



<b>Policy</b>	<b>REIMB_0040</b>
<b>Effective Date</b>	<b>01/01/2026</b>
Reviewed/Revised Date	10/27/2025
Next Review Date	10/27/2026
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Originated Department	Clinical Operations

### Acute Inpatient Rehabilitation

<b>Audience</b>
Medical Management

<b>Purpose</b>
<p>Payment policies provide general support for applying Mountain Health CO-OP member policy document coverage decisions, and the member-specific benefit plan document must be referenced. The terms of the member-specific Policy document may differ from the standard benefit plan based on this payment policy. If there is a conflict between a member-specific policy document and the Mountain Health CO-OP payment policy, the member-specific policy document supersedes this policy. Any person(s) applying this payment policy must identify member eligibility, the member-specific policy document, and related policies or guidelines before applying this payment policy, including the existence of any state or federal guidance. Mountain Health CO-OP payment policies are designed for informational purposes only and are not an authorization, explanation of benefits, or contract. Receipt of benefits is subject to the satisfaction of all terms and conditions of the member-specific policy document coverage. Mountain Health CO-OP reserves the sole discretionary right to modify all policies and guidelines at any time.</p>

<b>Definition</b>
<p>Mountain Health covers medically necessary inpatient rehabilitation and LTAC services, in accordance with the member’s benefit Services and subsequent payment are pursuant to the member's benefit plan document. As a condition of payment, Mountain Health requires inpatient notification for any member who is being admitted or transferred to an inpatient rehabilitation and LTAC facility. The facility must notify Mountain Health prior to an elective admission to obtain an inpatient notification number.</p> <p>Mountain Health determines the appropriateness for admission and the level of care (LOC) with the facility based on the clinical information presented at the time of admission and appropriate</p>

criteria. Mountain Health performs ongoing review of the member's clinical information in order to determine the member's continued status and LOC.

The following provides descriptions of levels of care (LOC) available for members in inpatient rehabilitation and long-term acute care (LTAC) facilities and is not to be used to determine medical necessity for admission. Mountain health utilizes nationally recognized medical necessity criteria to determine the appropriateness for admission and the level of care (LOC) with the facility based on the clinical information presented at the time of admission.

### Policy/Procedure

The following levels of care must be billed with the corresponding revenue code. The LOC billed must match the LOC and length of stay that was authorized.

<b>Level R1</b>	Rehabilitation	0128
<b>Level R2</b>	Acute complex rehabilitation	0129
<b>Level C1</b>	Long-term acute care	0120

### Inclusions and Exclusions by Level of Care

#### Level R1 Rehabilitation — Revenue Code 0128

Daily medical management and monitoring and skilled rehab services, physiatrist available daily, MD/NP/PA sees member at least 3 days per week for assessment and oversight.

#### Skilled Nursing Services

- Skilled nursing available 24 hours/day
- Nursing interventions/treatments 4-5 hours daily, which include, but may not be limited to:
  - Patient/caregiver teaching /education (e.g., medication adherence, ADLs, chronic disease management)
  - IV Management including antibiotics and heparin
  - Physical assessment requiring functions, which include, but may not be limited to:
  - Bowel and bladder management

#### Skilled Rehabilitation Services

- Skilled rehabilitation services 2-3 hours of therapy per day, at least 5 days/week
- Greater than or equal to two disciplines per day

#### Combined Services

Combined nursing and rehab, a minimum of 6 hours

#### Level R2 Acute Complex Rehabilitation — Revenue Code 0129

Daily medical management and monitoring and skilled rehab services, MD/NP/PA sees member at least 3 times/week if stable, and daily if member is moderately stable, psychiatrist available daily.

#### Skilled Nursing Services with Complex Specialized Medical Equipment

- Rehab nursing 24 hours/day
- Nursing interventions/treatments 5-6.5 hours daily, which include but may not be limited to:
  - Patient/caregiver teaching /education (e.g., medication adherence, ADLs, chronic disease management)
  - Wound management requiring complex dressing and equipment
  - IV Management including antibiotics & heparin
  - Bowel and bladder management
- Assessment and management of chronic diseases and co-morbidities (e.g., nebulizer and other respiratory treatments)
- Complex specialized medical equipment (i.e., halo traction, ventilation management, trach w/ mist)

#### Skilled Rehabilitation Services

- Skilled rehabilitation services at least 3 hours of therapy/day, at least 5 days/week
- Respiratory therapy twice per day
- Greater than or equal to two disciplines per day

#### Combined Services

Combined nursing and rehab minimum of 8 hours

### **Level C1 Long-Term Acute Care (LTAC) — Revenue Code 0120**

Daily medical management and monitoring and skilled rehab services, pulmonologist available daily, Daily MD/NP/PA sees member daily, average length of stay is 25 days

#### Skilled Nursing Services (with Complex Specialized Medical Equipment)

- Rehab Nursing available 24 hours/day Nursing interventions/treatments greater than 6.5 hours per day, which include but may not be limited to:
  - Patient/caregiver teaching /education (e.g., medication adherence, ADLs, chronic disease management)
  - IV fluids, antibiotics, and heparin
  - Physical assessment requiring functions, which include but may not be limited to: bowel and bladder management
  - Minimum of three IV meds

#### Skilled Rehabilitation Services

Must include one of the following:

- Skilled rehabilitation services one to three hours/day, greater than or equal to 5 days/week
- One to two disciplines
- Respiratory therapy greater than three times a day for complex respiratory diagnosis or vent member and restorative nursing program

#### Combined Services

Combined nursing and rehab 7.5-9.5 hours/day

#### Inclusions, per diem

- Room and board (private or semi-private room)
- Durable medical equipment (DME), including specialized DME (e.g., Clinitron Bed, CPM)
- All ancillary services such as:
  - Laboratory services
  - Medical/surgical supplies
  - Medications
  - Diagnostic testing
  - Dialysis
  - Total parenteral nutrition (TPN)
  - Wound vacuum
  - Bed enclosure
  - Non-customized orthotic and prosthetic devices
  - Telemetry
  - Overlay air mattress
  - PAP therapy devices (e.g., C-PAP/BiPAP)
  - Bariatric equipment
  - Modified barium swallow

#### Exclusions, per diem

- Physician coverage
- Ambulance transportation
- Customized orthotic and prosthetic devices
- Psychological/neuropsychological evaluation
- Botox
- IV chemotherapy
- Radiation therapy

#### Other Requirements

- All items and services must be related to the member's diagnosis and treatment and ordered by the PCP.
- LOC is determined by the CM/DCM and is based on the aggregate medical needs of the member, reflecting the needed intensity of nursing services, rehabilitation, and pharmacy administration.
- The CM/DCM must have access to and knowledge of weekly meetings and family meetings, the opportunity to participate in care planning, review of cases with interdisciplinary team, and discharge planning goals, including collaboration on the need for home visits, and the opportunity to develop systems that identify and report changes of condition of subacute and custodial members within 24 hours, or by the following business day.
- At the point of member discharge, the provider must send a copy of the discharge summary to the CM/DCM and the member's PCP **within seven days** of discharge (or the member's post-discharge visit with the PCP, whichever is sooner).
- PT, OT, ST will be routinely provided 5 or more days per week and available 7 days per week, as necessary and in accordance with the terms of the provider's health services agreement.

## Vendors

- HPS

Review/Revision/Approval History	
Date	Description
10/27/2025	Adopted

**Disclaimer**

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Medical and Coding/Reimbursement policies do not constitute medical advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult appropriate healthcare providers for medical advice, care, and treatment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the member’s benefit plan, effective when services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Including or excluding a procedure, diagnosis, or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as they apply to an individual member.

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