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Applicability WA - Providence
St. Luke's
Rehabilitation
Medical Center

Admission Criteria - Inpatient Rehabilitation Programs

POLICY

Acute inpatient rehabilitation is an intensive rehabilitation therapy program in a hospital setting for patients who, due to medical management, rehabilitation nursing and rehabilitation needs, require and can reasonably be expected to benefit from an acute inpatient stay and an interdisciplinary team approach.

Medicare Benefit Policy Manual, Chapter 1 - Inpatient Hospital Services Covered Under Part A, 110.2, 110.3; § 412.29 Classification criteria for payment.

General admission criteria for acute inpatient rehabilitation

Patients must require ongoing medical management and supervision by a rehabilitation physician and must be able to participate in and benefit from an intensive rehabilitation therapy program.

To be paid under the prospective payment system an inpatient rehabilitation hospital must meet the following requirements:

Providence St. Luke's Rehabilitation Medical Center (PSLRMC) must have an inpatient population of whom at least 60 percent required intensive rehabilitation services for treatment of one or more of the CMS 13 approved conditions.

CMS 13 approved conditions:

- Stroke
- Spinal cord injury

- Congenital deformity
- Amputation
- Major multiple trauma
- Fracture of femur (hip fracture)
- Brain injury
- Neurological disorders, including multiple sclerosis, motor neuron diseases, polyneuropathy, muscular dystrophy, and Parkinson's disease
- Burns
- Active, polyarticular rheumatoid arthritis, psoriatic arthritis, and seronegative arthropathies resulting in significant functional impairment of ambulation and other activities of daily living that have not improved after an appropriate, aggressive, and sustained course of outpatient therapy services or services in other less intensive rehabilitation settings immediately preceding the inpatient rehabilitation admission or that result from a systemic disease activation immediately before admission, but have the potential to improve with more intensive rehabilitation.
- Systemic vasculidities with joint inflammation, resulting in significant functional impairment of ambulation and other activities of daily living that have not improved after an appropriate, aggressive, and sustained course of outpatient therapy services or services in other less intensive rehabilitation settings immediately preceding the inpatient rehabilitation admission or that result from a systemic disease activation immediately before admission, but have the potential to improve with more intensive rehabilitation.
- Severe or advanced osteoarthritis (osteoarthrosis or degenerative joint disease) involving two or more major weight bearing joints (elbow, shoulders, hips, or knees, but not counting a joint with a prosthesis) with joint deformity and substantial loss of range of motion, atrophy of muscles surrounding the joint, significant functional impairment of ambulation and other activities of daily living that have not improved after the patient has participated in an appropriate, aggressive, and sustained course of outpatient therapy services or services in other less intensive rehabilitation settings immediately preceding the inpatient rehabilitation admission but have the potential to improve with more intensive rehabilitation. (A joint replaced by a prosthesis no longer is considered to have osteoarthritis, or other arthritis, even though this condition was the reason for the joint replacement.)
- Knee or hip joint replacement, or both, during an acute hospitalization immediately preceding the inpatient rehabilitation stay, and also meet one or more of the following specific criteria:
 - The patient underwent bilateral knee or bilateral hip joint replacement surgery during the acute hospital admission immediately preceding the acute inpatient rehab admission.
 - The patient is extremely obese with a Body Mass Index of at least 50 at the time of admission to the inpatient rehab facility.
 - The patient is age 85 or older at the time of admission. A patient with a comorbidity, may be included in the inpatient population that counts toward the required applicable percentage if:
 - A. The patient has a CMS approved comorbidity.

- The comorbidity has caused significant decline in functional ability in the individual that, even in the absence of the admitting condition, the individual would require the intensive rehabilitation treatment that is unique to inpatient rehabilitation facilities and that cannot be appropriately performed in another care setting covered under this title.

Acute inpatient rehabilitation candidates will be considered reasonable and necessary if the patient meets the following criteria:

1. The patient must require physician supervision by a rehabilitation physician, defined as a licensed physician with specialized training and experience in acute medical rehabilitation.
2. The patient will require face-to-face visits from the physician at least 3 days per week throughout the patient's stay.
3. The patient will need both the medical and functional aspects of rehabilitation medical management to treat and modify the course of treatment as necessary to optimize the care of the patient.
4. The patient requires the services of 24-hour rehabilitation nursing.
5. The patient will require an intensive and coordinated interdisciplinary approach to providing rehabilitation.
6. The patient must require an intensive and coordinated interdisciplinary approach with active and ongoing therapeutic intervention of multiple therapy disciplines, one of which must be physical or occupational therapy.
7. The patient must require an intensive rehabilitation therapy program of at least 3 hours of therapy per day at least 5 days per week, or under special circumstances 15 hours over 7 days.
8. The patient must be expected to actively participate in, and benefit significantly from, the intensive rehabilitation therapy program at the time of admission to PSLRMC.
9. Patient's condition and functional status are such that the patient can reasonably be expected to make measurable improvement (that will be of practical value to improve the patient's functional capacity or adaptation to impairments) as a result of the rehabilitation program, within a prescribed period of time.
10. Patient must have a viable community discharge plan.

NOTE:

Patients who are still completing their course of medical treatment while in the acute care setting and who therefore, are not able to participate in and benefit from the intensive acute medical rehabilitation therapy services provided will not be considered reasonable and necessary for this level of care at PSLRMC.

Conversely, acute inpatient rehabilitation is not appropriate for patients who have completed their full course of medical management and treatment from the referring hospital, and do not require intensive rehabilitation. Alternative settings are available to these patients in a less-intensive setting.

Contraindications to admission

- Medical treatment which may interfere with the rehabilitation program.

- IV push medications that require cardiac monitoring for any length of time.
- Any patient exhibiting hemodynamic and / or respiratory instability requiring IV medication management and / or advanced monitoring.
- Any patient that is on complete bed rest or is completely dependent for all activities for daily living without the potential for improvement or mobilization.
- Any patient with a disorder of consciousness or diagnosed with a disorder of a minimally conscious state with questionable rehabilitation potential.

Physiatry review required prior to admission

- A fever greater than 100.4 orally in the last 24 hours prior to anticipated admission
- No BM within the last 4 days.
- Labs (CBC BMP) within 72 – 96 hours of admission to St. Luke's.
- Unstable blood pressure and / or pulse that requires the above advanced monitoring and / or medication management.
- Presence of a deep venous thrombosis or pulmonary embolus with acute treatment in progress. For example, on heparin drip.
- Supplemental oxygen requiring greater than 15 liters oxygen.
- Increasing purulent or bloody drainage of a postoperative wound.
- Significant changes from baseline and / or abnormal findings that may lead to hemodynamic and /or respiratory instability.
- Questionable or unstable orthopedic conditions or unstable fractures, or questionable stability of orthotic devices (i.e. halo, external fixators, etc.)
- Work up completed with identified medical conditions without clear medical management of plan documented by the acute care physician.
- Behavioral and / or mental health issues interfering with the rehabilitation potential (including refusal to participate in the current setting, disruptive and / or uncontrolled aggression).
- Moderate to severe dementia and unable to participate in rehabilitation program or with no support systems to assist in incorporation of the rehabilitation program after discharge from the rehabilitation facility.
- Complex care needs that may require greater than 24 hours to establish needed equipment / management of the patient i.e. LVAD, ventilator dependency.
- Pending surgical interventions.

Administrative review required prior to admission

Including but not limited to:

- Requirement for chemotherapy or radiation therapy.
- Pediatric cases under the age of two.

BRAIN INJURY ADMISSION CRITERIA

- A. Brain related diagnoses eligible for admission may include, but are not limited, to the following:
1. Closed head injury (traumatic)

2. Open head injury (traumatic)
3. Aneurysm / bleed
4. Anoxia

PEDIATRIC ADMISSIONS CRITERIA

All pediatric patients admitted to the Inpatient Rehabilitation Unit will be provided services and care based on the unique needs of this population and driven by the age and medical needs of each patient. The age range of these patients is birth to 17 years of age, or who are still in high school. Pediatric patients must meet the General Admission Criteria for PSLRMC.

DEFINITION

"Infant and Toddler" - individuals under 2 years of age.

"Preschool" - individuals admitted to St. Luke's Rehabilitation Medical Center between the ages of 3 to 5 years.

"School Age" - individuals between the ages of 6 to 12 years.

"Adolescent" - individuals between the ages of 13 to 17 years, or still in high school.

Attachment - Preadmission Protocol

Attachment - Preadmission Procedure for Patients with Complex Medical or Social Needs

SPINAL CORD INJURY ADMISSION CRITERIA

Spinal cord injury patients of all levels are admitted to PSLRMC and will be provided services and care based on the unique needs of this population. Patients who are 12 and under will follow the Admission Criteria for Pediatric age group. Spinal cord injuries treated may include:

- Spinal Cord Injury (traumatic: complete vs. incomplete)
 - Spinal Cord Injury (non-traumatic: complete vs. incomplete) – may include spinal cord tumors, anoxia to the cord
 - Medical disorders may be secondary to an additional primary medical event.
 - All levels of injury may be considered as an appropriate candidate for an inpatient stay.
1. All levels of spinal cord injury will be considered as appropriate but may require case by case consideration based on the medical and functional status of the patient.
 2. Spinal Cord Injury patients must meet the General Admission Criteria for PSLRMC.

Approval Signatures

Step Description

Approver

Date

Executive level	Marlo Andreoli: Chief Nursing Officer	09/2023
	Jennell Taylor: Manager Care Management RN	09/2023

Applicability

WA - Providence St. Luke's Rehabilitation Medical

Standards

No standards are associated with this document