

Medical Coverage Policy | Long Term Acute Care Hospital (LTACH) Admission and Transition of Care Criteria



EFFECTIVE DATE: 05|17|2016

POLICY LAST UPDATED: 04|03|2018

OVERVIEW

Long-term acute care hospitals (LTACHs) furnish extended medical and rehabilitative care to individuals with clinically complex problems, such as multiple acute or chronic conditions, that need hospital-level care for relatively extended periods. Typically, the average length of stay at a LTACH is greater than 25 days.

Note: the effective date in this policy is reflective of the date in which the policy was created to document the criteria that was in effect.

MEDICAL CRITERIA

Admission Criteria

Admission to a long-term acute care hospital (LTACH) may be considered medically necessary when ALL of the following criteria are met:

1. Patient has medical or respiratory complexity that requires daily practitioner intervention and intensive treatment
2. Complexity of patient's condition and care needs is too great for placement in a skilled nursing facility
3. Availability of multidisciplinary team, including PT, OT, ST, RT
4. RNs on duty 24 hours/day

Common conditions/services that may be considered medically necessary for LTACH level of care included, but are not limited to:

- 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:
 - Parenteral 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 other actively treated co-morbid 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 skilled nursing facility
 - Patient has a comorbidity requiring acute care
 - Patient is able to participate in a goal oriented rehabilitation plan of care

- Common conditions include CNS 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 for 21 consecutive days for 6 hours or more/day
 - 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
 - Patient is hemodynamically stable and not dependent on vasopressors
 - Respiratory status is stable with maximum PEEP requirement 10 cm H₂O, and FiO₂ 60% or less with O₂ saturation at least 90%
 - Common conditions include complications of acute lung injury, disorders of the central nervous and neuromuscular systems, and cardiovascular, respiratory, and pleural/chest wall disorders

Concurrent Review

Patient continues to meet the criteria above and does not meet the criteria to be transitioned to alternate level of care.

Clinical Indications for Transition of Care

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

- All care can be managed at a lower level of care, including wound care and the management of multiple medical conditions
- Patient has no signs of infection or is stable on an anti-infective regime which can be administered outpatient
- Patient is hemodynamically stable, has stable electrolytes, and does not require daily medication adjustments
- Cardiovascular status is stable and cardiac monitoring is not required
- Patient does not require dialysis or it can safely be performed in a lower level of care
- Respiratory status is stable and the patient does not require every 4 hour monitoring
- if ventilator dependent on admission, the patient is now off the ventilator or is stable and unable to be weaned and:
 - Ventilator settings and airway are stable
 - Stable oxygenation during movement or suctioning
 - Oxygenation adequate, e.g., SaO₂ at least 90% on FiO₂ 40% or less
 - Suction is required less often than every 4 hours
- Patient is stable on an adequate nutritional program
- Pain management is adequate and does not need frequent change in medication or dose
- Neurologic status is stable with mentation at baseline

PRIOR AUTHORIZATION

Prior authorization is required for BlueCHiP for Medicare and recommended for Commercial products.

POLICY STATEMENT

Services at long term acute care hospital may be considered medically necessary when the medical criteria for admission and transition from are met.

COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for applicable hospital benefits/coverage.

BACKGROUND

A long-term acute care facility is a specialty-care hospital that is designed to provide extended medical and rehabilitative care for patients who are clinically complex with serious medical problems that require intense, special treatment for an extended period of time—usually 20 to 30 days.

Long-term acute care facilities offer more individualized and resource-intensive care than a skilled nursing facility, nursing home, or acute rehabilitation facility is unable to provide. Patients are typically transferred to a long-term acute care hospital from the intensive care unit of a traditional hospital because they no longer require intensive diagnostic procedures offered by a traditional facility.

CODING

Not applicable

RELATED POLICIES

None

PUBLISHED

Provider Update, June 2018

Provider Update, May 2017

Provider Update, July 2016

REFERENCES

1. Medicare Benefit Policy Manual, Chapter 1, Section 110 – Inpatient Rehabilitation Facility (IRF) Services at <http://www.cms.hhs.gov/manuals/Downloads/bp102c01.pdf>. (Accessed 7/21/15)
2. MedicareBenefitPolicyManual,Chapter1,Section110.2at <http://www.cms.hhs.gov/manuals/Downloads/bp102c01.pdf>. (Accessed 7/21/15)
3. Medicare Benefit Policy Manual Chapter 1 - Inpatient Hospital Services Covered Under Part A, 110.1.3 - Required Individualized Overall Plan of Care at <http://www.cms.gov/Regulations-andGuidance/Guidance/Manuals/Downloads/bp102c01.pdf>. (Accessed 7/21/15)
4. CMS NCD 10.3 Inpatient Hospital Pain Rehabilitation Programs
5. CMS NCD 240.8 Pulmonary Rehabilitation Services

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