



Long-Term Acute Care (LTAC)

Last Revision/Review Date: January 20, 2021

P&P #

Policy

This Medical Policy does not constitute medical advice. When deciding coverage, the enrollee's specific plan document must be referenced. The terms of an enrollee's plan document (Certificate of Coverage (COC) or Summary Plan Description (SPD)) may differ from this Medical Policy. In the event of a conflict, the enrollee's specific benefit plan document supersedes this Medical Policy. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements, and the plan benefit coverage prior to use of this Medical Policy. Other Policies and Coverage Determination Guidelines may apply. Quartz reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

Procedure

A. Documentation Required

In order to facilitate the authorization process of requests for admission to a long-term acute care (LTAC) hospital, the following documents must be submitted:

1. Documentation of medical needs that are complex and require extensive nursing and rehabilitation care (e.g. ventilator management and weaning, multiple or extensive IV therapies, PT, OT, Speech Therapy, Respiratory Therapy, cardiac monitoring, complex wound care, etc.)
2. Description of multiple acute complexities that require close supervision by a physician
3. Documentation that care needs cannot be treated effectively at a lower level of care (e.g. skilled nursing facility)

B. Criteria for Medical Necessity of Admission

Admission to a LTAC Hospital is considered medically necessary when **ALL** of the following criteria are met:

1. Patient has medical and/or respiratory complexity, including comorbidities, that require ongoing acute care interventions and intensive treatment by licensed practitioners.
2. Complexity of the patient's condition and/or skilled needs cannot be safely delivered or are not appropriate in a skilled nursing facility (SNF), inpatient rehabilitation facility or home care as indicated by **1 or more** of the following:
 - a. Frequency of needed clinical management; **OR**
 - b. Frequency of needed diagnostic or treatment services including clinical assessment, laboratory and/or imaging services; **OR**
 - c. Intensity of needed skilled care services (e.g. acute or specialty nursing care, respiratory care, physician assessment or condition management); **OR**

- d. Lower level of care has been unsuccessful (e.g. patient readmitted to acute care from lower level of care and patient needs long-term acute care)
- 3. Anticipated length of stay of 14 days or more.
- 4. Rehabilitation services (e.g. PT, OT, Speech Therapy), if needed, are secondary reason for admission.

5. Interdisciplinary LTACH care is appropriate for medically complex situations, including comorbidities that require ongoing acute care, complex skilled nursing needs, and close physician supervision as indicated by **1 or more** of the following:

- a. Prolonged mechanical ventilation for respiratory failure requiring ventilation management and weaning;
- b. Infectious disease condition that requires close monitoring and treatment, e.g., endocarditis requiring long-term IV antibiotics and acute care and monitoring for unstable features such as recurrent embolic incidents;
- c. Complex cardiovascular condition, e.g., heart failure with pulmonary hypertension requiring long-term IV vasodilator therapy, heart failure with need for intravenous vasoactive medications, need for continued support with high-concentration oxygen (greater than 40%), and daily adjustment and monitoring of diuretic therapy, fluids, and electrolytes
- d. Complex wound care (e.g. large necrotic wound requiring close physician supervision or repeated debridement, complicated dressing changes, difficult to manage negative pressure therapy devices, high-output fistula requiring fluid and electrolyte replacement, etc.);
- e. Dialysis dependence with inability to safely transfer to a dialysis facility
- f. Other complex medical management conditions requiring close interdisciplinary monitoring and treatment (e.g., diabetic peripheral vascular disease with surrounding cellulitis unresponsive to standard IV antibiotic course that requires long-term IV antimicrobial therapy with daily monitoring and adjustment of diabetes treatment, chest tube management for persistent air leaks, traumatic brain injury with polytrauma; , etc.), or complex drain management

C. Concurrent Review – Criteria for Medical Necessity of Continued Stay

Continuation of care in an LTAC will be considered medically necessary when weekly updates provided by the inpatient care team include **ALL** the following criteria:

- 1. Patient's condition continues to require ongoing acute care daily interventions and intensive treatment by licensed practitioners **AND**
- 2. Patient continues to demonstrate significant, measurable progress toward goals **AND**
- 3. Patient does not meet the criteria to be transitioned to alternate level of care.

D. Clinical Indications for Transition of Care

Transitioning from a long-term acute care hospital to an alternate level of care may be considered medically necessary when **ALL** the following criteria are met:

- 1. All care can be safely managed at a lower level of care (e.g. skilled nursing facility, outpatient, home)

2. Patient has no signs of infection or is stable on a treatment regime that can be administered at an alternative lower level of care
3. Patient is hemodynamically stable without daily medication adjustments or daily lab work
4. Cardiovascular status is stable and does not require cardiac monitoring
5. Patient does not require dialysis **OR** it can be safely performed in a lower level of care (i.e., can safely transport and sit for hemodialysis)
6. Respiratory status is stable (e.g. does not require monitoring every 4 hours)
7. If ventilator dependent on admission, the patient is now off the ventilator **OR** is on stable ventilator settings and unable to be weaned **OR** has a home transition plan in place and caregiver(s) are trained.

E. Indications Considered Not Medically Necessary

1. Does not meet criteria for admission
2. Services that can be provided at a lower level of care such as skilled nursing facility, home health care, or outpatient clinic **AND** services are available.
3. Patient needs are limited to custodial care

References

CMS Pub.100-02, Medicare Benefit Policy Manual, Chapter 1;

Section 110 – Inpatient Rehabilitation Facility (IRF) Services

Section 110.1 – Documentation Requirements

Section 110.1.1 – Required Preadmission Screening

Section 110.1.2 – Required Post-Admission Physician Evaluation

Section 110.1.3 – Required Individualized Overall Plan of Care

Section 110.2 – Inpatient Rehabilitation Facility Medical Necessity Criteria

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c01.pdf> [Accessed Nov 2, 2020]

Centers for Medicare and Medicaid Services. Long Term Care Hospital PPS.

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/LongTermCareHospitalPPS> [Accessed Nov 2, 2020]