



Policy Key: Inpatient Rehabilitation Facility

TriWest Clinical Operations – TRICARE West

SCOPE

This Policy Key provides criteria to be used during medical necessity review for admission and continued stay review in an acute inpatient rehabilitation facility (IRF).

Note: Active Duty Service Members (ADSMs) with any of the conditions listed in the following memorandum will require care coordination with the assigned Military Treatment Facility (MTF) to determine if the ADSM should have care provided under the Memorandum of Agreement (MOA) Between Department of Veterans Affairs (DVA/VHA) And Department of War (DoW) For Medical Treatment Provided to Service Members with **Spinal Cord Injury (SCI), Traumatic Brain Injury (TBI), Blindness, or Polytraumatic Injuries.** [2]

<https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-08-22/AsOf/TOT5/C17ADC.html>

For Active-Duty Service Members (ADSM) and TRICARE Prime Remote (TPR) beneficiaries, reviewers must first apply guidance outlined in TRICARE Operations Manual Chapter 17, Section 3, Supplemental Health Care Program (SHCP). If a service is excluded under ADSM/TPR provisions, no further policy review is required under this or any other Policy Key. [3]

NOT COVERED

- Coma Stimulation
- Cognitive rehabilitation
- Cognitive recovery past six months since the injury
- Custodial Care
- Beneficiaries who are unable or unwilling to participate in intensive rehabilitation program
- Beneficiaries who do not require an interdisciplinary (more than one (1) therapy discipline) approach to care

COVERAGE CRITERIA [1]

Admission Review

Initial Level of Review may approve initial admission of up to 14 days if **ALL** the following are met:

- No acute care hospital needs
- The care cannot be provided at a lower level
- Completion of a preadmission screening assessment by a licensed/certified clinician within 48 of admission to an IRF that includes **ALL** the following:
 - Review of medical history (including prior level of function) and current condition
 - Risk for clinical complications

- Expected level of improvement and length of time to reach that level of improvement
- The therapy disciplines needed
- The condition that caused the need for rehab
- Beneficiary's ability to participate in the program
- Anticipated IRF discharge destination
- The need for multiple therapy disciplines, PT, OT, SLP, or prosthetics/orthotics- (one discipline must be either PT or OT)
- An intensive rehabilitation program that consists of
 - 3 hours of therapy per day, at least 5 days per week or
 - An average of at least 15 hours of therapy per week within 7 consecutive calendar days
- Physician supervision by a rehabilitation physician with face-to-face visits at least three (3) days per week

Continued Stay Review

Initial Level of Review may approve one (1) extension up to 14 days if **ALL** the following are met. Any additional requests are to be reviewed by the medical director.

- Documentation of multiple therapy disciplines (one of which is PT or OT) of at least 15 hours in a 7-calendar day period with progress towards goals.
- Documented weekly Interdisciplinary team meetings attended by rehabilitation physician, a licensed therapist from each discipline involved in the beneficiary's care, a rehabilitation nurse, a social worker and/or case manager. Documentation should include the following:
 - Treatment goals and progress toward goals
 - Updated or changing goals
 - Discharge planning activities
- Documented face-to-face visits for medical supervision.
 - 1 week, all visits must be with the rehabilitation physician
 - After week one (1) at least two (2) visits by the rehabilitation physician and 1 visit can be conducted by a non-physician practitioner

Brief Exceptions [1]

While patients requiring an IRF stay are expected to need and receive an intensive rehabilitation therapy program, this may not be true for a limited number of days during a patient's IRF stay because patients' needs vary over time. **For example**, if an unexpected clinical event occurs during the course of a patient's IRF stay that limits the patient's ability to participate in the intensive therapy program for a brief period not to exceed 3 consecutive days (e.g., extensive diagnostic tests off premises, prolonged intravenous infusion of chemotherapy or blood products, bed rest due to signs of deep vein thrombosis, exhaustion due to recent ambulance transportation, surgical procedure, etc.), the specific reasons for the break in the provision of therapy services should generally be documented in the patient's IRF medical record. If these reasons are appropriately documented in the patient's IRF medical record, such a break in service (of limited duration) should generally not affect the determination of the medical necessity of the IRF admission; therefore, brief exceptions to the intensity of therapy requirement in these particular cases may be approved if they are determined that the initial expectation of the patient's active participation in intensive therapy during the IRF stay was



based on a diligent preadmission screening, post admission physician evaluation, and overall plan of care that were based on reasonable conclusions

DEFINITIONS

NA

CODES

CPT 99221

REFERENCES

[1] Medicare Benefit Policy Manual, Chapter 1, Inpatient Hospital Services Covered Part A, Section 110-Inpatient Rehabilitation Facility (IRF) Services, Retrieved August 27, 2024, <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c01.pdf>

[2] TRICARE Operations Manual 6010.62, Change 17, September 27, 2024, Chapter 17, Addendum C, Memorandum of Agreement (MOA) Between Department of Veterans Affairs (DVA/VHA) And Department of War (DoW) for Medical Treatment Provided to Service Members with Spinal Cord Injury (SCI), Traumatic Brain Injury (TBI), Blindness, or Polytraumatic Injuries,

<https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-09-27/AsOf/TOT5/C17ADC.html>

[3] TRICARE Operations Manual (TOM) 6010.62-M, Chapter 17, Section 3 — Supplemental Health Care Program (SHCP) Contractor Responsibilities, Retrieved 01/02/2026

<https://manuals.health.mil/pages/DisplayManualHtmlFile/2025-12-19/AsOf/TOT5/C17S3.html>

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