

# Inpatient Rehabilitation (IPR) Authorization - Required Documentation Checklist

Required documentation is outlined in the Centers for Medicare & Medicaid Services 100-02 Medicare Benefit Policy Manual, Chapter 1 - Inpatient Hospital Services Covered under Part A, 110-Inpatient Rehabilitation Facility (IRF) Services, as required elements for coverage of Inpatient Rehabilitation Services. MCG has modeled their care guidelines around the CMS requirements to ensure that use of their criteria as guidance for Inpatient Physical Rehabilitation (IPR) authorization will comply with CMS requirements.

The following documentation is required for all authorization requests for IPR admission and continued stay medical necessity reviews for Network Health Plan lines of business.

## I. IPR Admission Authorization Documents

### Required Documentation:

Pre-Admission Screening: Please note that all the following elements are required within the IPR pre-admission screening. The screening must be completed, or reviewed and updated, within 48 hours of the Member's admission to IPR. While screening completion by a Rehabilitation Physician is not required, the screening must be reviewed by a Rehabilitation Physician, with their signature or acknowledgment that they agree with the screening data and findings. (This signature or acknowledgment MUST be made by the Rehabilitation Physician and not by other rehabilitation staff).

- Functional mobility level immediately preceding the illness or injury (previous level of function)
- Summary of conditions/events causing the need for rehabilitation
- Evaluation of member's risk for clinical complications and current medical conditions that require face to face rehabilitation physician intervention at least three (3) times per week.
- Outline of rehabilitation treatments needed and analysis of member's capacity to tolerate intensive rehabilitation as supported by ability to tolerate at least three (3) hours of therapy per day, five (5) days per week or 15 hours of therapy over seven (7) days a week. \*

### **\*Must include at least two. One of which must be PT or OT.**

- Physical Therapy (PT)                       Speech Language Pathology (SLP)
- Occupational Therapy (OT)               Prosthetics/Orthotics (P&O)
- Anticipated level of improvement or functional mobility level at discharge (must be quantifiable)
- Estimated length of stay (value must be quantifiable and may not remain "to be decided")
- Anticipated discharge destination

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- Supporting medical records:
    - Hospitalization History & Physical
    - Physician Medicine & Rehabilitation consult (if available)
    - Hospitalist and/or Specialist provider notes from within the last 24 hours
    - Therapy initial evaluations and progress notes from within 24 hours of members discharge to IPR for each therapy discipline the member will see in IPR.
    - Case Management progress and discharge planning notes

## II. IPR first review for continued stay (First Concurrent Review, if applicable):

- Required Documentation:**
    - IPR H&P
    - Therapy progress notes for each discipline the member is seeing during IPR treatment
    - Rehab Physician Notes (Three (3) separate, daily notes required. Must be seen face to face by the Rehabilitation Physician for all three (3) visits.)
    - Discharge planning progress notes.
  - Individualized Overall Plan of Care (Please note - must be completed and implemented within the first four (4) days of admission to IPR. All elements are required and must be present within the plan of care. Individualized overall plan of care must be developed and signed by the Rehabilitation Physician.)
    - Must support that IPR admission is reasonable and necessary
    - Details of medial prognosis
    - Details the anticipated interventions needed
    - Includes measurable functional outcomes
    - Includes discharge plan and destination from IPR stay
    - PT/OT/SLP and P&O included in plan of care must detail:
      - Expected intensity (meaning number of hours/day)
      - Frequency of services (meaning number of days/week)
      - Duration of services (meaning total number of days during IPR stay)
  - Interdisciplinary Care Meeting note (Please note - all elements are required. Interdisciplinary Care Meeting is required at least one (1) time per week for duration of the IPR stay. While the specifications of how the meeting is managed are not dictated by CMS or MCG, clarification is provided that a review of each member's notes alone, does not constitute an Interdisciplinary Care Meeting).
    - At minimum, the care team consists of a Rehabilitation Physician; RN; Case Manager or Social Worker; and a Licensed or Certified Therapist from each discipline from which the member is receiving treatment.
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- Addresses the individual's progress towards rehabilitation goals
  - Considers any solutions/resolutions to any problems that could impede progress
  - Monitors and revisits the treatment plan
  - Includes the names of all participants on the document
  - Is signed by the Rehabilitation Physician who must additionally document any final decisions regarding the member's treatment in IPR.

### **III. IPR second review for continued stay and beyond (2nd Concurrent Review and beyond, if applicable):**

#### **Required Documentation:**

- Therapy progress notes for each discipline the member is seeing during stay
- Rehabilitation Physician Notes (A total of three (3) separate, daily notes are required. Please note, one (1) face to face note may be from a non-physician practitioner with specialized training in inpatient rehabilitation care. Two (2) face to face notes must be from the Rehabilitation Physician.)
- Discharge planning progress notes
- Updated Individualized Plan of Care reflecting member's response and progress in the inpatient rehabilitation facility program.
- Interdisciplinary Care Meeting Notes (Note must continue to meet the elements as indicated in the first concurrent review documentation requirements)