

#1	Physical disability	Rehabilitation: Complex 2008
No	Yes	Exclusions
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Patients whose long-term prognosis or care will not be modified by rehabilitation
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Functional deterioration related to natural and irreversible progression of a chronic disease
Met	Not Met	Validating Elements
Clinical Intervention and Patient Status		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clinical Complex physical disability inhibits functional mobility and performance of at least one of the following: <ul style="list-style-type: none"> • Transfer with minimal assist • Walk 50 feet with minimal assist • Safety in mobility
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Comorbidities Underlying illness, injury or comorbid condition has been stabilized
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Participation Physical ability to participate in, and emotional and cognitive ability to comply with the rehabilitation program
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Potential Potential to make continued progress towards long-term goal to achieve optimal functional capacity
Settings-Resources		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Level of Care Closely monitored rehabilitation program with at least 2 core therapy services for at least 4 hours per day
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Intensity Skilled services every 4 hours to include: <ul style="list-style-type: none"> • Continuous presence of rehabilitation nursing services • Monitoring to enable modifications to the treatment program as needed • Prevention of complications
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Alternatives A less intensive setting for rehabilitation is not safe or effective
Clinical Actions		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Therapeutic Goals Initiation, continuation, or completion of rehabilitation program to meet short-term goals to: <ul style="list-style-type: none"> • Improve mobility and performance of activities of daily living to maximize functional independence • Master use of assistive devices • Educate patient and family regarding impact of disability • Adjust psychologically to impairment • Prepare for transfer to another level of care or home
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Coordination Interdisciplinary rehabilitation team meeting on admission to: <ul style="list-style-type: none"> • Establish benchmarks for short and long-term goals • Assess behavioral health needs • Create a preliminary discharge plan
<input checked="" type="checkbox"/>	<input type="checkbox"/>	MD Assessment Initial physician assessment at the time of admission to: <ul style="list-style-type: none"> • Complete a comprehensive history and physical examination • Review of medication history • Address comorbidities and complexities of treatment • Review prior rehabilitation history, current potential, and planned rehabilitation program • Develop and implement a therapeutic plan
Considerations Includes patients with musculo-skeletal disorder who require skilled monitoring during the rehabilitation phase of treatment, e.g., amputees, crush injuries, or spinal cord injuries Interdisciplinary rehabilitation team includes but is not limited to the following participants: physicians, physical therapists, occupational therapists, recreational therapists, social workers, psychologists, dieticians, nurses Core therapy services include physical therapy (PT), occupational therapy (OT) and speech. Only 2 core therapy services are necessary to meet the level of care requirement Therapy is provided 7 days per week. Criteria is no longer met once the treatment plan has become routine or when safety has been assured and the patient can transfer with minimal assist and walk 50 feet		

Steps to Complete a Review

1. Choose criterion (example: Physical disability).

MCAP's exclusive service-focused methodology allows reviewers to choose a criterion based on the treatments ordered in the physician's plan of care.

2. Review criterion sections and check off all exclusions and validating elements.

For a criterion to be qualified according to clinical necessity and best practice standards, each validating element must be met.

3. Collect Quality, Delay or Reason Codes for adequate explanation of outcomes. This data can be collected, reported and analyzed to accurately identify areas for improving patient flow and reducing LOS.

Reviewers can add Quality and Delay Codes for qualified reviews or Reason Codes for non-qualified reviews. These codes are fully customizable to meet the needs of your facility or health system.