Long Term Care Hospitals

Medicare Advantage Medical Policy No.: MNG-005

The Health Plan reserves the right to amend this policy and procedure at any time. Exceptions to this policy and procedure will be made on a case-by-case basis at the total discretion of the Health Plan.

Effective Date: December 27, 2023

Instructions for Use

Long Term Care Hospitals (LTCH) are certified under Medicare as acute care hospitals and treat medically complex patients who require long-stay hospital level of care. All long term care hospital services must be reasonable and necessary to be covered by the MA Plan. Medical necessity determinations will be made in accordance with generally accepted standards of medical practice, taking into account credible scientific evidence published in peer reviewed medical literature generally recognized by the relevant medical community, physician specialty society recommendations, and the views of the physicians practicing in relevant clinical areas, and other relevant factors, as they related to the member's clinical circumstances.

For Medicare Payment purposes, LTCHs are generally defined as having an average inpatient length of stay (LOS) greater than 25 days. Many of the patients in LTCHs are transferred there from an intensive or critical care unit. LTCHs specialize in treating patients who may have more than one serious condition, but who may improve with time and care, and return home.

The MA Plan will approve coverage under the following conditions:

1. A member is no longer appropriate for care in the current setting.
2. Treatment is precluded at a lower level of care.
3. An extended length of stay is required.
4. Medical practitioner assessment or intervention is needed daily.
5. Skilled Services are needed $\geq$ 6h/24h.
6. There is an overall expectation of improvement in a member's condition.

If all conditions above are met, the following conditions are generally considered appropriate for coverage:

1. Ventilator dependence/complex respiratory care,
2. Complex wound care, such as frequent skilled debridement,
3. Conditions requiring long term intravenous (IV) treatment, such as antibiotics or total parenteral nutrition (TPN),
4. Comprehensive rehabilitiation,
5. Head trauma treatment,
6. Pain management, and/or

7. Other acute severe debility or complex medical conditions in which the medical director has determined LTCH would be appropriate care.

Never Events

Neither Medicare nor the MA plan will provide coverage for the following services:

1. Wrong surgical or invasive procedure performed on a patient.
2. Surgical or other invasive procedure performed on the wrong body part.
3. Surgical or other invasive procedure performed on the wrong patient.

Medicare Advantage Members

Coverage criteria for Medicare Advantage members can be found in Medicare coverage guidelines in statutes, regulations, National Coverage Determinations (NCD)s, and Local Coverage Determinations (LCD)s. To determine if a National or Local Coverage Determination addresses coverage for a specific service, refer to the Medicare Coverage Database at the following link: https://www.cms.gov/medicare-coverage-database/search.aspx. You may wish to review the Guide to the MCD Search here: https://www.cms.gov/medicare-coverage-database/help/mcd-bene-help.aspx.

When coverage criteria are not fully established in applicable Medicare statutes, regulations, NCDs or LCDs, internal coverage criteria can be developed. This policy is to serve as the summary of evidence, a list of resources and an explanation of the rationale that supports the adoption of the coverage criteria and is to be used by all plans and lines of business unless Federal or State law, contract language, including member or provider contracts, take precedence over the policy.

InterQual® is utilized as a source of medical evidence to support medical necessity and level of care decisions. InterQual® criteria are intended to be used in connection with the independent professional medical judgment of a qualified health care provider. InterQual® criteria are clinically based on best practice, clinical data, and medical literature. The criteria are updated continually and released annually. InterQual® criteria are a first-level screening tool to assist in determining if the proposed services are clinically indicated and provided in the appropriate level or whether further evaluation is required. The utilization review nurse does the first-level screening. If the criteria are met, the case is approved; if the criteria are not met, the case is referred to the medical director.

References:

1. Evidence-Based Criteria/Guidelines | Utilization Management | InterQual® | Change Healthcare (n.d.). *Interqual Solution*. https://www.changehealthcare.com/clinical-decision-support/interqual. Last accessed 12/22/2023.

2. (n.d.) *Final Rule 2024*. https://www.federalregister.gov/documents/2023/04/12/2023-07115/medicare- program-contract-year-2024-policy-and-technical-changes-to-the-medicare-advantage-program. Last accessed 12/22/2023.

3. (n.d.) *Long term hospital care coverage.* https://www.medicare.gov/coverage/long-term- care-hospital-services. Last accessed 12/22/2023.

4. Wrong surgical or other invasive procedure performed on a patient. *NCD - wrong surgical or other invasive procedure performed on a patient (140.6)*. (n.d.). https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=327&ncdver=1&DocID=140.6&ncd_id=70.5&ncd_version=1&basket=ncd%25253A70%25252E5%25253A1%25253AHospital+and+Skilled+Nursing+Facility+Admission+Diagnostic+Procedures&bc=gAAAAAgAAAAAAA%3d%3d&.

5. Surgical or Other Invasive Procedure Performed on the Wrong Body Part. *NCD - surgical or other invasive procedure performed on the wrong body part (140.7)*. (n.d.). https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=328&ncdver=1&DocID=140.7&ncd_id=70.5&ncd_version=1&basket=ncd%25253A70%25252E5%25253A1%25253AHospital+and+Skilled+Nursing+Facility+Admission+Diagnostic+Procedures&bc=gAAAAAgAAAAAAA%3d%3d&. Last accessed on 12/22/2023.

6. Surgical or Other Invasive Procedure Performed on the Wrong Patient. *NCD - wrong surgical or other invasive procedure performed on a patient (140.6)*. (n.d.). https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=327&ncdver=1&DocID=140.6&ncd_id=70.5&ncd_version=1&basket=ncd%25253A70%25252E5%25253A1%25253AHospital+and+Skilled+Nursing+Facility+Admission+Diagnostic+Procedures&bc=gAAAAAgAAAAAAA%3d%3d&. Last accessed on 12/22/2023.