naviHealth	MEDICAL POLICY MPC.01.003 – Long Term Acute Care Hospital Coverage Guidelines		
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I. Purpose

This medical policy provides clinical coverage guidelines for Long Term Acute Hospital care (LTAC). Coverage guidelines are to be used with the member's eligibility and benefits as established by the health plan.

II. Definitions

- Long Term Acute Care Hospital (LTAC) - A facility, certified as an acute care hospital, that specializes in treating medically stable patients with one or more serious condition(s) who require a high level of care. LTACs provide daily medical oversight, extensive respiratory therapy care, and skilled nursing care to medically complex patients whose needs exceed the capabilities of alternate levels of care. (medicare.gov)

III. Applicable Lines of Business

- Medicare

IV. Coverage Criteria

All health plans managed by naviHealth require prior authorization for admission to a LTAC, as well as ongoing authorization for continued services. Eligibility and applicable health plan benefits and requirements also apply, which may supersede clinical medical necessity determination.

For Medicare Members –

- naviHealth will use Medicare Benefit Policy Manual Chapter 1 and Medicare Benefit Policy Manual Chapter 13 Section 13; Medicare Claims Processing Manual Chapter 3 Section 150; Medicare Program Integrity Manual Chapter 6 Section 6; for inpatient hospital services.
- As directed by a health plan, naviHealth will utilize InterQual® (Medically Complex, Respiratory Complex, Ventilator Weaning, and/or Wound/Skin subsets) and/or MCG® 27th Edition in addition to the Medicare Benefit Policy Manual Chapters 1, 13. To receive information regarding a specific health plan's requirement for InterQual® and/or MCG Care guidelines, providers can contact their naviHealth Provider Relations representative or contact naviHealth's Pre-Service department.

Initial LTAC Criteria

The patient must require treatment for complex condition(s) that can only be provided in a hospital setting and meet all of the following criteria below:

- Patient is stable for transfer to LTAC as indicated by all of the following: (Milliman Care Guidelines, LTACH level of Care)

  - Hypotension absent
  - Cardiovascular status acceptable
  - Stable chest findings
  - Renal function acceptable
  - Pain adequately managed
  - No acute severe unstable neurologic abnormalities
  - No acute significant hepatic dysfunction
  - No active bleeding or unstable disorders of hemostasis
  - Intake acceptable
  - Isolation needs (if present) manageable at next level of care
  - Long-term enteral feeding (e.g., PEG) and IV access established, not needed, or to be placed at next level of care
- The patient must have active medical comorbidities requiring daily oversight and management by a physician (InterQual® Level of Care Long Term Acute Care Criteria).
- The patient must require daily physician visits and at least 6.5 hours of skilled nursing care/day (InterQual® Level of Care Long Term Acute Care Criteria).
- The patient is not expected to have a short length of stay, as LTAC Hospitals are defined by Medicare to have an average length of stay of greater than 25 days (Medicare Claims Processing Manual Chapter 3 Section 150).

Continued Stay LTAC Criteria

- The patient must have ongoing medical needs that require acute inpatient hospital services for continued care (see initial LTAC Criteria above).
- If, during the LTAC episode of care, the patient's needs improve to being manageable in an alternate level of care, the patient should transition to the next appropriate level of care.

V. Documentation

Initial Review for Prior Authorizations

- History and Physical
- Nursing admission assessment
- Physician notes- most recent
- Nursing admission assessment
- Vital Signs and Labs
- Current medications
- Imaging (if applicable)
- Tube feeding order (if applicable)
- Wound care orders (if applicable)
- Vent settings and or weaning status (if applicable)
- Post- Surgical and/or procedure notes (if applicable)
- Therapy evaluations (if applicable)
- Therapy notes – most recent (if applicable)
- Documentation of complexity of care and condition that exceeds the abilities of a skilled nursing facility

Continued Stay

To support ongoing medical necessity, LTACs are required to regularly provide the following recent clinical documentation for review. (As applicable to the member's condition and needs):

- Most recent medical, nursing, and therapy notes
- Individualized overall plan of care, including identified barriers to progress/recovery
- Interdisciplinary team meeting notes
- Projected length of stay and discharge planning notes, including caregiver training, modifications to home needed/status, equipment needed/status
- Discharge plan, including anticipated discharge date and discharge needs
- Medication list

VI. Responsibility

This policy will be reviewed annually by the Utilization Management Committee

VII. References

- Medicare Benefit Policy Manual Chapter 1 - Inpatient Hospital Services Covered Under Part A
- Medicare Claims Processing Manual Chapter 3 - Inpatient Hospital Billing, Section 150 - Long Term Care Hospitals (LTCHs) PPS
- Medicare Program Integrity Manual Chapter 6 Section 6.5.2 - Conducting Patient Status Reviews for Claims for Medicare Part A Payment for Inpatient Hospital Admissions
- Medicare Benefits Policy Manual Chapter 13. Section 13.5.4 - Reasonable and Necessary Provisions in LCDs
- Code of Federal Regulations Title 42
- InterQual® Level of Care Long Term Acute Care Criteria
- MCG Care Guidelines LTACH Level of Care
- Social Security Act Section 1886

VIII. Approval/Maintenance

This policy is approved by the UM Committee. Maintenance of this policy is the responsibility of the UM Committee.

Documentation of Approval:

Utilization Management Committee, 08/29/2023, 12/12/2023