Capital Health Plan provides coverage for long term acute care (LTAC) hospitalization for intensive management of complex medical needs, when the member's needs cannot be safely met in a less restrictive setting, such as a skilled nursing facility or an inpatient rehabilitation facility. The medical necessity criteria below must be met, and prior authorization is required for LTAC hospitalization to be covered. Services must be provided by a contracted or designated provider of CHP.

The long term acute care (LTAC) facility, also known as a long term care hospital (LTCH), must meet the Medicare requirements for accreditation and licensure in the state in which the LTCH is doing business.

The member's need for nursing and rehabilitative services are such that only an inpatient LTCH setting can meet the requirements, and the expected length of stay is greater than 25 days (for shorter stays consider Skilled Nursing Facility or Rehabilitation Facility).

The member requires one or more acute or post acute skilled services:

A. Ventilator management and weaning
   1. Member 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) **AND**
   2. Documentation of at least two weaning trials prior to transfer or documentation that the pulmonary or critical care physician specialist believes the member can be weaned **AND**
   3. Member exhibits respiratory stability, including **ALL** of the following:
      a. Safe and secure tracheostomy; **AND**
      b. No need for sophisticated ventilator modes; **AND**
      c. Positive end-expiratory pressure (PEEP) requirement 10 cm H2O (981 Pa) or less; **AND**
      d. Stable airway resistance and lung compliance; **AND**
      e. Adequate oxygenation (oxygen saturation 90% or greater) on FIO2 60% or less; **AND**
      f. Oxygenation stable during suctioning and repositioning
   4. Discharge from the LTAC facility is appropriate when:
      a. The member is hemodynamically stable without daily medication adjustments; **AND**
b. The member is stable off the ventilator or is stable on the ventilator and 
considered not able to be weaned; **AND**
c. Is clear of infection or is stable on antibiotic regimen; **AND**
d. All care can be managed at a lower level of care.

**OR**

B. Complex medical needs with significant functional impairment(s)
1. Member 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) **AND**
2. There is medical record documentation supporting the member’s need for 
complex medical treatment *[e.g., multiple and prolonged intravenous 
therapies, monitoring of significantly medically active conditions requiring 
clinical assessment 6 or more times a day, multiple and frequent intervention 
of at least 6 or more times a day, like ventilator management, cardiac 
monitoring, complex wound care for multiple wounds stages 3 and above 
(such as negative pressure devices, repeated debridement, application of 
biologically active medications, whirlpool therapy), the need for specialized 
high tech equipment like cardiac monitors, on-site dialysis, or surgical suites, 
and comprehensive rehabilitation (physical therapy, occupational therapy, 
and speech therapy)]; **AND**
3. Preadmission documentation must include the expected level of improvement 
and anticipated length of stay necessary to achieve that level of improvement; 
**AND**
4. The needed services cannot, as a practical matter, be safely provided in a 
less restrictive clinical setting.
5. Discharge from the LTAC facility is appropriate when:
   a. The member is hemodynamically stable without daily medication 
   adjustments; **AND**
   b. The member no longer requires multiple intravenous drug therapy; **AND**
   c. The member no longer requires cardiac monitoring; **AND**
   d. The member has a stable hemoglobin and hematocrit without transfusion 
   and stable electrolytes without daily parenteral adjustments; **AND**
   e. The member is stable on current nutritional support (whether it is 
   parenteral, oral, or percutaneous G/J tube); **AND**
   f. The member no longer requires hemodialysis or is stable for transport to 
   and from hemodialysis; **AND**
   g. The member is able to participate in, but not receiving, at least 3 hours of 
   therapy daily; **AND**
   h. All care including wound care can be managed at a lower level of care.

Medical Necessity Approvals to be made by:
☑ Medical Director
☑ Physician Reviewer
☑ Utilization Management Nurse
☑ Nurse Reviewer
☐ Authorized CCD staff when UM criteria are met
These criteria apply to the following products when determined to be included in the member’s benefit package:
- Medicare

CMS website (cms.gov) searched on 11/3/17; no NCD or LCD found.

References:
1. CMS Long-Term Care Hospital PPS Overview at http://www.cms.hhs.gov/LongTermCareHospitalPPS/03_ltch_train.asp#TopOfPage.
2. WellCare Policy HS-162, “Long Term Acute Care Hospital: Criteria for Admission,” revised 6/7/12
3. Harvard Pilgrim HealthCare “Medical Review Criteria Inpatient Rehabilitation/Long-Term Acute Care,” effective 4/12/2012
4. UnitedHealthcare Policy H-SHO-006, “Hospital Services (Inpatient and Outpatient),” revised 9/7/2010

Approved by QIMT: 6/6/13, 7/17/14
Approved by UMWG: 8/21/15
Approved by G&A: 11/3/16, 11/30/17

Capital Health Plan reserves the right to make changes to these criteria at any time to accommodate changes in medical necessity and industry standards.