Long-Term Acute Care Hospital (LTACH) Criteria/Guidelines

Prominence Health Plan (PHP) will use the Long-Term Acute Care Hospital criteria outlined below.

LTACH admission is considered for members who no longer have acute inpatient hospital needs, are not appropriate for lower level-of-care setting, but who are expected to improve to lower level-of-care status in the LTACH time frame (average length of stay greater than 25 days).

Members who are expected to improve to lower level-of-care status before this time period are appropriate to stay at their current level of care until ready for transfer. Members who are not expected to improve to lower level-of care setting are appropriate for custodial care.

Specifically, LTACH admission is considered if the member meets **ALL** of the **General Indications** specified below **AND**

1. **ONE or more** of the following **Condition-Specific Indications** listed below:
    a. Ventilator Management
    b. Complex Wound Management
        - OR -
2. **TWO or more** of the following **Condition-Specific Indications**:
    a. Cardiovascular Conditions
    b. End-Stage Renal Disease (ESRD) and Dialysis
    c. Severe Infectious Disease Conditions

GENERAL INDICATIONS

1. The patient is stable for transfer to LTACH as indicated by **ALL** of the following:
    a. Cardiovascular status is acceptable as indicated by **ALL** of the following:
        i. Cardiac rhythm is acceptable by **1 or more** of the following:
            1. Normal sinus rhythm or paced rhythm.
            2. Sinus arrhythmia or supraventricular arrhythmia (e.g., atrial fibrillation) with ventricular rate controlled, and no need for cardioversion.
        ii. No severe cardiac arrhythmias noted (e.g., sustained ventricular tachycardia, ventricular fibrillation)
        iii. No severe cardiac or peripheral ischemia
        iv. Heart failure or other cardiovascular disease is not present or at baseline and manageable at next level of care.
        v. No concern for acute blood-loss anemia
    b. Hypotension is absent as indicated by **1 or more** of the following:
        i. SBP greater than 90mmHg and without recent decrease greater than 40mmHg from baseline in adult or child 10 years or older

ii. Mean arterial pressure greater than or equal to 70mmHg in adult or child 10 years or older.
iii. Mean arterial pressure at patient's baseline (e.g., health adult with low SBP), or at intentional therapeutic goal (e.g., patient with heart failure)

c. Stable chest findings over the past 24 hours as indicated by **ALL** of the following:
   i. Pleural effusion absent or stable for treatment at next level of care
   ii. No stridor or gross hemoptysis
   iii. Pneumothorax absent or stable for treatment at next level of care (e.g., chest tube management for persistent air leaks)
   iv. Postoperative changes (if present) stable for next level of care
   v. No evidence of new infection or other chest complications
d. Renal function acceptable as indicated by **1 or more** of the following:
   i. Renal function normal (GFR of 90mL/min/1.73m2 or more)
   ii. Renal function that is ALL of the following:
      1. Impaired (GFR less than 90mL/min/1.73m2 but stable or improving)
      2. Appropriate for management at next level of care.
   iii. Renal function at baseline and appropriate for management at next level of care.
   iv. Dialysis needed and performable at next level of care.
e. Pain adequately managed, as indicated by **1 or more** of the following:
   i. Patient tolerating oral, sublingual, or transdermal pain regimen, with adequate breakthrough pain management.
   ii. Parenteral pain management regimen appropriate for next level of care.
f. No new, acute, or unstable neurological/neuro-surgical abnormalities as indicated by **1 or more** of the following:
   i. Confusional state (e.g., disorientation, bewilderment, and difficulty following commands that persists for several hours despite treatment)
   ii. Lethargy (e.g., drowsiness, arousal by moderate stimuli, reduced self-awareness or environmental awareness for several hours despite treatment)
   iii. Obtundation (e.g., slowed responses and aroused with strong stimuli, sleeping more than normal and drowsiness between sleep states)
   iv. Stupor (e.g., vigorous, and repeated stimuli to arouse, immediate lapse to unresponsive state)
   v. Coma (e.g., unarousable unresponsiveness)
   vi. Acute psychotic condition (sudden and severe onset of hallucinations, delusions, or grossly disorganized thinking and/or behaviors that are not part of the member's baseline mental state)
   vii. Evidence of ongoing CNS embolization, ischemia, or worsening hydrocephalus

g. No acute significant hepatic dysfunction (e.g., hepatic encephalopathy that is moderate to severe, or severe coagulopathy)
h. No active bleeding or unstable disorders of hemostasis (e.g., no recent need for transfusion, severe thrombocytopenia with bleeding)
i. Isolation needs (if present) manageable at next level of care.
j. Long-term enteral feeding (e.g., PEG) not needed or established and stable.
k. Intravenous access not needed, established, or to be placed at next level of care.

2. Multidisciplinary assessment, ideally including palliative care, is documented and supports expectation that member will benefit from and improve during LTACH stay requiring an average length of stay greater than 25 days (i.e., more rapid recovery is not expected or that hospice care not more appropriate).
3. The member is managed by a multidisciplinary team defined by 2 or more physician specialists and 3 or more skilled services (PT/OT, speech therapy, respiratory therapy, wound care).
4. The member is otherwise not appropriate for admission to lower level of care setting.

A. CONDITION-SPECIFIC INDICATIONS

Ventilator Management

LTACH admission for ventilator management is appropriate when the member meets the General Considerations and **ALL** of the following:

1. The member has been on respiratory ventilation with tracheostomy placed for at least 7 days.
2. PEEP 10 cm H20 or less
3. Oxygen saturation 90% or greater on FiO2 60% or less
4. Oxygen levels stable during suctioning and repositioning
5. Three or more adequate breathing trials on separate days with insufficient progress, as indicated by **ALL** of the following:
    a. Breathing trials performed after tracheostomy is placed.
    b. Breathing trials performed after critical medical or surgical issues stabilized.
    c. Breathing trials performed with appropriate mental status (i.e., RASS score or 0, -1, or -2)
    d. Breathing trials unsuccessful, as indicated by **1 or more** of the following:
        i. Rapid shallow breathing index (respiratory rate/tidal volume ratio) greater than 105 breaths per minute per liter during spontaneous breathing trials
        ii. Oxygen desaturation, hypotension, hypertension, tachycardia, or arrhythmia during breathing trials
        iii. Agitation or respiratory distress during breathing trials
        iv. Evidence of increased respiratory effort (e.g., accessory muscle use, paradoxical diaphragm movement)

v. Acute rise in PCO2 (e.g., 8mmHg or greater) or decrease in pH (e.g., less than 7.32 or decrease of 0.07 pH points or more)
vi. Reintubation (failed extubation)
vii. Other indication that patient is not ready to be liberated from mechanical ventilation.

e. Documentation that the pulmonary or critical care physician specialist believes the member can be weaned.

Complex Wound Management

LTACH considerations for complex wound management include **ALL** of the following:

1. Member has complex wounds requiring at least 2 intravenous antibiotics as well as **1 or more** of the following:
    a. Stage IV, large necrotic, non-healing wounds, or post-operative wound complications being assessed daily for possible bedside surgical intervention.
    b. Large wound with high-output fistula requiring fluid and electrolyte replacement.
    c. Large wounds with delayed closures, tunneling, or draining not manageable at lower level of care.
    d. Non-healing amputations,
    e. Necrotizing fasciitis post-debridement wounds
2. Requires daily extensive wound management by skilled services that cannot be provided at lower levels of care.
3. Daily healthcare practitioner monitoring
4. Requires invasive interventions (e.g., serial bedside debridement)
5. Does not require escalation of surgical services to a higher level of care (e.g., plastic surgery, surgical intervention at acute inpatient level of care)
6. Wound is expected to improve in LTACH time frame.

Cardiovascular Conditions

LTACH considerations for cardiovascular conditions include **ALL** of the following criteria:

1. Heart failure with pulmonary hypertension requiring long-term IV vasodilator therapy or need for intravenous vasoactive drugs (e.g., dobutamine)
2. Continues support needed with high-concentration oxygen (greater than 40%)
3. Daily adjustment and monitoring of diuretic therapy, fluids, and electrolytes needed.

End-Stage Renal Disease (ESRD) and Dialysis

LTACH considerations for dialysis for ESRD (eGRF <15 mL/min/1.73m2) Stage 5 members include acute medical conditions related to ESRD such as uremic bleeding, uremic pericarditis, uremic neuropathy, uncontrolled hypertension, metabolic disturbances, or pulmonary edema.

Severe Infectious Disease Conditions

LTACH considerations for severe infectious disease include **1 or more** of the following:

1. Infective endocarditis requiring long-term IV antibiotics and acute care monitoring for unstable features such as recurring embolic phenomenon.
2. Meningitis or encephalitis requiring long-term intravenous antibiotics and acute care monitoring for unstable neurologic findings.
3. Sepsis management with multidrug-resistant bacteremia requiring long-term intravenous antibiotics and acute care monitoring for clinical deterioration.

Do You Have Questions

Your satisfaction and participation in our health plan is very important to us. If you have questions or need additional assistance about this notice, please call 1-855-969-5882 (toll free). For speech or hearing-impaired services, please call 711 (toll free). Member Service hours are October 1st to March 31st from 8 a.m. to 8 p.m. 7 days a week and April 1st to September 30th from 8 a.m. to 8 p.m. Monday through Friday.