



CLINICAL UM POLICY FOR COVERAGE DETERMINATION

Policy Title:	Policy – Long Term Acute Care (LTAC)	Number & Version:	UM03 v.4
Functional Unit:	Utilization Management	Effective Date:	01/08/2024
Policy Owner (Title):	Sr. Director, Utilization Management	Page Number:	1 of 5

I. POLICY STATEMENT and PURPOSE

The purpose of this policy is to describe the circumstances under which Long Term Acute Care (LTAC) hospitalizations and continued stays would or would not be considered medically necessary for patients under the guidelines used for clinical review of organizational determinations.

II. BACKGROUND

Long-term acute care hospitals (LTACs) provide inpatient services for patients in the recovery phase of severe acute illness who have complex care needs. The Centers for Medicare and Medicaid (CMS) defines these facilities as acute care hospitals with average lengths of stay more than 25 days (CMS, 2019) (Kahn, 2013).

LTAC patients are frequently transfers from an intensive or critical care unit. LTACs generally specialize in treating patients who may have multiple serious conditions. These patients are expected to improve with time and care, and eventually return home. Services typically include respiratory therapy, head trauma treatment, and pain management (CMS, 2019).

III. SCOPE

This Policy applies to admissions and continued stays in LTAC settings.

IV. DEFINITIONS

Medically Necessary - Covered Services rendered by a Health Care Provider that the Plan determines are:

- 1) Safe and effective
- 2) Not experimental or investigational
- 3) Appropriate for patients,
 - a) including the duration and frequency that is considered appropriate for the item or service, in terms of whether it is -
 - i) furnished in accordance with accepted standards of medical practice for the diagnosis or treatment of the patient's condition or to improve the function of a malformed body patient,
 - ii) furnished in a setting appropriate to the patient's medical needs and condition,
 - iii) ordered and furnished by qualified personnel,
 - iv) one that meets, but does not exceed, the patient's medical need; and
 - v) is at least as beneficial as existing and available medically appropriate alternatives.



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V. OWNERSHIP & TRAINING

The Sr. Director of Utilization Management is responsible for administration, oversight, and training regarding performance under this Policy.

VI. PROTOCOLS / COVERAGE POLICY

LTAC admissions and continued stays can be approved under the following circumstances:

- A. The patient is medically stable for transfer to the LTAC facility and is no longer appropriate for care in the current setting (i.e., acute inpatient hospital). Preadmission documentation must include the expected level of improvement and anticipated length of stay necessary to achieve that level of improvement and the need for medical treatment. Needed services CANNOT, as a practical matter, be safely provided in a less restrictive clinical setting.

AND ONE or more of the following services is required:

- B. Ventilator Management:
 - a. Documentation of at least two weaning trials with tracheostomy in place prior to transfer AND
 - b. Documentation that the pulmonary or critical care physician specialist believes the patient can be weaned AND
 - c. Patient exhibits respiratory stability, including ALL the following:
 - i. Safe and secure tracheostomy for at least 7 days; AND
 - ii. Sophisticated ventilator modes are not required; AND
 - iii. Positive end-expiratory pressure (PEEP) requirement 10 cm H₂O (981 Pa) or less; AND
 - iv. Stable airway resistance and lung compliance; AND
 - v. Adequate oxygenation (oxygen saturation 90% or greater) on FIO₂ 60% or less; AND
 - vi. Oxygenation stable during suctioning and repositioning (Fadila, 2022) (Huang, 2021) (Williams, 2021).
- C. Complex medical needs with significant functional impairment(s), e.g.
 - a. Multiple and prolonged intravenous therapies,
 - b. Complex antibiotic regimen with no viable alternative, based on sensitivities,
 - c. Monitoring of significantly medically active conditions requiring clinical assessment 6 or more times a day,
 - d. Multiple and frequent interventions of at least 6 or more times a day, e.g. ventilator management, cardiac monitoring, etc.



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- e. Complex wound care for multiple wounds stages 3 and above (such as negative pressure devices, repeated debridement, application of biologically active medications, whirlpool therapy),
- f. The need for specialized high-tech equipment such as, on-site dialysis, or surgical suites, and comprehensive rehabilitation (physical therapy, occupational therapy, and speech therapy)

A few *examples* of the types of patients that may require LTAC level of care may include:

- Ventilator patient requiring prolonged weaning
- Complex wounds requiring extensive therapy (whirlpool and debridement)
- Frequent diagnostic lab, radiologic procedures to diagnose and treat disease or injuries.
- Intravenous medication therapy with three (3) or more drugs
- Failure of treatment in a lower level of care, e.g., SNF

- D. Discharge Criteria (when the patient may be ready for a lower level of care)
- a. The patient is hemodynamically stable without daily medication adjustments
 - b. Stable off the ventilator or is stable on the ventilator and considered unable to be weaned
 - c. Clear of infection or is stable on antibiotic regimen
 - d. The patient no longer requires multiple intravenous drug therapy
 - e. The patient no longer requires cardiac monitoring
 - f. The patient has a stable hemoglobin and hematocrit without transfusion
 - g. The patient has stable electrolytes without daily parenteral adjustments
 - h. The patient is stable on current nutritional support (whether it is
 - i. parenteral, oral, or percutaneous G/J tube)
 - j. The patient no longer requires hemodialysis or is stable for transport to
 - k. and from hemodialysis
 - l. The patient is physically able to participate in daily therapy
 - m. Complete wound healing or a substantial improvement in the wound as evidenced by an increase in granulation tissue or significant reduction in wound volume (Arnold, 2020).

VII. REGULATORY REFERENCES / CITATIONS

CMS National Coverage Determinations (NCDs) None
 CMS Local Coverage Determinations (LCDs) None

VIII. PROFESSIONAL REFERENCES / CITATIONS

1. Arnold, Malgorzata; et. al. “Wound Healing in the Long-Term Acute Care Setting Using an Air Fluidized Therapy/Continuous Low-Pressure Therapeutic Bed”, Journal of Wound, Ostomy and Continence Nursing: May/June 2020 - Volume 47 - Issue 3 - p 284-290. Accessed at:

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IX. RELATED POLICIES / PROCEDURES

None

X. ATTACHMENTS



None



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APPROVALS:

	Printed Name	Signature
Senior Medical Director, UM:	<u>Michael Fusco, MD</u>	
Corporate Chief Medical Officer (QMMC Chair):	<u>Debbie Zimmerman, MD</u>	

VERSION HISTORY:

Version#	Date	Author	Purpose/Summary of Major Changes
01	09/11/2019	Bob Brault	Contains the same admission and discharge criteria as the LTAC policy last reviewed 01/2019. Reference to CMS LTAC criteria and AARC guidelines for weaning and discontinuation of ventilator support added.
02	03/26/2021	Julie Braundmeier	General review; no substantive changes
03	07/06/2022	Gina Vehige	General review; reference updates, no substantive changes. Approved at QMMC on 11/9/2022.
04	08/30/2023 12/28/2023	Gina Vehige	General review; reference checks, no substantive changes.