

Impact of Insurance

According to the NIH, rehabilitation for a stroke can occur as soon as 24 hours after the stroke's occurrence. Rehabilitation is a key component to recovery from a stroke. Time is of the essence during recovery, and Inpatient Recovery Facilities are normally your first stop. However, insurance status affects access to care, which may affect health outcomes.

According to the legal site nolo.com, An inpatient rehab facility (IRF) is sometimes called an acute care rehabilitation center. An IRF can be a separate wing of a hospital or can be a stand-alone rehabilitation hospital. IRFs provide intensive, multi-disciplinary physical or occupational therapy under the supervision of a doctor as well as full-time skilled nursing care.

Skilled nursing facilities sometimes call themselves post-acute rehabilitation centers, but they are not IRFs. The rules for a Medicare-covered stay in a skilled nursing facility are very different

How Much Medicare Pays for an Inpatient Rehabilitation Stay

Medicare Part A reimburses stays at an inpatient rehabilitation facility in the same way as it reimburses regular hospital stays; in other words, you will have the same out-of-pocket costs. Accordingly, Medicare pays only certain amounts of your stay at an IRF. For the first 60 days you are an inpatient in an IRF, Part A hospital insurance pays for everything. After your 60th day in an IRF, and through your 90th day, you must pay a daily co-pay \$296 (in 2013).

For Medicare to pay for your stay in an intensive inpatient rehabilitation center, your doctor must certify that you need:

- intensive physical or occupational rehabilitation (at least three hours per day, five days per week)
- at least one additional type of therapy, such as speech therapy, occupational therapy, or prosthetics/orthotics
- full-time access to a doctor with training in rehabilitation, including at least three visits per week, and
- full-time access to a skilled rehabilitation nurse.
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Medicare cannot deny coverage because your condition is not expected to improve enough to enable you to return home or to your prior level of functioning.

If you don't need intensive rehabilitation, but you do need full-time nursing care, Medicare Part A could cover a stay in a skilled nursing facility instead. Or, if you don't need intensive rehab and you only need part-time nursing care, Medicare could cover home health care visits.

If you are in an IRF more than 90 days (during one spell of illness), you can use up to 60 additional "lifetime reserve" days of coverage. During those days, you are responsible for a daily coinsurance payment of \$592 per day, in 2013, and Medicare will pay the rest. You have only 60 reserve days to be used over your whole lifetime, for both hospital and IRF stays combined.

What Medicare Covers During an IRF Stay

When you are admitted to an IRF, Medicare Part A hospital insurance will cover the following for a certain amount of time:

- a semiprivate room
- all meals
- regular nursing services
- social worker services
- drugs, medical supplies, and appliances furnished by the facility, such as casts, splints, wheelchair, and
- rehabilitation services, such as physical therapy, occupational therapy, and speech pathology, provided while you are in the IRF.
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What Medicare Does Not Cover During an IRF Stay

Medicare Part A hospital insurance does not cover:

- personal convenience items such as television, radio, or telephone
- private duty nurses, or
- a private room when not medically necessary.

Medicaid coverage of inpatient rehabilitation facility (IRF), admissions varies by state. For instance:

Medicaid did not cover IRFs in 4 (TN, TX, SC, WV) out of 42 states. The impact of State Medicaid IRF coverage was limited to Medicaid stroke patients. Compared to Medicaid stroke patients in states with Medicaid IRF coverage, Medicaid stroke patients hospitalized in states without Medicaid IRF coverage were less likely to be discharged. Given the increasing stroke incidence among the working age and Medicaid is changing under the Affordable Care Act, and careful attention to state Medicaid policy for post-stroke rehabilitation.

The Centers for Medicare and Medicaid Services, [CMS.gov](https://www.cms.gov), released a list of important items associated with the inpatient rehabilitation facility - patient assessment (IRF-PAI) for fiscal year 2019. Check this information for your state coverage.

Medicaid and Medicare are rapidly changing. You need to contact your insurance holder to be up to date on what your coverage is, and to make sure that your insurance carrier is not at risk of going bankrupt.