



# Baptist Health

REHABILITATION INSTITUTE  
Little Rock

## Frequently Asked Questions About Medicare Rehabilitation Diagnoses

### Why are rehabilitation facilities suddenly changing their admission policies?

Medicare now requires that at least 50% of the patients admitted to an inpatient rehabilitation facility have, by their definition, a "rehabilitation diagnosis." Over the next two years, Medicare plans to increase this ratio to 75%. This rule is forcing ALL rehabilitation facilities to adjust their admission patterns accordingly.

### What does Medicare consider to be a "rehabilitation diagnosis"?

1. Patients with a primary condition or comorbidity severe enough by itself to require inpatient rehabilitation that is:

- Stroke
- Spinal Cord Injury
- Congenital Deformity
- Amputation
- Hip Fracture - femoral neck (not shaft)
- Brain Injury
- Neurological Disorder
- Burn

2. Patients with active Polyarticular Rheumatoid Arthritis, Psoriatic Arthritis, Seronegative Arthropathies or Systemic Vasculitides with joint inflammation AND have had a sustained course of outpatient therapy within the 20 days prior to inpatient admission.

3. Patients with Major Multiple Trauma which includes multiple fractures and/or multiple system involvement.

4. Patients who have had hip or knee replacements if:

- a. They have had bilateral replacements, or
- b. They have a body mass index of 50 or greater, or
- c. They are 85 years of age or older

### ***Criteria For Admission***

BAPTIST HEALTH Rehabilitation Institute recommends the following criteria for admission:

1. Current feasible rehabilitation goals.
2. Absence of acute medical problems which would interfere with therapy.
3. Adequate nutrition maintained without IV's is preferable.
4. Medically stable without the use of a ventilator.
5. Status requires services of at least two of the rehabilitation therapies (Physical Therapy/Occupational Therapy/Speech Therapy/Rehabilitation Nursing).
6. Freedom from communicable disease, which would require respiratory isolation.
7. Mental and physical capability to participate and benefit from an intensive rehabilitation program for a minimum of 3 hours daily is preferred.
8. Motivation to participate in treatment.
9. Adequate communication through spoken, written, gestural or environmental cues to participate in therapy (except coma management patients).
10. Treatments, which require special nursing skills, such as peritoneal dialysis, radiation or chemotherapy, should usually be completed before admission or arranged according to need and availability of service.

### ***Diagnoses Eligible For Inpatient Rehabilitation***

1. Stroke: All diagnoses including cerebrovascular accidents, cerebral thrombosis, cerebral aneurysm, subarachnoid hemorrhage and other cerebrovascular diseases or any late effects of the above conditions.
2. Brain Injury: Traumatic or non-traumatic including: Cerebral laceration and/or contusion, intracranial hemorrhage following injury, anoxic or hypoxic encephalopathy, neoplasm/tumor, or any other residual or late effects due to a closed/open brain injury or brain surgery.
3. Spinal Cord Injury: Traumatic or non-traumatic leading to paralysis, quadriplegia, paraplegia, central nervous system damage, or any other impairment due to spinal trauma.
4. Neurological Disorders: Neuropathy, myopathy, radiculopathy (nerve root compression), multiple sclerosis, muscular dystrophy, Parkinson's disease, polyneuropathy due to diabetes mellitus or Guillain Barre Syndrome.
5. Congenital Deformity: Rehabilitative physical deformity or residual that is present from the time of birth.
6. Amputation: Unilateral or bilateral of lower extremity which is traumatic or stemming from a medical problem.
7. Major Multiple Trauma: Brain and spinal cord injury; brain injury and multiple fractures involving two long bones; spinal cord injury and multiple fractures involving two long bones; multiple fractures involving two long bones.
8. Fractured Neck of Femur/Hip Fracture: Any residual or late effect due to a fracture of the femur.
9. Burns: Any residual deficits stemming from burns of 30% of the body surface (i.e., scar contractures).

**Why do patients who do not meet the “rehabilitation diagnosis” criteria sometimes get admitted to BAPTIST HEALTH Rehabilitation Institute but at other times are declined?**

It is our goal at BAPTIST HEALTH Rehabilitation Institute to accommodate your patients to the best of our ability, whether or not they have a “rehabilitation diagnosis.” When our admitted ratio strongly favors those with “rehabilitation diagnoses,” we can take more patients that do not fit this category. Because the ratio of our qualifying / non-qualifying admissions fluctuates, we have to adjust our admission patterns accordingly. (Therefore the more patients we admit with a “rehabilitation diagnosis” the more patients we can take who do not fit the qualifying criteria.)

**What is the timeline for rehabilitation facilities to meet the Medicare criteria?**

The calendar year for each inpatient rehabilitation facility to meet the Medicare 50% criteria ends August 31, 2005.