



UM-CDG-041 Long Term Acute Care Hospitals

Approved By:
Director, Health Services

Effective Date:
10/22/2025

This Policy applies to all SECUR affiliates, associates, and subsidiaries.

Approved by Courtney Gonzales, Director of Health Services on behalf of the Utilization Management Committee.

PURPOSE

This coverage determination guideline serves to address long term acute care hospitals (LTACs/LTACHs), inpatient facilities providing medical and rehabilitative care for members whose medical care needs exceed their rehabilitative care needs and who are expected to require an extended course (25 days or greater) of medical treatment relative to an acute care hospital.

For SECUR Health Plan members, National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) will be applied to requests when applicable. SECUR Health Plan Coverage Determination Guidelines (CDG) will be utilized in the absence of an appropriate NCD and/or LCD.

DEFINITIONS

Long Term Acute Care Hospital: inpatient facility providing medical and rehabilitative care for those who need extensive medical care for an extended period.

Skilled Nursing Facility (SNF): inpatient facility providing skilled nursing with or without rehabilitative care and classified by the Centers for Medicare and Medicaid Services (CMS) as a SNF or by a state accredited agency to perform the same or similar function as a SNF. SNFs provide care on a less than long-term basis and may be free standing or contained within another medical institution such as a nursing home or acute care hospital.

Inpatient Rehabilitation Facility (IRF): inpatient facility providing high intensity, multidisciplinary rehabilitative care coordinated by a rehabilitation physician. IRFs are typically freestanding but may be contained within an acute care hospital.

POLICY

SECUR Health Plan will consider admission to a long-term acute care hospital (LTAC/LTACH) as medically necessary when the following are met:

1. LTAC is more appropriate than IRF or SNF (most appropriate level of care: facility type that offers necessary and appropriate type and intensity of care, including specialized clinical staff and equipment, and no more)
2. Services ordered are reasonable in scope, intensity, and duration for condition being treated
3. Care will be provided by qualified providers of the respective skilled services (qualified providers: those duly licensed or certified by their state to deliver the specific services being rendered and provide such services in accordance with the state's respective practice act. State regulations regarding appropriate providers may supersede.)
4. Member's diagnostic workup and care plan have been largely determined and any ongoing medical care or needs do not exceed the capabilities of the LTAC.

5. Supporting documentation shows evidence of need for daily physician and nursing care to achieve established therapeutic goals.
6. Member's medical management needs exceed what can safely and/or practically be provided at other levels of care such as:
 - Conditions requiring more complex medical care
 - Conditions requirement management frequency that would prohibit effective participation in therapies
 - Conditions that require specialized equipment that would not be reasonably available or feasible to use in another level of care due to staff expertise and availability required for proper use
 - Medication related factors
 - New need for total parenteral nutrition
7. Member's complex medical needs are mid to long term (stay of at least 25 days) such as ventilator dependence with reasonable likelihood of successful weaning.
8. Member has active medical issues which are the primary management issue and/or preclude meaningful participation in therapies.
9. Goals for and reasonable potential to achieve meaningful improvement of medical condition which could not be expected to be achieved at a lower level of care.
10. Member has complex wound requiring management that would need to be assessed daily by a clinician for extensive management and/or debridement.
11. When palliative care and/or hospice are appropriate, a goals of care conversation with the member and/or family has been completed and documented.

Admission to an LTAC is indicated by the following being met:

1. Hypotension not present
2. Cardiovascular status is acceptable
3. Stable chest findings
4. Renal function is acceptable
5. Pain adequately managed
6. No acute, severe, unstable, neurological abnormalities
7. No acute, significant hepatic dysfunction
8. No active bleeding or unstable disorders of hemostasis
9. Acceptable oral or parenteral intake
10. Isolation needs (if applicable) at next level of care
11. Long term enteral feeding and intravenous access established if required.

For members on mechanical ventilation admission to an LTAC is indicated by the following being met:

1. Respiratory stability as indicated by positive end expiratory pressure requirement 10 cm H₂O or less, adequate oxygenation on FiO₂ 60% or less, and oxygenation stable during suctioning and repositioning.
2. Mechanical ventilation is required for at least six (6) hours per day.
3. Three (3) or more adequate breathing trials on separate days with insufficient progress as indicated by all the following:
 - Breathing trials performed after tracheostomy placement.
 - Breathing trials performed after critical medical or surgical issues were stabilized.
 - Breathing trials performed with appropriate mental status.
 - Breathing trials unsuccessful as indicated by one or more of the following:
 - Rapid, shallow breathing index greater than 105 breaths per minute per liter during spontaneous breathing trials
 - Oxygen desaturation, hypo or hypertension, tachycardia, or arrhythmia during breathing trials

- Agitation or respiratory distress during breathing trials
 - Evidence of increased respiratory effort
 - Acute rise in PCO₂ or decrease in pH
 - Reintubation
 - Other indication that the member is not ready to be liberated from mechanical ventilation
 - Multidisciplinary assessment, ideally including palliative care, is documented and supports expectation that the member will benefit from and improve with LTAC care available. (ie hospice is not more appropriate)
 - Clinical assessment indicates expectation that member will require long-term acute care and have an anticipated LTAC stay of 25 days or greater.
4. LTAC is deemed the most appropriate level of care as indicated by one or more of the following:
- Ventilator and respiratory management required is beyond the capabilities of alternative level of care
 - Clinical management needed is beyond the capabilities of alternative level of care
 - Frequent diagnostic services needed including clinical assessment, lab, and/or imaging
 - More intensive skilled services are needed beyond the capabilities of alternative level of care
 - Lower level of care has failed to meet needs of member

LTAC will be considered not medically necessary when:

1. There is no reasonable expectation of progress towards medical goals.
2. Services otherwise do not meet criteria outlined above.
3. There is a more appropriate lower level of care available that can safely and effectively meet the needs of the member.

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