Admission Criteria to Comprehensive Medical Rehabilitation Hospitals/Units

**Stroke & Hip Fracture:**

**I. FRACTURE FEMUR/JOINT REPLACEMENT**

ICD-9-CM:
- 820 Fracture of neck of femur
- 821 Fracture of other and unspecified parts of femur
- 905.3 Late effect of fracture of neck of femur
- 905.4 Late effect of fracture of lower extremities

Criteria for Utilization of Rehabilitation Services

A. **Presence of a problem in one of the following:**
   1. Mobility
   2. Self-care
   3. Safety Precautions

and **Expectation of affecting significant practical improvement within a reasonable period of time**

B. Rehabilitation Services Evaluations should be customarily begun within 48 to 72 hours after surgery. The patient should be medically stable, able to tolerate the specific rehabilitation service, and able to respond to verbal and/or visual stimuli. These evaluations should be performed by a physician knowledgeable in rehabilitation.

Mobility problems are customarily treated by physical therapy. Self-care problems are customarily treated by occupational therapy, however, they may be treated by physical therapy and/or rehabilitation nursing in individual situations. Safety precautions are treated by physical therapy, occupational therapy, and rehabilitation nursing.

C. Rehabilitation services customarily continue for the duration of the patient’s acute hospitalization. Usually rehabilitation will then continue at a lower level of care (skilled nursing facility, outpatient therapy, home care). Some patients may require transfer to a comprehensive medical rehabilitation hospital/unit for their continued rehabilitation. If the decision is made that the patient requires transfer to a comprehensive medical rehabilitation hospital/unit and none is available, then consideration should be given for the patient to continue receiving rehabilitation services in the acute hospital setting.

D. There should be documentation at discharge from the acute hospital of the functional status of the patient.

E. There should be documentation that discharge planning has taken place and that discharge placement was appropriate.

**II. STROKE**

ICD-9-CM
- 342 Hemiplegia
- 430 Subarachnoid hemorrhage
- 431 Intracerebral hemorrhage
- 432 Other and unspecified intracerebral hemorrhage
Criteria for Utilization of Rehabilitation Services

A. Presence of a problem in one of the following:
   1. Self-care
   2. Mobility
   3. Safety Precautions
   4. Swallowing and/or Communication Disorders

and Expectation of affecting significant practical improvement within a reasonable period of time

B. Rehabilitation Services Evaluations should be customarily begun within 48 to 72 hours after onset of stroke. The patient should be medically stable, able to tolerate the specific rehabilitation service, and able to respond to verbal and/or visual stimuli. These evaluations should be performed by a physician knowledgeable in rehabilitation.

Self-care problems are customarily treated by Occupational Therapy, however, they may be treated by Physical Therapy and/or Rehabilitation Nursing in individual situations. Mobility problems are customarily treated by Physical Therapy. Safety precautions are treated by Physical Therapy, Occupational Therapy, Speech and Language, Pathology, and Rehabilitation Nursing. Swallowing and/or Communication Disorders are customarily treated by Speech and Language Pathology, however, they may be treated by Rehabilitation Nursing and/or Occupational Therapy in individual situations.

C. Rehabilitation services customarily continue until the decision is made to transfer the patient to a comprehensive medical rehabilitation unit/hospital for continued rehabilitation, or a decision is made that rehabilitation can continue at a lower level of care (skilled nursing facility, outpatient therapy, home care). This decision is customarily made 3 to 5 days after initiation of rehabilitation services. If the decision is made that the patient requires transfer to a comprehensive medical rehabilitation hospital/unit and none is available, then consideration should be given for the patient to continue receiving rehabilitation services in the acute hospital setting.

D. There should be documentation at discharge from the acute hospital of the functional status of the patient.

E. There should be documentation that discharge planning has taken place and that discharge placement was appropriate.

approved BOG 9/87
approved BOG 8/2012