Medicare Inpatient Rehabilitation Hospital/Facility Coverage
In Light of Jimmo v. Sebelius

A federal court approved the Jimmo Settlement Agreement in January 2013. Because of this Settlement, the Medicare Benefit Policy Manual now clearly states that coverage of a Medicare-certified inpatient rehabilitation facility/hospital (IRF/H) does not depend on a beneficiary’s ability to achieve complete independence in self-care or a prior level of functioning. Rather, an IRF/H stay is considered medically necessary when the beneficiary’s medical record, admission order, pre and post-admission screenings, and plan of care demonstrate that the following coverage criteria were met at the time of admission:

- The individual requires a relatively intense, multidisciplinary rehabilitation program (physical therapy, occupational therapy, speech-language pathology, and/or prosthetics/orthotics).
- The care includes physical or occupational therapy.
- The care is provided by a coordinated, multi-disciplinary team that meets at least bi-weekly.
- The individual requires at least three hours of therapy per day five days a week or, in certain cases, at least 15 hours of therapy within a consecutive seven-day period.
- However, Medicare cannot deny claims solely because the threshold therapy time was not satisfied. There must be a clinical review “based on the individual facts and circumstances of the case, and not on the basis of any threshold of therapy time.” CMS Transmittal 771, 100-08, 2/23/2018.
- The individual can actively participate in, and benefit from, the IRH/F care.
- There is a reasonable expectation that the individual will make measurable improvement that will be of practical value to improve his/her functional capacity or adaptation to impairments within a prescribed period of time.
- Remember, Medicare does not require that the individual achieve complete independence in self-care or return to a prior level of functioning. CMS Transmittal 179, Pub 100-02, 1/14/2014; Medicare Benefit Policy Manual, Chapter 1, Sections 110.2-.3.
- The individual requires the supervision of a rehabilitation physician, i.e., “a licensed physician with specialized training and experience in inpatient rehabilitation.” The individual and the physician must have at least three face-to-face visits per week during your IRH/F stay.

For additional information, see the Center for Medicare Advocacy’s Improvement Standard Homepage.