



<b>CLINICAL MEDICAL POLICY</b>	
<b>Policy Name:</b>	Long-Term Acute Care (LTAC)
<b>Policy Number:</b>	MP-129-MD-PA
<b>Responsible Department(s):</b>	Medical Management
<b>Provider Notice/Issue Date:</b>	02/01/2024
<b>Effective Date:</b>	03/01/2024
<b>Next Annual Review:</b>	10/2024
<b>Revision Date:</b>	10/18/2023
<b>Products:</b>	Highmark Wholecare <sup>SM</sup> Medicaid
<b>Application:</b>	All participating hospitals and providers
<b>Page Number(s):</b>	1 of 4

### **Policy History**

<b>Date</b>	<b>Action</b>
03/01/2024	Provider Effective date
01/02/2024	PARP Approval
10/18/2023	QI/UM Committee review
10/18/2023	Policy initially developed

### **Disclaimer**

Highmark Wholecare<sup>SM</sup> medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

### **Policy Statement**

Highmark Wholecare<sup>SM</sup> may provide coverage under the medical-surgical benefits of the Company's Medicaid products for a medically necessary LTAC admission.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

(Current applicable Pennsylvania HealthChoices Agreement Section V. Program Requirements, B. Prior Authorization of Services, 1. General Prior Authorization Requirements.)

## Definitions

**Prior Authorization Review Panel (PARP)** – A panel of representatives from within the PA Department of Human Services who have been assigned organizational responsibility for the review, approval and denial of all PH-MCO Prior Authorization policies and procedures.

**Long-Term Acute Care (LTAC)** – facilities that provide medical and rehabilitative care to patients with clinically complex care problems (e.g., multiple acute or chronic conditions) that require hospital-level care for an extended period of time – usually 20 to 30 days.

## Procedures

1. Admission to an LTAC hospital may be considered medically necessary when ALL of the following criteria are met:
  - A. Patient has medical or respiratory complexity that requires daily physician intervention and intensive treatment; AND
  - B. The complexity of the patient's condition and care needs requires placement in a Skilled Nursing Facility (SNF) or there are multiple SNF denials; AND
  - C. Availability of multidisciplinary team, including physical therapy (PT), occupational therapy (OT), speech therapy (ST), and/or respiratory therapy (RT); AND
  - D. The patient requires an RN on duty 24 hours per day.
2. Conditions/services that may be considered medically necessary for LTAC level of care may include, but are not limited to, ANY of the following:
  - Complex wound care:
    - Daily physician monitoring of wound
    - Wound requiring frequent complicated dressing changes, and possible repeated debridement of necrotic tissue
    - Large wound with possible delayed closure, draining, and/or tunneling or high output fistulas
    - Lower extremity wound with severe ischemia
    - Skin flaps and grafts requiring frequent monitoring
  - Infectious disease:
    - Intravenous anti-infective agent(s) with adjustments in dose
    - Intensive sepsis management
    - Common conditions include osteomyelitis, cellulitis, bacteremia, endocarditis, peritonitis, meningitis/encephalitis, abscess and wound infections
  - Medical complexity:
    - Primary condition and at least two (2) other actively treated conditions that require monitoring and treatment
    - Common conditions include metabolic disorders, stroke, heart failure, renal insufficiency, necrotizing pancreatitis, emphysema (COPD), peripheral vascular disease, and malignant/end-stage disease
  - Rehabilitation:
    - Care needs cannot be met in a rehabilitation or SNF
    - Patient has a comorbidity requiring acute care
    - Patient is able to participate in a goal oriented rehabilitation plan of care

- Common conditions include conditions with functional limitations, debilitation, amputation, cardiac disease, orthopedic surgery
  - Mechanical ventilator support:
    - Failed weaning attempts at an acute care facility
    - Patient has received mechanical ventilation with failed weaning attempts
    - Ventilator management required at least every 4 hours as well as appropriate diagnostic services and assessments
    - Patient exhibits weaning potential, without untreatable and/or progressive lung and/or neurological conditions
    - Respiratory status is stable with maximum positive end-expiratory pressure (PEEP) requirement 10 cm H<sub>2</sub>O and FiO<sub>2</sub> 60% or less
    - Common conditions include complications of acute lung injury, disorders of the central nervous and neuromuscular systems, and cardiovascular, respiratory, and pleural/chest wall disorders
3. Transition from a LTAC hospital to an alternate level of care may be considered medically necessary when ALL of the following criteria have been met:
- A. Care can be managed at a lower level of care, including wound care and the management of multiple medical conditions; AND
  - B. Patient displays no signs of infections or is stable on an anti-infective program which can be administered in an outpatient setting; AND
  - C. Patient is hemodynamically stable, has stable electrolytes, and does not require daily medication adjustments; AND
  - D. Cardiovascular status is stable and cardiac monitoring is not required; AND
  - E. Patient does not require dialysis or dialysis can be effectively performed in a lower level of care; AND
  - F. Respiratory status is stable and the patient does not require every 4 (four) hour monitoring; AND
  - G. If patient is ventilator-dependent on admission, the patient is now off the ventilator or is stable and unable to be weaned and ALL of the following criteria are met:
    - 1) Ventilator settings and airway are stable; AND
    - 2) Stable oxygenation during movement or suctioning; AND
    - 3) Oxygenation is adequate, e.g., SaO<sub>2</sub> at least 90% on FiO<sub>2</sub> 40% or less; AND
    - 4) Suction is required less often than every four (4) hours; AND
  - H. Patient is stable on adequate nutritional; AND
  - I. Pain management is adequate and does not need frequent change in medication or dose; AND
  - J. Neurological status is stable with mentation at baseline.
4. Post-payment Audit Statement  
The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Wholecare<sup>SM</sup> at any time pursuant to the terms of your provider agreement.
5. Place of Service  
The proper place of service for LTAC is inpatient.

## 6. Related Policies

- MP-127-MD-PA Observation Care (Hospital Outpatient)
- MP-115-MD-PA Concurrent Care

### **Reimbursement**

Participating facilities will be reimbursed per their Highmark Wholecare<sup>SM</sup> contract.

### **Reference Sources**

Centers for Medicare and Medicaid Services (CMS). Medicare Benefit Policy Manual. Chapter 1 – Inpatient Hospital Services Covered Under Part A. August 6, 2021. Accessed on October 2, 2023.