Long Term Acute Care (LTAC)

Policy Number:	**M20210312011**
Effective Date:	**5/1/2021**
Sponsoring Department:	**Health Care Services**
Impacted Department(s):	**Health Care Services**

Type of Policy: ☐ Internal ☒ External

Data Classification: ☐Confidential ☐Restricted ☒Public

Applies to (Line of Business):

☐ Corporate (All)
☒ State Products, if yes which plan(s): ☒MediSource; ☒MediSource Connect; ☒Child Health Plus; ☒Essential Plan
☒ Medicare, if yes, which plan(s): ☒MAPD; ☐PDP; ☒ISNP; ☒CSNP
☒ Commercial, if yes, which type: ☒Large Group; ☒Small Group; ☒Individual
☒ Self-Funded Services *(Refer to specific Summary Plan Descriptions (SPDs) to determine any pre-authorization or pre-certification requirements and coverage limitations. In the event of any conflict between this policy and the SPD of a Self-Funded Plan, the SPD shall supersede the policy.)*

Excluded Products within the Selected Lines of Business (LOB)

N/A

Applicable to Vendors? Yes ☐ No☒

Purpose and Applicability:

To set forth Independent Health's medical necessity criteria for long term acute care (LTAC).

Policy:

Background:
A long-term acute care facility is a facility which provides medical and rehabilitative care for the clinically complex individual with multiple acute or chronic conditions and has an average inpatient length of stay of greater than 25 days. Long-term acute care facilities offer more individualized and resource-intensive care than a skilled nursing facility, nursing home, or acute rehabilitation facility is able to provide. Services may include, but are not limited to, comprehensive rehabilitation, respiratory therapy, complex wound therapy, cancer treatment, head trauma treatment, and pain management.

An evaluation of the peer-reviewed scientific literature, including but not limited to subscription materials, has provided Independent Health the basis for its medical necessity coverage outlined below.

Commercial, Self-Funded and Medicare Advantage:
LTAC consideration may be made for the management of a protracted acute medical issue when comorbid issues have been stabilized/addressed. All cases will be reviewed by an Independent Health Medical Director for medical appropriateness.

Depending upon whether the member's care needs are acute or subacute, the services may fall under different benefits as outlined in the underlying benefit plan.

MediSource, MediSource Connect, Child Health Plus and Essential Plan:
MediSource, MediSource Connect, Child Health Plus and Essential Plan utilize the criteria below.

Clinical Indications:

Services provided in a long-term acute care (LTAC) facility **are covered upon Independent Health Medical Director review,** when the individual's condition cannot be adequately treated in a less intensive setting, for **ALL** of the following:

- The individual requires acute or subacute ongoing medically necessary inpatient hospital care services
- The individual is medically complex with one or more medical comorbidities (which are currently stable)

Pre-Authorization Required? Yes ☒ No☐

Pre-authorization is required for this service.

Definitions

Long term acute care (LTAC) is a 24-hour inpatient comprehensive program of integrated medical and rehabilitative services provided in an approved LTAC facility during the acute phase of a member's care.

References

Related Policies, Processes and Other Documents
N/A

Non-Regulatory references
Koranne R. The role of the long-term acute care hospital. Minn Med. 2011 Sep;94(9):38-40.

Makam AN, Nguyen OK, Miller ME, et al. Comparative effectiveness of long-term acute care hospital versus skilled nursing facility transfer. BMC Health Serv Res. 2020 Nov 11;20(1):1032.

Regulatory References

Centers for Medicare and Medicaid Services (CMS) [web site]. Long Term Care Hospital PPS. Page Last Modified 10/1/2023Available at: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/LongTermCareHospitalPPS Accessed on February 26, 2025.

Centers for Medicare and Medicaid Services (CMS) [web site]. Medicare Benefit Policy Manual. Chapter 1. Inpatient Hospital Services Covered Under Part A. Rev. 10892, 08-06-21 Available at: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c01.pdf Accessed on February 26, 2025.

Centers for Medicare and Medicaid Services (CMS) [web site]. Medicare Benefit Policy Manual. Chapter 6 6.5.2 - Conducting Patient Status Reviews of Claims for Medicare Part
A Payment for Inpatient Hospital Admissions. Rev. 10184; Issued: 06-19-2020; Effective: 8/6/2021 ; Implementation: 8/6/2021 . Available at: https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/pim83c06.pdf Accessed on February 26, 2025.

This policy contains medical necessity criteria that apply for this service. Please note that payment for covered services is subject to eligibility criteria, contract exclusions and the limitations noted in the member's contract at the time the services are rendered.

Version Control

Signature / Approval on File? Yes ☒ No☐

Revision Date	Owner	Notes
8/1/2025	Health Care Services	Revised- Formatting only
5/1/2025	Health Care Services	Reviewed
5/1/2024	Health Care Services	Reviewed
1/1/2024	Health Care Services	Revised
5/1/2023	Health Care Services	Reviewed
5/1/2022	Health Care Services	Reviewed