



## Specialty Outpatient Day-Hospital Services

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### Definition

Comprehensive Outpatient Rehabilitation Facility (CORF)/ Specialty Day Hospital	Facility that provides a continuum of services for complex medical and/or rehabilitative needs.		
	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.		
	Services and Support Areas	Clinical Support	Diagnosis (not all-inclusive)
	<ul style="list-style-type: none"> <li>▪ Medicine</li> <li>▪ Neurology</li> <li>▪ Nursing</li> <li>▪ Nutrition</li> <li>▪ Occupational therapy</li> <li>▪ Pain Management</li> <li>▪ Physical therapy</li> <li>▪ Psychiatry and psychology</li> <li>▪ Pulmonology</li> <li>▪ Rehabilitation medicine</li> <li>▪ Respiratory therapy/ventilator weaning</li> <li>▪ Speech-language pathology and Feeding therapy</li> <li>▪ Surgical Orthopedics</li> </ul>	<ul style="list-style-type: none"> <li>▪ Assistive Technology</li> <li>▪ Audiology</li> <li>▪ Child Life</li> <li>▪ Lab Services</li> <li>▪ Patient advocacy</li> <li>▪ Radiology</li> <li>▪ Social Work/Case Management</li> <li>▪ Specialty consultative services</li> </ul>	<ul style="list-style-type: none"> <li>▪ Brain/spinal cord injury or disorders</li> <li>▪ Burns</li> <li>▪ Cancer</li> <li>▪ Cardiac disease</li> <li>▪ Cerebral palsy</li> <li>▪ Chronic pain syndromes</li> <li>▪ Feeding disorders</li> <li>▪ Genetic and neuromuscular diseases</li> <li>▪ Hematologic disorders</li> <li>▪ Intracranial hemorrhage/stroke</li> <li>▪ Pulmonary disorders</li> <li>▪ Renal disease</li> <li>▪ Rheumatologic disorders</li> </ul>

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

	<ul style="list-style-type: none"> <li>▪ Sensorimotor development</li> <li>▪ Social development</li> </ul>
Therapies	<ul style="list-style-type: none"> <li>▪ Occupational, physical, respiratory, speech/language</li> </ul>
Prosthetics/Orthotics	<ul style="list-style-type: none"> <li>▪ Testing</li> <li>▪ Fitting</li> <li>▪ Training in use</li> </ul>
Psychological	<ul style="list-style-type: none"> <li>▪ Assessment, diagnosis, treatment (mental and emotional functioning specific to habilitative/rehabilitative needs)</li> <li>▪ 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)</li> </ul>
Supplies, Appliances, Equipment	<ul style="list-style-type: none"> <li>▪ DME</li> <li>▪ Non-reusable supplies (e.g., oxygen)</li> </ul>

### 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 November 28, 2016.

NGS Medicare. LCD for Outpatient Physical and Occupational Therapy Services (L26884). August 2016.

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