

Policy: MP348

Section: Medical Policy

Subject: Long Term Acute Care (LTAC)

Applicable Lines of Business

Commercial	X	CHIP	X
Medicare	X	ACA	X
Medicaid	X		

I. Policy: Long Term Acute Care (LTAC)

II. Purpose/Objective:

To provide a policy of coverage regarding Long Term Acute Care (LTAC)

III. Responsibility:

- A. Medical Directors
- B. Medical Management

IV. Required Definitions

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

V. Additional Definitions

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

- a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
- b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
- c. in accordance with current standards of good medical treatment practiced by the general medical community.
- d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
- e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

Medicaid Business Segment

Medically Necessary — A service, item, procedure, or level of care that is necessary for the proper treatment or management of an illness, injury, or disability is one that:

- Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
- Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.

- Will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age

DESCRIPTION:

Long-term acute care (LTAC) is a recognized designation (by the Centers for Medicare and Medicaid Services) for acute care hospitals designed for extended stay patients with chronic conditions. Patients are admitted to LTAC hospitals following treatment in a traditional acute care hospital, but who no longer require intensive diagnostic procedures. The care provided is more individualized and resource-intensive than is provided in a skilled nursing facility or nursing home. LTAC hospitals provide specialized care services to manage medical conditions in patients with catastrophic or acute illnesses/injuries.

CRITERIA FOR COVERAGE:

GENERAL LTAC CRITERIA:

All of the following must be met

- The member's clinical needs cannot be adequately met in lower level of care (e.g. home health, SNF, IP rehab)
- The member's clinical needs will be better met in an LTAC as opposed to the current or alternate level of care
- There are no unstable co-morbidities in evaluation/work-up phase, and do not require active therapy
- There is no hospice/end of life plan of care in place
- Placement is not being sought due to social issues (e.g family not willing or able to care for member at home, refuses alternate level of care, etc)
- There is a reasonable expectation for clinical/functional improvement
- Member can tolerate oral fluids or has alternate nutritional routes established (e.g. NG or J tube, IV, TPN)
- There is an expected complicated course of recovery requiring prolonged hospitalization
- Member requires chest tube or more intensive services that are available in LTAC setting
- Have 2 or more medically active conditions requiring ALL of the following:
 - Have 3 or more of the following:
 - IV medications
 - continuous IV fluids greater than KVO rate
 - TPN or PPN
 - blood products
 - At least one physician visit daily
 - Frequent diagnostic services
 - Active participation in PT and/or OT five or more days/week
- One of the following must be met
 - There is no tracheostomy
 - All of the following are met
 - LTAC facility can provide the appropriate level of care (e.g. first trach change, etc)
 - transport agency can manage emergency trach care (accidental removal during transport)

LTAC VENT CRITERIA:

All of the following must be met

- The clinical needs cannot be adequately met in lower level of care (e.g. home health, SNF, IP rehab)
- The clinical needs will be better met in an LTAC as opposed to the current or alternate level of care
- There are no unstable co-morbidities in evaluation/work-up phase, and do not require active therapy
- There is no hospice/end of life plan of care in place
- There is no chronic ventilator dependence (prior to hospitalization)
- Placement is not being sought due to social issues (e.g. family not willing or able to care for member at home, refuses alternate level of care, etc.)
- There is a reasonable expectation for clinical/functional improvement
- Member can tolerate oral fluids or has alternate nutritional routes established (e.g. NG or J tube, IV, TPN)
- There is an expected complicated course of recovery requiring prolonged hospitalization
- Expectation of ventilator support for one week or greater in an acute setting
- PEEP requirements < 10cm H2O
- Member has not been breathing spontaneously for 72 consecutive hours
- There is continued prolonged mechanical vent support and all of the following must be met

- More than 2 failed vent weaning attempts documented as failing established vent weaning protocol
- There is an expected prolonged vent weaning period
- ALL of the following must be met:
 - Stable cardiovascular system (HR < 140, stable BP, none or minimal vasopressors)
 - Temp < 100.4 F or 38.0 C
 - No significant respiratory acidosis
 - Adequate Hgb (e.g. > 8 g/dL)
 - Adequate mentation (e.g. arousable, Glasgow coma scale > 13 and no continuous sedative or paralytic infusions)
 - Adequate cough
 - Stable metabolic status (e.g. acceptable electrolytes)
 - Resolution of acute disease phase
 - Co-morbid conditions which preclude weaning have been ruled out
 - Physician believes that discontinuance is possible
 - Demonstrated spontaneous respiratory effort during weaning trial
 - Oxygenation stable during suctioning and repositioning
 - No evidence of terminal disease
 - No evidence of irreversible neuro-muscular process
- One of the following must be met
 - There is no tracheostomy; or
 - All of the following must be met
 - LTAC facility can support the current maturity of the stoma
 - LTAC facility can provide the appropriate level of care (e.g. first trach change, etc)
 - Transport agency can manage emergency trach care (accidental removal during transport)

LTAC WOUND AND SKIN CRITERIA

All of the following must be met

- The member's clinical needs cannot be adequately met in lower level of care (e.g. home health, SNF, IP rehab)
- The member's clinical needs will be better met in an LTAC as opposed to the current or alternate level of care
- There are no unstable co-morbidities in evaluation/work-up phase, and do not require active therapy
- There is no hospice/end of life plan of care in place
- There is no placement being sought for social issues (e.g family not willing or able to care for member at home, refuses alternate level of care, etc)
- There is a reasonable expectation for clinical/functional improvement
- Tolerating po fluids or have alternate nutritional routes established (e.g. NG or J tube, IV, TPN)
- Expected complicated course of recovery requiring prolonged hospitalization
- Complex wound that meets AT LEAST ONE of the following:
 - slow healing stage 4 pressure ulcer(s)
 - large draining wound(s) or 3rd degree burns (estimated >100 sq cm surface area)
 - extensive undermining or tunneling including high output fistula (>200mL in 24 hrs)
 - risk of limb loss
 - necrotic wound requiring multiple aggressive sharp wound debridements
 - post skin flap/graft with risk of flap/graft loss
 - traumatic wound without wound closure after 1 week
 - wounds/burns > 15% BSA
 - parenteral analgesia required for dressing changes which cannot be delivered in an alternate setting
- Must also meet one of the following:
 - intensive treatment as defined by > 4 hrs/24 hrs nursing care specifically related to the prescribed wound care treatment
 - have an active co-morbid medical condition that creates risk for additional complications or non-healing that meets AT LEAST ONE of the following:
 - Diabetes
 - Movement restricted to 2 or less turning surfaces
 - NYHA class III/IV CHF
 - BMI > 40
 - quadriplegia/paraplegia/hemiplegia
 - stage II/III hepatic insufficiency
 - infection with systemic manifestations (active)

- Immunocompromised host
- malignancy/end stage disease
- malnutrition (Albumin < 3.5, weight loss of > 10% in < 10 mos and sub optimal intake > 1 week)
- end stage renal disease
- ventilator dependency
- One of the following must be met
 - There is no tracheostomy, OR
 - All of the following must be met
 - LTAC facility can support the current maturity of the stoma, AND
 - LTAC facility can provide the appropriate level of care (e.g. first trach change, etc), AND
 - transport agency can manage emergency trach care (accidental removal during transport)

Note: A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven is outlined in **MP 15 - Experimental Investigational or Unproven Services or Treatment**.

Medicaid Business Segment:

Any requests for services, that do not meet criteria set in the PARP, may be evaluated on a case by case basis.

CODING ASSOCIATED WITH:

The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at www.cms.gov or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements.

n/a

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LINE OF BUSINESS:

Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD's and NCD's will supercede this policy. For PA Medicaid Business segment, this policy applies as written.

REFERENCES:

Velazco JF, Ghamande S, Surani S. Role of long-term acute care in reducing hospital readmission. Hosp Pract 2017 Oct;45(4):175-179

Kahn JM, Werner RM, David G, et al. Effectiveness of long-term acute care hospitalization in elderly patients with chronic critical illness. Med Care. 2013 Jan;51(1):4-10.

This policy will be revised as necessary and reviewed no less than annually.

Devised: 9/21

Revised:

Reviewed: 9/22, 9/23

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

Coverage for experimental or investigational treatments, services and procedures is specifically excluded under the member's certificate with Geisinger Health Plan. Unproven services outside of an approved clinical trial are also specifically excluded under the member's certificate with Geisinger Health Plan. This policy does not expand coverage to services or items specifically excluded from coverage in the member's certificate with Geisinger Health Plan. Additional information can be found in MP015 Experimental, Investigational or Unproven Services.

Prior authorization and/or pre-certification requirements for services or items may apply. Pre-certification lists may be found in the member's contract specific benefit document. Prior authorization requirements can be found at <https://www.geisinger.org/health-plan/providers/ghp-clinical-policies>

Please be advised that the use of the logos, service marks or names of Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company on a marketing, press releases or any communication piece regarding the contents of this medical policy is strictly prohibited without the prior written consent of Geisinger Health Plan. Additionally, the above medical policy does not confer any endorsement by Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company regarding the medical service, medical device or medical lab test described under this medical policy.