

WAC 182-550-2551 When the medicaid agency authorizes acute PM&R services. (1) Acute PM&R services may be authorized when all of the following are met:

- (a) The client has all of the following:
 - (i) Extensive or complex medical needs;
 - (ii) Nursing needs; and
 - (iii) Therapy needs.

(b) The client has a new or recent significant impairment in two or more of the following areas:

- (i) Mobility and strength;
- (ii) Self-care/ADLs (activities of daily living);
- (iii) Communication; or
- (iv) Cognitive/perceptual functioning.

(c) The client has a new or recent onset of one of the following conditions:

- (i) Brain injury caused by trauma or disease.
- (ii) Spinal cord injury resulting in:
 - (A) Quadriplegia; or
 - (B) Paraplegia.
- (iii) Extensive burns.
- (iv) Bilateral limb loss.
- (v) Stroke or aneurysm with resulting hemiplegia or cognitive deficits, including speech and swallowing deficits.
- (vi) Multiple trauma (after the client is cleared to bear weight) with complicated orthopedic conditions and neurological deficits.
- (vii) Skin flap surgery after severe pressure ulcer for a client who:

- (A) Requires close observation by a surgeon; and
- (B) Is ready to mobilize or be upright in a chair.
- (viii) Acute inflammatory demyelinating polyneuropathy (AIDP).

(2) If the client does not meet the clinical criteria set forth in this section, the agency will evaluate the request for medical necessity according to the process in WAC 182-501-0165.

[Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 17-10-058, § 182-550-2551, filed 5/2/17, effective 6/2/17. WSR 11-14-075, recodified as § 182-550-2551, filed 6/30/11, effective 7/1/11. Statutory Authority: RCW 74.08.090, 74.09.520 and 42 C.F.R. 482.56. WSR 03-06-047, § 388-550-2551, filed 2/28/03, effective 3/31/03. Statutory Authority: RCW 74.08.090 and 74.09.520. WSR 99-17-111, § 388-550-2551, filed 8/18/99, effective 9/18/99.]