Inpatient Rehabilitation and Long Term Acute Care (LTAC) Level of Payment Guidelines

LEVEL R1 REHABILITATION

Description of Level R1
Daily Medical Management and Monitoring and Skilled Rehab Services, Physiatrist available daily, MD/NP/PA sees patient greater than or equal to three days per week for assessment and oversight.

Skilled Nursing Services
Skilled nursing available 24 hours/day
Nursing interventions/treatments four to five hours daily which include, but may not be limited to:
- Patient/caregiver teaching/education (e.g., medication adherence, ADLs, chronic disease management)
- IV Management including antibiotics and heparin
- Physical assessment requiring functions, which include, but may not be limited to:
  - Bowel and bladder management

Skilled Rehabilitation Services
- Skilled rehabilitation services two to three hours of therapy per day greater than or equal to five days per week
- Greater than or equal to two disciplines per day

Combined Services
Combined Nursing and Rehab minimum of six hours

Inclusions
Per diems include, but are not limited to:
- Room and board (private or semi-private room)
- All DME (including specialized DME; e.g., Clintron Bed, CPM)
- All Ancillary Services such as:
  - Laboratory Services
  - Medical/Surgical Supplies
  - Medications
  - Diagnostic Testing
  - Dialysis
  - TPN
  - Wound Vacuum
  - Bed Enclosure
  - Non Custom Orthotic and Prosthetic Devices
  - Telemetry
  - Overlay Air Mattress
  - C-Pap
  - Bariatric Equipment
  - Modified Barium Swallow

Exclusions
Per diem exclusions - requires prior authorization:
- Physician coverage
- Ambulance Transportation
- Customized Orthotic and Prosthetic Devices
- Neuro-psych evaluation
- Botox
- IV Chemotherapy
- Radiation Therapy

Examples of Diagnoses, Surgeries and Procedures
New amputation, bilateral joint replacements, single joint with active co-morbidities that limits functional impairment, incomplete spinal cord injury, progressive neurological disease, CVA with significant functional impairment, Pulmonary Rehab including but not limited to Cardiac Rehab, Traumatic Brain Injury.
LEVEL R2 – ACUTE COMPLEX REHABILITATION

Description of Level R2
Daily Medical Management and Monitoring and Skilled Rehab Services, MD/NP/PA sees patient greater than or equal to three times per week if stable and daily if patient is moderately stable, physiatrist available daily

Skilled Nursing Services with Complex Specialized Medical Equipment
Rehab nursing 24 hours/day
Nursing interventions/treatments 5 to 6.5 hours daily which include but may not be limited to:
- Patient/caregiver teaching /education (e.g., medication adherence, ADLs, chronic disease management)
- Wound management requiring complex dressing and equipment
- IV Management including antibiotics & heparin
- Bowel and bladder management
- Assessment and management of chronic diseases and co-morbidities (e.g., nebulizer and other respiratory treatments)
- Complex specialized medical equipment (i.e., halo traction, ventilation management, trach w/ mist).

Skilled Rehabilitation Services
- Skilled rehabilitation services greater than or equal to three hours of therapy per day greater than or equal to five days per week
- Respiratory Therapy two times per day
- Greater than or equal to two disciplines per day.

Combined Services
Combined Nursing and Rehab minimum of eight hours

Inclusions
Per diems include, but are not limited to:
- Room and board (private or semi-private room)
- All DME (including specialized DME; e.g., Clinitron Bed, CPM)

All Ancillary Services such as:
- Laboratory Services
- Medical/Surgical Supplies
- Medications
- Diagnostic Testing
- Dialysis
- TPN
- Wound Vacuum
- Overlay Air Mattress
- Non Custom Orthotic and Prosthetic Devices
- C-Pap
- Bariatric Equipment
- Bed Enclosure
- Telemetry
- Modified Barium Swallow

Exclusions
Per diem exclusions – requires prior authorization:
- Physician coverage
- Ambulance Transportation
- Customized Orthodox and Prosthetic Devices
- Neuro-psych evaluation
- Botox
- IV Chemotherapy
- Radiation Therapy

Examples of Diagnoses, Surgeries and/or Procedures
Acute spinal cord injuries, young stroke, ventilator patient with expectations for weaning, complex burns, traumatic brain injury
LEVEL C1 - LONG TERM ACUTE CARE (LTAC)  REVENUE CODE 120

Description of Level C1
Daily Medical Management and Monitoring and Skilled Rehab Services, Pulmonologist available daily, Daily MD/NP/PA sees patient daily, Average Length of Stay is 25 days

Skilled Nursing Services – with Complex Specialized Medical Equipment
Rehab Nursing available 24 hours/day Nursing interventions/treatments greater than 6.5 hours per day which include but may not be limited to:
- Patient/caregiver teaching /education (e.g., medication adherence, ADLs, chronic) disease management
- IV fluids, antibiotics and heparin

Physical assessment requiring functions, which include but may not be limited to: bowel and bladder management
- Minimum of three IV meds

Combined Services
Combined Nursing and Rehab 7.5 to 9.5 hours/day

Inclusions
Per diems include, but are not limited to:
- Room and board (private or semi-private room)
- All DME (including specialized DME; e.g., Clinitron Bed, CPM)
- All Ancillary Services such as:
  - Laboratory Services
  - Medical/Surgical Supplies
  - Medications
  - Diagnostic Testing
  - Dialysis
  - TPN
  - Wound Vacuum
  - Non Custom Orthotic and Prosthetic Devices
  - Telemetry
  - Overlay Air Mattress
  - C-Pap
  - Bariatric Equipment
  - Bed Enclosure

Exclusions
Per diem exclusions– requires prior authorization:
- Physician coverage
- Ambulance Transportation
- Customized Orthotic and Prosthetic Devices
- Neuro-psych evaluation
- Botox
- IV Chemotherapy
- Radiation Therapy

Examples of Diagnoses, Surgeries and/or Procedures
Vent management and weaning, complex wound management with significant co-morbidities

OTHER REQUIREMENTS
- All exclusions from the per diem rate for DME must be pre-approved by the member’s Primary Care Provider as well as the assigned Tufts Associated Health Plan Clinical Management Coordinator/Care Manager.
  
  Note: DME must be purchased from approved Plan Contracted Providers.

- All items and services must be related to the member’s diagnosis and treatment and ordered by the primary care provider.

- With the exception of an emergency, facility will obtain prior authorization and will utilize a Plan Contracted Provider for any services excluded from the per diem. Any non-emergency service not approved or not provided by a contracted provider will be the responsibility of the ordering facility.

- The IRF will be reimbursed the agreed upon contracted per diem starting on the day of admission and ending on the evening before day of discharge (IRF will not bill for day of discharge).
- Level of care will be determined by a Plan Care Manager or delegated group Care Manager and will be based on the aggregate medical needs of the patient, reflecting the needed intensity of nursing services, rehabilitation and pharmacy administration.

- The Tufts Health Plan Care Manager, and or, the Tufts Health Plan delegated Care Manager will have access to and knowledge of weekly meetings and family meetings.

- The Tufts Health Plan Care Manager, and or, the Tufts Health Plan delegated Care Manager will have the opportunity to participate in Plan of Care, review of cases with inter disciplinary team, and D/C planning goals, including collaboration on the need for home visits.

- The Tufts Health Plan Care Manager, and or, the Tufts Health Plan delegated Care Manager will have the opportunity to develop systems that identify and report changes of condition of subacute and custodial members within 24 hours, or by the following business day.

- At the point of member discharge from the inpatient rehab/LTAC facility the provider will send to the Tufts Health Plan Care Manager / delegated Care Manager a copy of the discharge summary.

- For Tufts Health Plan Medicare Preferred members, facility will deliver a valid Notice of Medicare Non-Coverage (NOMNC) no later than two days prior to the last covered day, as required by the Centers for Medicare and Medicaid Services (CMS). All completed NOMNCs must be forwarded to Tufts Health Plan within seven days of valid delivery.

- PT, OT, ST will be routinely provided five or more days per week and available seven days per week, as necessary and in accordance with the terms of this Agreement.

**AUDIT AND DISCLAIMER INFORMATION**

This policy provides information on Tufts Health Plan claims adjudication processing guidelines. As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to Member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management guidelines when applicable, adherence to plan policies and procedures and claims editing logic. This policy does not apply to CareLink™ or the Private Health Care Systems (PHCS) network (also known as Multiplan). Providers in the New Hampshire service area are subject to Cigna’s provider arrangement with respect to CareLink™ members.