

Long-Term Care Hospital (LTACH) Services, Medical 337

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All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*.

Description & Definitions:

Long-Term Care Hospitals (LTACHs) – Acute-care hospitals that focus on patients who, on average, stay more than twenty-five (25) days after transfer from an acute-care hospital. Many of the patients in LTACHs are transferred there from an intensive or critical care unit. LTACHs specialize in treating patients who may have more than one serious condition, but who may improve with time and care, and return to their home. LTACHs services may include ventilator management and weaning, respiratory therapy, antibiotics, wound care, therapies, and pain management.

The purpose of long-term-acute care is to provide medically necessary care to patients who are unable to be discharged to their prior living arrangement; the purpose of long-term acute care is not to decrease the length of acute hospital stays. The goal is providing medically necessary care in the most appropriate and cost-effective location as determined by criteria and the clinical judgement of the Utilization Management (UM) Medical Director.

Some examples of care provided in post-acute settings include, but are not limited to, rehabilitation therapies, intravenous (IV) medications, total parental nutrition (TPN), tube feedings, wound care, ventilator management and weaning, and education and training of patient and family caregivers.

Criteria:

Long Term Care Hospital Services for admission, continued stay or discharge is considered medically necessary for 1 or more of the following:

- Initial Admission to Long-Term Care Hospital Service is considered medically necessary for individuals when **ALL** the following criteria are met:
 - Individual must have **1 or more** of the following:
 - Ventilator dependence for greater than one (1) week and **ALL** of the following:
 - Ventilator dependent greater than six (6) hours per day. **AND**

- Failed ventilator weaning at acute level (no transfers to LTACH will be approved for ventilator weaning if the member has had no weaning attempted), **AND**
 - Has the potential to wean as documented by detailed information over five (5) to seven (7) days – showing a pattern of decrease in respiratory support OR The member's care cannot be provided at a ventilator capable SNF/NF (skilled nursing facility or nursing facility) due to complexity of care needs (i.e. suctioning more than every 4 hours)
- Complex wound care which requires **1 or more** of the following:
 - Dressing changes more than three times per day; **OR**
 - Member has been declined by nursing facilities due to the complexity of wound care.
- Major medical multi-system complications, co-morbidities, or system failures that continue to require active management by a physician (Complications that have resolved or are stable do not support the need for LTACH level care).
- **ALL** the following criteria must be met prior to approving a transfer:
 - There must be a reasonable expectation that the member will improve with care in the LTACH and be stabilized for care at a lesser level.
 - A treatment plan is established, and the patient is medically stable (member has not negatively changed in the 24 hours prior to the requested date of discharge to LTACH).
 - The member cannot realistically obtain the same services at a ventilator capable or other specialized SNF or long-term care facility.
 - There is documentation of a discussion with the member or family, if patient is not able to participate, regarding goals of care/code status and a detailed discharge plan.
 - The member requires daily evaluation and management by a physician or advanced practice practitioner
 - Specialty consultations is available on a timely basis within the LTACH.
 - Interdisciplinary team meetings with physician involvement will occur at least weekly.
 - The member requires skilled nursing services for at least six and a half (6.5) hours a day.
- Continued Stay for Long-Term Care Hospital service is considered medically necessary for individuals when **ALL** the following criteria are met:
 - The members continue to meet above criteria.
 - The member does NOT meet the discharge criteria below.
- Discharge Criteria from Long-Term Care Hospital service is considered medically necessary individuals when **ALL** the following criteria are met:
 - The patient has improved such that their care needs can be met at a lesser level of care, such as inpatient rehabilitation (IPR) or ventilator capable SNF/NF.
 - The patient is not improving or progressing toward the predetermined goals but their needs can be met at a lesser level of care (for example, have failed ventilator weaning and is otherwise stable).

Document History:

Revised Dates:

- 2024: August

Reviewed Dates:

- 2025: April – Implementation date of July 1, 2025. No changes references updated.
- 2023: September
- 2022: September

Effective Date: September 2019

Coding:

Medically necessary with criteria:

Coding	Description
	None

Considered Not Medically Necessary:

Coding	Description
	None

U.S. Food and Drug Administration (FDA) - approved only products only.

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device-code(s) does not constitute or imply member coverage or provider reimbursement.

Special Notes: *

- Coverage: See the appropriate benefit document for specific coverage determination. Individual specific benefits take precedence over medical policy.
- Application to products: Policy is applicable to Sentara Health Plan Medicaid products.
- Authorization requirements: Pre-certification by the Plan is required.
- Special Notes:
 - Medicaid
 - This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.
 - Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.
 - The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.
 - Service authorization requests must be accompanied by sufficient clinical records to support the request. Clinical records must be signed and dated by the requesting provider withing 60 days of the date of service requested.

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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Keywords:

Long-term Care Hospital, LTACH