

MOJAVE CREST ASSURANCE COMPANY

Internal Medical Policy

MP-089: Inpatient Medical Rehabilitation — Level of Care Criteria

Policy Number:	MP-089	Version:	1.2
Effective Date:	January 15, 2024	Superseded Date:	February 28, 2025
Replaces:	MP-089 v1.1 (eff. Jan 1, 2022)	Status:	SUPERSEDED

PURPOSE

This policy defines MCA's criteria for authorizing inpatient medical rehabilitation. It applies to claims billed under CPT codes 99233 and facility revenue codes 0118/0128.

COVERAGE CRITERIA (v1.2)

§1. Admission Criteria

Authorization is appropriate when ALL of the following are met:

- 1.1 The member requires intensive rehabilitative therapy (minimum 3 hours per day, 5 days per week).
- 1.2 The treating physician certifies that the member's medical condition requires daily physician supervision.
- 1.3 The member's functional deficits are expected to improve significantly with intensive rehabilitation within a defined timeframe.
- 1.4 The required level of rehabilitation cannot be safely or effectively provided in a less intensive setting.
- 1.5 The member is medically stable for transfer to a rehabilitation facility.

§2. Continued Stay Criteria

Continued authorization requires: (a) documented functional progress toward measurable goals at each concurrent review interval; (b) continued medical complexity requiring physician-level supervision; (c) absence of clinical contraindication to continued intensive rehabilitation.

§3. Discharge Criteria

Authorization may be terminated when: (a) the member has achieved functional goals; (b) the member is no longer progressing; or (c) goals can be met in a less intensive setting.

CODING GUIDANCE

Code	Description	Setting
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99231–99233	Subsequent hospital inpatient visits	Inpatient facility
97530	Therapeutic activities	Inpatient/outpatient
97110	Therapeutic exercise	Inpatient/outpatient
REV 0118/0128	Room and board — rehabilitation	Inpatient facility

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