Definitions:

**Long Term Acute Care Hospital definition**

LTAC hospitals typically have an average length of inpatient stay which exceeds 25 days. (These hospitals are exempt from the APR DRG methodology and are reimbursed a hospital-specific rate paid per day of covered inpatient care.) An example of a service provided by a long term stay hospital is ventilator care. The term "long term stay hospital" does not include a psychiatric, rehabilitation, or children's hospital. These facilities may be free-standing or part of a general acute care facility.

Policy:

Meridian Health Plan provides coverage for long term acute care (LTAC) hospitalization for intensive management of complex medical needs, when the member’s needs cannot be safely met in a less restrictive setting, such as a skilled nursing facility or an inpatient rehabilitation facility if applicable medical necessity criteria are met.

The medical necessity criteria below must be met, and prior authorization is required for LTAC hospitalization to be covered. The long term acute care (LTAC) facility, also known as a long term care hospital (LTH), must meet the Medicare requirements for accreditation and licensure in the state in which the LTCH is doing business.
The member’s need for nursing and rehabilitative services are such that only an inpatient LTCH setting can meet the requirements, and the expected length of stay is greater than 25 days (for shorter stays consider Skilled Nursing Facility or Rehabilitation Facility would be more appropriate).

**Procedure:**

Admission to a Long Term Acute Care Hospital (LTACH) is considered medically necessary in the presence of **ALL** of the following (1)(2)(3)(4)(5):

Complex Medical Needs with Significant Functional Impairment(s):

- Member is medically stable for transfer and is no longer appropriate for care in the current setting (eg. Acute inpatient hospital)
- Documentation of an established diagnosis or condition for which ongoing acute hospital care is needed
- Documentation that indicates the member will benefit from and improve with the LTAC program available at the chosen facility.
- Documentation indicates an expectation that the member will require long-term acute care for a length of stay of 25 or more days.

- Care at LTACH is appropriate for condition as indicated by **ALL** of the following: (6)
  - Interdisciplinary LTACH care is required as indicated by **1 or more** of the following:
    - Respiratory failure requiring ventilation management and weaning. (7)(8)
    - Infectious disease condition (eg, endocarditis requiring long-term IV antibiotics and acute care and monitoring for unstable features such as recurring embolic phenomenon or heart failure requiring daily adjustment of diuretic therapy, fluids, and electrolytes) (9)
    - Complex wound care condition (eg, large wound with necrosis requiring daily physician supervision, recurrent wound debridement, and expected slow healing and possible prolonged delayed closure) (10)(11)(12)
    - Cardiovascular condition (eg, heart failure with pulmonary hypertension requiring long-term IV vasodilator therapy, continued support with high concentration oxygen (greater than 40%), and daily adjustment of diuretic therapy, fluids, and electrolytes)
  - Rehabilitation care needs requiring LTACH care as indicated by **ALL** of the following:
    - Documentation that providing member’s specific rehabilitation needs in current or alternative (eg, inpatient rehabilitation) facility has failed or is not appropriate
    - Documented treatment plan and goals for LTACH care expected to provide improved outcome over current treatment
    - Member can participate in planned rehabilitation activities despite the condition that requires ongoing acute care.
  - Other complex medical management situation requiring LTACH care (eg, diabetic peripheral vascular disease with surrounding cellulitis unresponsive to a standard IV antibiotic course that requires long-term IV antimicrobial therapy with daily monitoring and adjustment of diabetes treatment and skin condition)

- Discharge from the LTAC facility is appropriate when:
  - The member is hemodynamically stable without daily medication adjustments; **AND**
  - The member no longer requires multiple intravenous drug therapy; **AND**
  - The member no longer requires cardiac monitoring; **AND**
  - The member has a stable hemoglobin and hematocrit without transfusion
  - and stable electrolytes without daily parenteral adjustments; **AND**
  - The member is stable on current nutritional support (whether it is parenteral, oral, or percutaneous G/J tube); **AND**
  - The member no longer requires hemodialysis or is stable for transport to and from hemodialysis; **AND**
  - The member is able to participate in, but not receiving, at least 3 hours of therapy daily; **AND**
• All care including wound care can be managed at a lower level of care.

OR

Ventilator Management and Weaning:

Admission to LTACH may be medically necessary when ALL of the following are present: (1)(2)(3)(4)(5)(6)

- Member is medically stable for transfer to LTACH and is no longer appropriate for care in the current setting (e.g. acute inpatient hospital)
- Documentation of an established diagnosis or condition for which ongoing acute hospital care is needed
- Documentation that indicates the member will benefit from and improve with the LTAC program available at the chosen facility.
- Documentation indicates an expectation that the member will require LTAC for a length of stay of 25 or more days.
- Prolonged mechanical ventilation present (21 consecutive days of mechanical ventilation for at least 6 hours per day)
- If placement is requested primarily for ventilator weaning, there must be at least 2 properly documented weaning trials prior to transfer or documentation that the pulmonary or critical care physician believes the member can be weaned.
- Member exhibits respiratory stability, as indicated by ALL of the following:
  - Safe and secure tracheostomy (7)
  - No need for sophisticated ventilator modes (8)
  - Positive end-expiratory pressure (PEEP) requirement 10 cm H2O (981 Pa) or less (9)
  - Stable airway resistance and lung compliance (10)(11)
  - Adequate oxygenation (oxygen saturation 90% or greater) on FIO2 60% or less (12)
  - Oxygenation stable during suctioning and repositioning (13)
- Need for acute level of care, as indicated by 1 or more of the following: (14)
  - Active ventilator and respiratory management at least every 4 hours
  - Frequent diagnostic services, including clinical assessment, laboratory, and imaging
  - More intensive skilled services needed than available at lower level of care
  - Lower level of care has failed.
- Discharge from the LTAC facility is appropriate when:
  - The member is hemodynamically stable without daily medication adjustments; AND
  - The member is stable off the ventilator or is stable on the ventilator and considered not able to be weaned; AND
  - Is clear of infection or is stable on antibiotic regimen; AND
  - All care can be managed at a lower level of care.

Special Instructions: N/A

CPT/HCPCS Codes:

N/A

Approved by: ________________________________ Date: 12/19/2014
Corporate Chief Operating Officer

Reviewed and approved by Medical Policy and Procedures Committee: Date: 12/04/2014
Reviewed and approved by Medical Policy Operations Committee: Date: 12/05/2014
Reviewed and approved by Physician Advisory Committee: Date: 12/19/2014
Reviewed and approved by Corporate Compliance Committee: Date: 01/20/2015
References:
8. Centers for Medicaid and Medicare Services. CMS Long-Term Care Hospital PPS Overview at [http://www.cms.hhs.gov/LongTermCareHospitalPPS/03_ltch_train.asp#TopOfPage](http://www.cms.hhs.gov/LongTermCareHospitalPPS/03_ltch_train.asp#TopOfPage)

<table>
<thead>
<tr>
<th>State Letters/ Bulletins</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS National/Local Coverage Determination (NCD/LCD)</td>
<td></td>
</tr>
<tr>
<td>Medicare Managed Care Manual:</td>
<td></td>
</tr>
<tr>
<td>Medicaid CFR:</td>
<td></td>
</tr>
<tr>
<td>State Administrative Codes:</td>
<td></td>
</tr>
<tr>
<td>Contract Requirements:</td>
<td></td>
</tr>
<tr>
<td>Related Policies:</td>
<td></td>
</tr>
</tbody>
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