



Specialty Outpatient Day-Hospital Services

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Definition

<p>Comprehensive Outpatient Rehabilitation Facility (CORF)/ Specialty Day Hospital</p>	<p>Facility that provides a continuum of services for complex medical and/or rehabilitative needs.</p>		
	<p>These programs offer transitional care following discharge from an acute inpatient stay and may offer outpatient day-hospital programs providing medical personnel and specialized therapies 5 days/week; 6 hours/day per the table below.</p>		
	<p>Services and Support Areas</p>	<p>Clinical Support</p>	<p>Diagnosis (not all-inclusive)</p>
	<ul style="list-style-type: none"> ▪ Medicine ▪ Neurology ▪ Nursing ▪ Nutrition ▪ Occupational therapy ▪ Pain Management ▪ Physical therapy ▪ Psychiatry and psychology ▪ Pulmonology ▪ Rehabilitation medicine ▪ Respiratory therapy/ventilator weaning ▪ Speech-language pathology and Feeding therapy ▪ Surgical Orthopedics 	<ul style="list-style-type: none"> ▪ Assistive Technology ▪ Audiology ▪ Child Life ▪ Lab Services ▪ Patient advocacy ▪ Radiology ▪ Social Work/Case Management ▪ Specialty consultative services 	<ul style="list-style-type: none"> ▪ Brain/spinal cord injury or disorders ▪ Burns ▪ Cancer ▪ Cardiac disease ▪ Cerebral palsy ▪ Chronic pain syndromes ▪ Feeding disorders ▪ Genetic and neuromuscular diseases ▪ Hematologic disorders ▪ Intracranial hemorrhage/ stroke ▪ Pulmonary disorders ▪ Renal disease ▪ Rheumatologic disorders

Guideline

Members are eligible for benefit-coverage of habilitative or rehabilitative care in an outpatient day-hospital facility when services are:

1. Necessary ≥ 3 days/week, ≥ 6 hours per day, for either:
 - a. Medical management with skilled nursing care
 - b. Habilitative or rehabilitation program participation
2. Reasonable and necessary to restore, improve or maintain functions that have been either:
 - a. Impaired by illness or injury
 - b. Permanently lost or reduced by illness or injury
3. The member requires ≥ 3 types of services ([Table 1](#))
4. The multidisciplinary plan of care is physician-directed and physician-reviewed at regularly scheduled intervals

Documentation

Clinical record must include the following and be furnished to the plan upon request:

1. Medical history
2. Pertinent diagnoses
3. Service modality, amount, frequency and duration of services required
4. Anticipated clinical, habilitative/rehabilitative goals, with correlation to the likelihood that he/she will derive meaningful benefit from the services provided
5. Progress notes

Discharge Criteria

1. Goals met; medical/therapeutic needs can be addressed safely and effectively in either:
 - a. A less restrictive outpatient or community setting
 - b. The home
2. Daily medical/therapeutic management no longer required
3. Medical/rehabilitative needs require inpatient hospitalization

Table 1 — General Division of Services

Physician	<ul style="list-style-type: none"> ▪ Assessment, diagnosis, treatment ▪ Care Plan development/review
Advanced Care Practitioners/Health Care Supervision	<ul style="list-style-type: none"> ▪ Administration of medications /treatments ▪ Education in hygiene and health concerns ▪ Care plan coordination with appropriate outside health care professionals ▪ Oversight of maintenance/therapy treatment as recommended by therapist ▪ Coordinated implementation of physician’s orders with member, family, and program staff
Developmental Skills Training	<ul style="list-style-type: none"> ▪ Affective development ▪ Behavior development ▪ Communication development ▪ Independent living development ▪ Self-help development

	<ul style="list-style-type: none">▪ Sensorimotor development▪ Social development
Therapies	<ul style="list-style-type: none">▪ Occupational, physical, respiratory, speech/language
Prosthetics/Orthotics	<ul style="list-style-type: none">▪ Testing▪ Fitting▪ Training in use
Psychological	<ul style="list-style-type: none">▪ Assessment, diagnosis, treatment (mental and emotional functioning specific to habilitative/rehabilitative needs)▪ Family counseling (to treat the member's condition when it is necessary to observe the member–family dynamic or to assess family-capability to aid the member)
Supplies, Appliances, Equipment	<ul style="list-style-type: none">▪ DME▪ Non-reusable supplies (e.g., oxygen)

Limitations/Exclusions

Day-hospital services are not covered when:

1. The level of complexity/intensity of services can safely and effectively be performed at an alternate level-of-care setting without diminishing the outcome
2. Number of days exceeds member-benefit commensurate with Certificate of Coverage

References

Apollo Managed Care Guidelines. CORF Medical Review Policy.

Blythedale Children's Hospital. Day Hospital Programs and Services. 2014. <http://www.blythedale.org/day-hospital>. Accessed October 17, 2017.

NGS Medicare. LCD for Outpatient Physical and Occupational Therapy Services (L26884). October 2017.

[https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33631&ver=21&CtrctrSelected=300*1&Ctrctr=300&name=National+Government+Services%2c+Inc.+\(National+Government+Services%2c+Inc.+\(13202%2c+A+and+B+and+HHH+MAC%2c+J++K\)\)&LCtrctr=300*1&DocType=Active&bc=AgACAAQAIAAAA%3d%3d&](https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33631&ver=21&CtrctrSelected=300*1&Ctrctr=300&name=National+Government+Services%2c+Inc.+(National+Government+Services%2c+Inc.+(13202%2c+A+and+B+and+HHH+MAC%2c+J++K))&LCtrctr=300*1&DocType=Active&bc=AgACAAQAIAAAA%3d%3d&). Accessed October 17, 2017.

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