



*Medicare Inpatient
Rehabilitation Facility
Requirements*



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Hospitals and rehabilitation units must meet certain criteria in order to maintain their licensure and be eligible for payment from Medicare & Medicaid Services.

The first criteria is that all admissions to Regional Rehabilitation Institute must meet medical necessity. Patient must need:

- * 24-hour availability of a rehabilitation physician
- * 24-hour availability of rehabilitation nursing
- * 3 hours of therapy a day (between PT, OT and Speech therapy) and an interdisciplinary approach (more than one of the three noted therapies)

The second criteria is that Medicare requires a certain percentage of our admissions meet one of the following qualifying diagnoses or conditions:

- Stroke
- Spinal cord injury
- Congenital deformity
- Amputation
- Major multiple trauma
- Femur fracture (hip fracture)
- Brain injury
- Neurological disorders
- Burns
- Active, polyarticular rheumatoid arthritis, psoriatic arthritis, and seronegative arthropathies
- Systemic vasculidities with joint inflammation (with stipulations)

The remaining admissions can be filled by non-qualifying diagnoses. Any failure to comply with this rule could result in the loss of our licensure as a rehabilitation facility.

Once the medical necessity rule is met then the percentage rule must also be met (Currently 65% of all admissions need to have a qualifying diagnosis).

Medicare has recently made some changes that affect who can be admitted as an inpatient to Regional Rehabilitation Institute. Medicare no longer considers single joint replacements a qualifying diagnosis.

Due to these changes we will be implementing the following plan:

*Single joint replacements will no longer be admitted to rehabilitation unless they have a Body Mass Index (BMI) greater than 50, and/or are over age 85, or if they have severe advanced osteoarthritis in two or more major joints (shoulder, hip, elbow, knee, not including the replaced joint) with deformity, atrophy and loss of range of motion.

*Bilateral joint replacements immediately performed before the rehabilitation stay are qualifying and could be admitted.

We will supplement rehabilitation services in the acute care hospital to compensate for these changes. All other requests for admission to Regional Rehabilitation Institute will be evaluated by the medical necessity and percent rule criteria noted above.