

Long-Term Acute Care Hospital (LTACH)

Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Clinical guidelines are applicable according to policy and plan type. The Plan may delegate utilization management decisions of certain services to third parties who may develop and adopt their own clinical criteria.

Coverage of services is subject to the terms, conditions, and limitations of a member's policy, as well as applicable state and federal law. Clinical guidelines are also subject to in-force criteria such as the Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) for Medicare Advantage plans. Please refer to the member's policy documents (e.g., Certificate/Evidence of Coverage, Schedule of Benefits, Plan Formulary) or contact the Plan to confirm coverage.

Summary

Plan members who are ready for discharge from the hospital will be assessed for the most appropriate setting for post-acute care. There are many factors that will be considered such as the level of medical care needed, potential for rehabilitation, and social needs of the member. Members who are appropriate for long-term acute care hospitals (LTACH) have complex care needs. Members who are admitted for LTACHs are expected to eventually recover to pre-hospitalization status under close observation and the typical average length of stay is ≥ 25 days.

Definitions

"Long-term acute care hospitals (LTACHs)" are defined by the Center for Medicare and Medicaid Services (CMS) as hospitals that have an average Medicare inpatient length of stay greater than 25 days. These hospitals typically provide extended medical and rehabilitative care for members who have multiple acute or chronic conditions with complex management. Services may include, but are not limited to: comprehensive rehabilitation, respiratory therapy for ventilator management, chest tube, wound care, cancer treatment, head trauma treatment and pain management.

"Inpatient rehabilitation facilities" provide an intensive rehabilitation program and can be freestanding rehabilitation hospitals or rehabilitation units in acute care hospitals, i.e., acute rehabilitation units. Members who are admitted have complex nursing, medical, and rehabilitation needs. They must be able

to tolerate 3 hours of intense rehabilitation services per day or 15 hours per week. There are measurable goals for improvement and managed by an interdisciplinary team.

“Skilled nursing facilities (SNFs)” are defined by the CMS as skilled services that “require the skills of qualified technical or professional health personnel such as registered nurses, licensed practical (vocational) nurses, physical therapists, occupational therapists, and speech-language pathologists or audiologists”, and “must be provided directly by or under the general supervision of these skilled nursing or skilled rehabilitation personnel to assure the safety of the patient and to achieve the medically desired result.” Skilled nursing care can be delivered in the inpatient (SNF) or outpatient setting, depending on the individual needs of the patient.

“Subacute care facilities” are a level of rehabilitative care typically provided following an inpatient hospital admission. Subacute care facilities provide services similar to skilled nursing facilities; services include but are not limited to skilled nursing care, respiratory care, and rehab therapies.

A. Clinical Indications

1. Medical Necessity Criteria for Initial Clinical Review

- a. General Medical Necessity Criteria
- b. Initial Indication-Specific Criteria

Continued Care

2. Medical Necessity Criteria for Subsequent Clinical Review

- a. Subsequent Medical Necessity Criteria

3. Experimental or Investigational / Not Medically Necessary

B. Applicable Billing Codes

Medical Necessity Criteria for Initial Clinical Review

General Medical Necessity Criteria

(Please check member's benefit plan for LTACH admission)

The Plan considers LTACH admissions medically necessary when ALL of the following criteria are met AND the Initial Indication-Specific Criteria are met:

- 1. Member is stable for transfer to LTACH, as defined by:
 - a. Cardiovascular status stable as indicated by MCG (GRG-050); *and*
 - b. Hypotension absent as indicated by MCG (GRG-050); *and*
 - c. Stable (respiratory) chest findings as indicated by MCG (GRG-050); *and*
 - d. Intake acceptable as indicated by MCG (GRG-050); *and*
 - e. Renal function acceptable as indicated by MCG (GRG-050), unless admitted for end-stage renal disease and dialysis; *and*
 - f. Pain adequately managed as indicated by MCG (GRG-050); *and*

- g. No new, acute or unstable neurological/neuro-surgical abnormalities of one of the following. Or if the member has one of the following conditions, that the condition has been stabilized:
 - i. Confusional state (e.g., disorientation, bewilderment, and difficulty following commands that persists for several hours despite treatment); *or*
 - ii. Lethargy (e.g., drowsiness, aroused by moderate stimuli, reduced self-awareness and environment for several hours despite treatment); *or*
 - iii. Obtundation (e.g., slowed responses and aroused with strong stimuli, sleep more than normal and drowsiness in between sleep states); *or*
 - iv. Stupor (e.g., vigorous and repeated stimuli to arouse, immediate lapse to unresponsive state); *or*
 - v. Coma (e.g., unarousable unresponsiveness); *or*
 - vi. Acute psychotic condition (sudden and severe onset of hallucinations, delusions, or grossly disorganized thinking and/or behaviors that are not part of the member's baseline mental state); *and*
- h. No new, acute or unstable hepatic dysfunction, unmanaged bleeding or clotting disorders; *and*
- i. No need for respiratory isolation or other types of isolation, unless manageable at the LTACH; *and*
- j. If needed, long-term feeding or peripheral access already established or to be placed at LTACH;*and*
- 2. Member is expected to recover, as supported by:
 - a. Documentation that the member will benefit from and improve during LTACH care; *and*
- 3. Member requires multidisciplinary care with daily physician oversight; *and*
- 4. LTACH is more appropriate than other levels of care (e.g., skilled nursing facility, home healthcare), as indicated by ONE or more of the following:
 - a. Clinical management needs exceed the capabilities of lower levels of care (e.g., frequency, intensity, complexity of interventions, or need for specialized equipment); *or*
 - b. Lower level of care is not available, accessible, or feasible in the member's geographic region; *or*
 - c. Prior attempt at a lower level of care has failed (e.g., recent readmission to acute care).

Initial Indication-Specific Criteria

Cardiovascular Conditions

The Plan considers LTACH admission for cardiovascular conditions medically necessary when General Medical Necessity Criteria are met, ALL of the following criteria are met, AND all criteria are met for at least one other condition listed in the Initial Indication-Specific Criteria:

1. Heart failure with pulmonary hypertension requiring long-term IV vasodilator therapy; *or*
2. Heart failure with need for intravenous vasoactive drugs (e.g., dobutamine); *and*
3. Continued support needed with high-concentration oxygen (greater than 40%); *and*

4. Daily adjustment and monitoring of diuretic therapy, fluids, and electrolytes needed.

Complex Medical Management

The Plan considers LTACH admission for complex medical management medically necessary when General Medical Necessity Criteria are met and ALL of the following criteria are met (e.g., chest tube management for persistent air leaks, traumatic brain injury with polytrauma):

1. Requires daily 6 hours or more of skilled services; *and*
2. Daily healthcare practitioner monitoring; *and*
3. Requires at least 1 intravenous medication; *and*
4. Requires invasive interventions and close observation (e.g., chest tube management, drainage tube management, serial bedside debridements); *and*
5. Does not require escalation of surgical services to a higher level of care (e.g., plastic surgery, surgical intervention at acute inpatient level of care); *and*
6. One of the below:
 - a. Dependent on high-level supplemental oxygen (e.g., high-flow nasal cannula, noninvasive ventilation) that is not able to be managed at a lower level of care; *or*
 - b. Member meets Ventilator Management criteria.

Complex Wound Management

The Plan considers LTACH admission for complex wound management medically necessary when General Medical Necessity Criteria are met and ALL of the following criteria are met:

1. Member has complex wound lesions as defined ONE of the following:
 - a. Stage IV, large necrotic, non-healing wounds, or post-operative wound complications being assessed for possible bedside surgical intervention; *or*
 - b. Large wound with high output fistula, delayed closures, tunneling, draining; *or*
 - c. Non-healing amputations; *or*
 - d. Management after emergency phase for necrotizing fasciitis; *or*
 - e. Severe burns (admitted to burn centers) who still require ONE of the following:
 - i. Late burn wound complications (e.g., graft loss, late contractures); *or*
 - ii. Frequent evaluation and surgical management of burn wound contractures that have not been responsive to rehabilitation; *or*
 - iii. Need continual nutritional support with extended hypermetabolic response; *and*
2. Requires daily 6.5 hours or more of extensive wound management by skilled services that cannot be provided at lower levels of care; *and*
3. Daily healthcare practitioner monitoring; *and*
4. Requires invasive interventions (e.g., serial bedside debridements); *and*
5. Does not require escalation of surgical services to a higher level of care (e.g., plastic surgery, surgical intervention at acute inpatient level of care).

End-Stage Renal Disease (ESRD) and Kidney Dialysis

The Plan considers LTACH admission for kidney dialysis for ESRD (eGFR <15 mL/min/1.73 m²) stage 5 medically necessary when General Medical Necessity Criteria are met, the following criteria are met, AND all criteria are met for at least one other condition listed in the Initial Indication-Specific Criteria:

1. Acute medical conditions related to ESRD such as uremic bleeding, uremic pericarditis, uremic neuropathy, uncontrolled hypertension, metabolic disturbances, and pulmonary edema.

Severe Infectious Disease Conditions

The Plan considers LTACH admission for severe infectious disease medically necessary when General Medical Necessity Criteria are met, ONE of the following criteria is met, AND all criteria are met for at least one other condition listed in the Initial Indication-Specific Criteria:

1. Infective endocarditis, native valve endocarditis, prosthetic valve endocarditis, or peritonitis requiring long-term intravenous antibiotics; *or*
2. Acute care and monitoring for recurring embolic phenomenon or other instabilities; *or*
3. Meningitis, encephalitis; *or*
4. Sepsis management, e.g., Candidemia (i.e., invasive *Candida* species in the blood), multidrug resistant bacteria entering the bloodstream.

Ventilator Management

The Plan considers LTACH admission for acute or chronic respiratory failure requiring ventilator management medically necessary when General Medical Necessity Criteria are met and ALL of the following criteria are met:

1. The member has been on mechanical ventilation for 21+ days OR has had a tracheostomy in place for at least seven (7) days; *and*
2. The member has been securely and safely trached with ALL of the following:
 - a. Positive end-expiratory pressure requirement 10 cm H₂O (981 Pa) or less; *and*
 - b. Adequate oxygenation (oxygen saturation 90% or greater) on FIO₂ 60% or less; *and*
 - c. Oxygen levels stable during suctioning and repositioning; *and*
3. The member had at least one of the following:
 - a. Two (2) reasonable weaning trials or spontaneous breathing trials within the past four (4) days; *or*
 - b. Three (3) weaning trials or spontaneous breathing trials within the past seven (7) days; *and*
4. There is a confirmed detailed note from pulmonology, critical care, or an attending physician stating this member has good weaning potential and will eventually come off the ventilator (e.g., tidal volume, respiratory rate, FIO₂).

Continued Care

Medical Necessity Criteria for Subsequent Clinical Review

Subsequent Medical Necessity Criteria

The Plan considers LTACH extension requests medically necessary when ALL of the following criteria are met:

1. The request is supported by medical records demonstrating progress and is not approved for more than 7 days at a time; *and*
2. The member continues to meet admission criteria, is demonstrating clinical improvement during LTACH stay, and is not ready to transition to an alternative or lower level of care.

Experimental or Investigational / Not Medically Necessary

Discharge Criteria

Plan members are considered ready for discharge to an alternative or lower level of care, and LTACH-level care is therefore considered not medically necessary, when the following criteria are met:

1. The member's condition can safely and effectively be managed at an alternative level of care; *and*
2. One of the following is met:
 - a. The member meets all of the clinical indications and milestones under Clinical Status and Interventions in Stage 3 and Discharge Criteria in the following:
 - i. MCG Ventilator Management Long-Term Acute Care Hospital (LTACH) Guideline (GRG-049) for a member on a ventilator; *or*
 - ii. MCG Long-Term Acute Care Hospital (LTACH) Level of Care Guideline (GRG-050) for other members; *and/or*
 - b. The member no longer meets all criteria listed in the applicable Initial Indication-Specific Criteria; *and/or*
 - c. The member's condition has changed and no longer needs LTACH level of care:
 - i. The member requires a higher level of care due to deterioration or new illness; *and/or*
 - ii. Current services preserve a present level of function or prevent regression of function for condition that has stabilized; *and/or*
 - iii. The member is no longer expected to recover and needs palliative care.

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