



Submitting Inpatient Rehabilitation Requests for Authorization

Keys to Success

Clinical Webinar for Acute Inpatient Rehabilitation

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Objectives

- ❖ State the purpose of acute inpatient rehabilitation authorizations
- ❖ Specify the requirements for inpatient rehabilitation authorization requests
- ❖ Specify components of required documentation
- ❖ Review the recently implemented screen changes

Purpose

Determine medical necessity for acute inpatient rehabilitation services.

The fact that a provider has prescribed, recommended, or approved medical or allied care, goods, or services does not, in itself, make such care, goods or services medically necessary or a medical necessity or a covered service.

Medical Necessity

- ❖ Authorization requests submitted for review must meet:
 - The definition of medical necessity as stated in Chapter 59G-1.010(166), Florida Administrative Code (F.A.C.);
 - Coverage requirements for inpatient services as specified in the Hospital Services Coverage and Limitations Handbook; and
 - Agency approved guidelines.

Authorization Requirements

❖ Medicaid reimburses services that:

- Do not duplicate another provider's service.
- Are medically necessary for the treatment of a specific documented medical disorder, disease, or impairment.

Inpatient Rehabilitation Requirements

- ❖ Patient has new onset *functional deficits* and will require 24/7 close medical supervision by a rehabilitation physician, nursing services, and multidisciplinary rehabilitation professionals.
- ❖ Patient is medically stable with a rehabilitation diagnosis treatable through a rehabilitation program.
- ❖ Patient is able to fully participate in an intensive rehabilitation program.

Inpatient Rehabilitation Requirements

- ❖ Patient must have an appropriate discharge plan in place once discharge goals are met.
- ❖ Expectation for significant functional improvement within the length of stay requested and authorized.

Documentation Components

- ❖ Rehabilitation diagnosis (Dx)
- ❖ History of patient's current illness/condition/injury
- ❖ Past medical history including active co-morbidities
- ❖ Prior Level of Function (PLOF) to include assistive devices or adaptive equipment
- ❖ Need for special equipment and adaptive devices to address care and improve functionality on discharge
- ❖ Relevant labs/Diagnostic studies
- ❖ Use of special equipment or devices related to current Dx or co-morbidities



Documentation Components

- ❖ Vital signs content
- ❖ Physical assessment relating to patients current level of function using Functional Independence Measure (FIM) rating scale (Admissions, Continued Stays, Retrospective [weekly FIM documentation])
- ❖ Ongoing participation in daily multidisciplinary therapies
- ❖ Nutritional status, needs, and special considerations
- ❖ Complications or conditions impacting patient participation in Plan of Care (POC)
- ❖ Psychological factors impacting POC
- ❖ Family/community support systems and accessibility issues impacting discharge



Functional Limitations

Definition: *Functional limitations occur when a person's capacity to carry out basic physiological and cognitive functions are compromised due to an injury, illness, or congenital or acquired condition.*

In submitting a review it is necessary to:

- ❖ Identify all functional limitations to be addressed during the acute inpatient rehabilitation hospital stay.
- ❖ Specify the therapy treatment plan and how it addresses the specific limitation.

Goals

A “Functional Goal” is an activity that an individual is unable to perform as a result of an injury, illness, congenital, or acquired condition, but expects to achieve as a result of therapy.

Characteristics of a goal:

- ❖ Patient-focused
- ❖ Individualized
- ❖ Based on a collaborative effort between patient/family and multidisciplinary team
- ❖ Measurable, realistic, and time related



Goals

Before Constructing a Goal...

Be sure that a deficit or functional limitation has been identified in the evaluation and/or POC.



Characteristics of Measurable Goals

❖ Quantifiable

❖ Assessable

❖ Computable

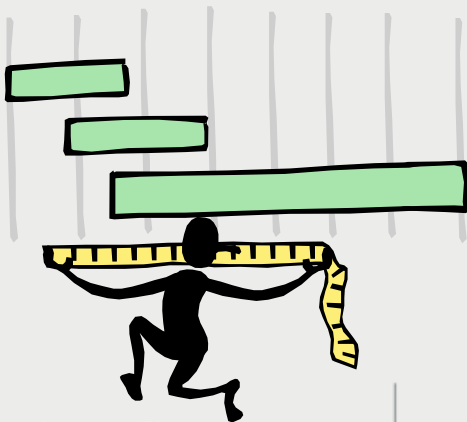
❖ Clear

❖ Calculable

❖ Determinate

❖ Finite

❖ Verifiable



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Acceptable Goal Statements

Examples of acceptable goal statements:

- ❖ Patient will be able to ambulate on level surfaces with a rolling walker at a modified independent level.
- ❖ Patient will be able to perform basic activities of daily living (BADL) independently in 1 week.
- ❖ Patient will perform all bed mobility needed at home at a supervision level by discharge.
- ❖ Patient will be able to do on (don) and do off (doff) thoraco-lumbar-sacral orthosis (TLSO) at FIM 4 in 2 weeks.
- ❖ Patient will demonstrate the ability to stand at the sink x 5 minutes to perform grooming tasks at a Mod I level of care by discharge.

Unacceptable Goal Statements

Examples of unacceptable goal statements:

- ❖ Patient will increase independence with dressing.
- ❖ Patient and family will have ongoing training for safety of medications, equipment, and signs and symptoms to report to the doctor.
- ❖ Patient will progress from current Mod/Max assistance with assistive device for locomotion with a w/c secondary to new bilateral amputee.
- ❖ Patient will return to PLOF.

Goal Statements

Examples of terms not appropriate for inclusion in Goal Statements:

- ❖ “Limited”

 - ❖ “Decreased”

 - ❖ “Impaired”

 - ❖ “Showing Progress”

 - ❖ “Improved”

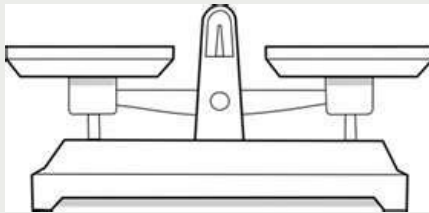
 - ❖ “Making Gains”



Documenting Functional Status & Goals

Sample Acceptable Instruments:

Functional Independence Measure (FIM)



Glasgow Coma Scale (GCS)

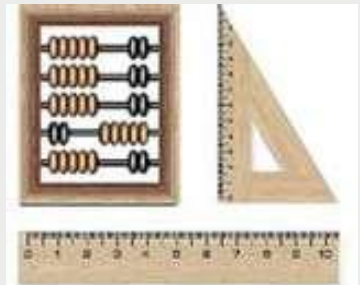
Rancho Scores

Mini-Mental State (MMS)

Berg Functional Balance Scale

Peabody Developmental Motor Skills (PDMS)

Developmental Programming for Infants and Young Children
(DPIYC)



Functions Screen Example

Create New Review Respond to Add'l Info Online Helpline Utilities Reports Search Attachments Letters Respond to Denial Update My Profile User A

Review Entry

Review Header Information
Provider #: 010087101 Provider Name: TEST HOSPITAL
Recipient ID: 456 Recipient Name: JANE DOE Admit Age: 17 Current Age: 18 Admit DT: 4/2/2012 Review ID: 11449824

Start DX/PROCS VITALS/LABS FINDINGS REHAB DC PLAN **FUNCTIONING** GOALS MEDS SUMMARY

Indicate the patient's functional limitations	Check all that apply	In date sequence and for the entire requested timeframe, Enter the start date and briefly describe the treatment and how it addresses the specific limitation.
Bowel/Bladder Management	<input type="checkbox"/>	
Cognition	<input type="checkbox"/>	
Communications	<input checked="" type="checkbox"/>	Able to say single words with maximal prompting Increase communication skills through the use of picture cards to enhance verbal communication
Locomotion walk/wheelchair/stairs (if applicable)	<input checked="" type="checkbox"/>	Ambulates with ataxic gait x 10'w/RW Improve quality of gait and endurance through the use of ROJM, coordination, balance and strengthening exercises.
Other: explain	<input type="checkbox"/>	
Patient/caregiver education	<input type="checkbox"/>	
Safety	<input type="checkbox"/>	

Check only those functional limitations identified on admission to be part of the multidisciplinary POC

Identify treatment plan addressing a specific limitation

Goals Screen Example

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Start DX/PROCS VITALS/LABS FINDINGS REHAB DC PLAN FUNCTIONING GOALS MEDS SUMMARY

Functional limitation			
Communications			
Goals			
Describe in measureable terms the short and long term treatment goals for this functional limitation:			Goal Start Date
Edit	STG: Patient will be able to express basic info using 2-4 word sentences @ Min A x 1 week LTG: Patient will express basic information and needs w 2-4 word sentences @ Supv level by	04/02/2012	Delete
Add Outcome			Refresh
The goal of treatment is to maintain the patient's status:		Total FIM Score	Measurement Date
No records to display			
Locomotion walk/wheelchair/stairs (if applicable)			
Goals			
Describe in measureable terms the short and long term treatment goals for this functional limitation:			Goal Start Date
Edit	STG: Patient will be able to ambulate w/ RW @ CGA 75' in one week. LTG: Patient will be able to ambulate 100' w/RW @ Mod I level by discharge	04/02/2012	Delete
Add Outcome			Refresh
The goal of treatment is to maintain the patient's status:		Total FIM Score	Measurement Date
No records to display			

1. There must be measurable treatment goals for each functional limitation

2. Goal start date

3. Click on enter

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- Start
- DX/PROCS
- VITALS/LABS
- FINDINGS
- REHAB
- DC PLAN
- FUNCTIONING
- GOALS
- MEDS
- SUMMARY

Functional limitation

✓ **Communications**

Goals

+ Add Goal Refresh

	Describe in measurable terms the short and long term treatment goals for this functional limitation:	Goal Start Date	
Edit	STG: Patient will be able to express basic info using 2-4 word sentences @ Min A x 1 week LTG: Patient will express basic information and needs w 2-4 word sentences @ Supv level by	04/02/2012	Delete

+ Add Outcome Refresh

	The goal of treatment is to maintain the patient's status:	Total FIM Score	Measurement Date
<input checked="" type="checkbox"/> Never to maintain	The goal of treatment is to maintain the patient's status:	1-7	<input type="text"/>

Yes
 No

No records to display

Locomotion walk/wheelchair/stairs (if applicable)

1. For each goal there must be an outcome

2. Outcome is stated as FIM score

3. Date the outcome was measured

4. Click Insert to save

QUESTIONS

