

## Long-Term Care Hospital (LTACH) Services

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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.\*.**

### Purpose:

This policy addresses the medical necessity of Long-Term Care Hospital (LTACH) Services.

### 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 with Sentara Health Plan Virginia Premier Medicaid when **ALL** the following criteria are met:
  - Request has been reviewed by InterQual, then sent to a Medical Director for further review.

- Individual must have **1 or more** of the following:
  - Compromised Respiratory Status and **1 or more** of the following:
    - Tracheostomy requires suctioning every (1) to (2) hours.
    - Ventilator dependent greater than six (6) hours per day
    - Ventilator dependent greater than one (1) week and failed ventilator weaning at acute level but must have potential to wean as documented by detailed information concerning the time spent off full vent support over five (5) to seven (7) days – showing a pattern of increase in time spent off full Ventilator support.
    - No transfers to LTAC will be approved for Ventilator weaning if the member has had no weaning attempted or has failed weaning attempts in the acute care setting.
    - If a request for Ventilator weaning has been denied, at least one (1) week must pass before another request is made.
  - Major Post-Surgical Complication **1 or more** of the following:
    - Complex wound care
    - Complex nutritional status
  - Major Medical Multi-System Complications and **ALL** of the following:
    - Member must have severe medical 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 LTAC level care.
- Individual has met **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 LTAC 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 LTAC).
  - Member cannot realistically obtain the same services at a Ventilator capable or other specialized SNF.
  - 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.
  - It is medically necessary for the member to be seen daily by a physician.
  - Specialty consultations must be available on a timely basis within the LTAC.
  - Interdisciplinary team meetings with physician involvement at least weekly.
  - Skilled Nursing Services are required equal to or greater than six and a half (6.5) hours a day.
- **Continued Stay** for Long-Term Care Hospital service is considered medically necessary for individuals with Sentara Health Plan Virginia Premier Medicaid when **ALL** the following criteria are met:
  - At each review Health Plan staff evaluate member's status and progress towards goals using the InterQual LTAC continued stay criteria.
  - At each review Health Plan staff evaluate member's status and whether member meets discharge criteria.
  - Continued stay review is sent to Medical Director for approval.
- **Discharge Criteria** for Long-Term Care Hospital service is considered medically necessary for individuals with Sentara Health Plan Virginia Premier Medicaid 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 IPR or Ventilator capable SNF.
  - The patient is not improving or progressing toward the predetermined goals and their needs can be met at a lesser level (for example, have failed Ventilator weaning and is otherwise stable).

## Coding:

Medically necessary with criteria:

Coding	Description
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	None
Considered Not Medically Necessary:	
Coding	Description
	None

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

## Document History:

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## 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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### Special Notes: \*

This medical policy express Sentara Health Plan's determination of medical 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.*

### Keywords:

Long-term Care Hospital, LTACH