate in the prescribed intensive rehabilitation program; OR
5. The patients’ medical and functional needs no longer require the intensive interdisciplinary rehabilitation program in a hospital environment.

V. Enforcement:

All employees whose responsibilities are affected by this policy are expected to be familiar with the basic procedures and responsibilities created by this policy. Failure to comply with this policy will be subject to appropriate performance management pursuant to all applicable policies and procedures, up to and including termination. Such performance management may also include modification of compensation, including any merit or discretionary compensation awards, as allowed by applicable law.

VI. References:

Medicare Benefit Policy Manual, Ch. 1-110-Inpatient Hospital Services Covered Under Part A – Inpatient Rehabilitation Services

42 CFR § 412.23 (b)

42 CFR § 412.25 (a)(2)

42 CFR § 412.29

42 CFR § 412.622 (a)(3)-(5)

Standards for Assessing Medical Appropriateness Criteria for Admitting Patients to Rehabilitation Hospitals or Units, AMRPA