

Subacute Care

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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 Subacute Care.

Description & Definitions:

Subacute Level of Care is defined as the level of care used interchangeably with Skilled Nursing Facility Care. It is of lower intensity than Acute Care, but more intensive than Home Care. Subacute care is the use of hospital facility beds to provide a level of service and support at a lower level than what is thought to be traditional Acute Care services, and which would not meet medical necessity criteria for a higher level of care including Acute Inpatient. It may be used to provide temporary care for patients who no longer need to stay in the acute hospital setting but cannot be placed at a lower level of care due to lack of availability at an alternative level of care for any number of reasons.

All requests for subacute level of care must be reviewed by a medical director for authorization. The request may be authorized for an initial period of seven days. Continued stay review will be required at least every seven days. Continued authorization will be dependent upon continued medical necessity.

Criteria:

Subacute Care is considered not medically necessary for any use other than those indicated in clinical criteria.

Subacute level of care is considered medically necessary when **ALL the following** are met:

- The member was hospitalized.
- The inpatient level of care was approved initially per Sentara Health Plan (SHP) criteria.
- The member no longer meets SHP’s acute care criteria subsequent to admission.
- The member is a candidate for placement in a non-acute setting.
- The member is unable to be discharged safely to a lower level of care setting (e.g. the member is unable to discharge to prior living arrangement) as evidenced by **at least ONE of the following**:

- The member continues to require medication management which cannot be provided in the home setting due to the member's medical condition(s) or lack of accepting home health provider.
- The member requires wound care which cannot be provided in the home setting due to its complexity or lack of accepting home health provider.
- The member had appropriate screening completed and meets criteria for custodial care and is unable to discharge to home with personal care services.
- The member has been evaluated by a psychiatrist who recommends discharge to a psychiatric facility.
- Such placement is delayed due to the non-availability of skilled, psychiatric or custodial beds as evidenced by clear documentation from an accepting facility stating that member would be a candidate for placement at the facility except for bed availability.
- Request for subacute level of care must be reviewed by a medical director for authorization. The request may be authorized for an initial period of seven days. Continued stay review will be required at least every seven days. Continued authorization will be dependent upon continued medical necessity.

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.

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 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.*

Keywords:

Subacute care, inpatient care,