

MOJAVE CREST ASSURANCE COMPANY

Internal Medical Policy

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

Policy Number:	MP-089	Version:	2.0
Effective Date:	March 1, 2025	Superseded Date:	Active (current)
Replaces:	MP-089 v1.2 (eff. Jan 15, 2024)	Status:	CURRENT

PURPOSE

This policy defines MCA's updated criteria for authorizing inpatient medical rehabilitation. Version 2.0 incorporates 2024 InterQual revisions and aligns with updated CMS requirements for rehabilitation facility admissions.

COVERAGE CRITERIA (v2.0)

§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) AND has been evaluated by a physiatrist or rehabilitation specialist.
- 1.2 The member's primary diagnosis is one of the qualifying conditions under CMS's 60-percent rule (e.g., stroke, TBI, SCI, hip fracture, major joint replacement under specific conditions).
- 1.3 Daily physician supervision is required and documented.
- 1.4 Rehabilitation cannot be provided in a less intensive setting.
- 1.5 The member is medically stable.
- 1.6 There is a documented rehabilitation plan with measurable functional goals and a defined expected length of stay.

§2. Changes from Prior Version

Version 2.0 adds criterion 1.6 (documented rehabilitation plan) and aligns criteria 1.2 with the CMS 60-percent rule qualifying diagnoses. Authorizations already in effect under v1.2 are unaffected; new requests on or after March 1, 2025 are subject to v2.0.