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Approval and implementation dates for specific health plans may vary. Please consult the applicable health plan for more details.

Clinical Appropriateness Guidelines

Post-Acute Care

Appropriate Use Criteria: Long-Term Acute Care Hospital Level of Care

Proprietary

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Description and Application of the Guidelines

The Carelon Clinical Appropriateness Guidelines (hereinafter “the Carelon Clinical Appropriateness Guidelines” or the “Guidelines”) are designed to assist providers in making the most appropriate treatment decision for a specific clinical condition for an individual. The Guidelines establish objective and evidence-based criteria for medical necessity determinations, where possible, that can be used in support of the following:

- To establish criteria for when services are medically necessary
- To assist the practitioner as an educational tool
- To encourage standardization of medical practice patterns
- To curtail the performance of inappropriate and/or duplicate services
- To address patient safety concerns
- To enhance the quality of health care
- To promote the most efficient and cost-effective use of services

The Carelon guideline development process complies with applicable accreditation and legal standards, including the requirement that the Guidelines be developed with involvement from appropriate providers with current clinical expertise relevant to the Guidelines under review and be based on the most up-to-date clinical principles and best practices. Resources reviewed include widely used treatment guidelines, randomized controlled trials or prospective cohort studies, and large systematic reviews or meta-analyses. Carelon reviews all of its Guidelines at least annually.

Carelon makes its Guidelines publicly available on its website. Copies of the Guidelines are also available upon oral or written request. Additional details, such as summaries of evidence, a list of the sources of evidence, and an explanation of the rationale that supports the adoption of the Guidelines, are included in each guideline document.

Although the Guidelines are publicly available, Carelon considers the Guidelines to be important, proprietary information of Carelon, which cannot be sold, assigned, leased, licensed, reproduced or distributed without the written consent of Carelon.

Carelon applies objective and evidence-based criteria, and takes individual circumstances and the local delivery system into account when determining the medical appropriateness of health care services. The Carelon Guidelines are just guidelines for the provision of specialty health services. These criteria are designed to guide both providers and reviewers to the most appropriate services based on a patient’s unique circumstances. In all cases, clinical judgment consistent with the standards of good medical practice should be used when applying the Guidelines. Guideline determinations are made based on the information provided at the time of the request. It is expected that medical necessity decisions may change as new information is provided or based on unique aspects of the patient’s condition. The treating clinician has final authority and responsibility for treatment decisions regarding the care of the patient and for justifying and demonstrating the existence of medical necessity for the requested service. The Guidelines are not a substitute for the experience and judgment of a physician or other health care professionals. Any clinician seeking to apply or consult the Guidelines is expected to use independent medical judgment in the context of individual clinical circumstances to determine any patient’s care or treatment.

The Guidelines do not address coverage, benefit or other plan specific issues. Applicable federal and state coverage mandates take precedence over these clinical guidelines, and in the case of reviews for Medicare Advantage Plans, the Guidelines are only applied where there are not fully established CMS criteria. If requested by a health plan, Carelon will review requests based on health plan medical policy/guidelines in lieu of the Carelon Guidelines. Pharmaceuticals, radiotracers, or medical devices used in any of the diagnostic or therapeutic interventions listed in the Guidelines must be FDA approved or conditionally approved for the intended use. However, use of an FDA approved or conditionally approved product does not constitute medical necessity or guarantee reimbursement by the respective health plan.

The Guidelines may also be used by the health plan or by Carelon for purposes of provider education, or to review the medical necessity of services by any provider who has been notified of the need for medical necessity review, due to billing practices or claims that are not consistent with other providers in terms of frequency or some other manner.

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General Clinical Guideline

Clinical Appropriateness Framework

Critical to any finding of clinical appropriateness under the guidelines for a specific diagnostic or therapeutic intervention are the following elements:

- Prior to any intervention, it is essential that the clinician confirm the diagnosis or establish its pretest likelihood based on a complete evaluation of the patient. This includes a history and physical examination and, where applicable, a review of relevant laboratory studies, diagnostic testing, and response to prior therapeutic intervention.
- The anticipated benefit of the recommended intervention is likely to outweigh any potential harms, including from delay or decreased access to services that may result (net benefit).
- Widely used treatment guidelines and/or current clinical literature and/or standards of medical practice should support that the recommended intervention offers the greatest net benefit among competing alternatives.
- There exists a reasonable likelihood that the intervention will change management and/or lead to an improved outcome for the patient.

Providers may be required to submit clinical documentation in support of a request for services. Such documentation must a) accurately reflect the clinical situation at the time of the requested service, and b) sufficiently document the ordering provider's clinical intent.

If these elements are not established with respect to a given request, the determination of appropriateness will most likely require a peer-to-peer conversation to understand the individual and unique facts that would justify a finding of clinical appropriateness. During the peer-to-peer conversation, factors such as patient acuity and setting of service may also be taken into account to the extent permitted by law.

Simultaneous Ordering of Multiple Diagnostic or Therapeutic Interventions

Requests for multiple diagnostic or therapeutic interventions at the same time will often require a peer-to-peer conversation to understand the individual circumstances that support the medical necessity of performing all interventions simultaneously. This is based on the fact that appropriateness of additional intervention is often dependent on the outcome of the initial intervention.

Additionally, either of the following may apply:

- Current literature and/or standards of medical practice support that one of the requested diagnostic or therapeutic interventions is more appropriate in the clinical situation presented; or
- One of the diagnostic or therapeutic interventions requested is more likely to improve patient outcomes based on current literature and/or standards of medical practice.

Repeat Diagnostic Intervention

In general, repeated testing of the same anatomic location for the same indication should be limited to evaluation following an intervention, or when there is a change in clinical status such that additional testing is required to determine next steps in management. At times, it may be necessary to repeat a test using different techniques or protocols to clarify a finding or result of the original study.

Repeated testing for the same indication using the same or similar technology may be subject to additional review or require peer-to-peer conversation in the following scenarios:

- Repeated diagnostic testing at the same facility due to technical issues
- Repeated diagnostic testing requested at a different facility due to provider preference or quality concerns

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- Repeated diagnostic testing of the same anatomic area based on persistent symptoms with no clinical change, treatment, or intervention since the previous study
- Repeated diagnostic testing of the same anatomic area by different providers for the same member over a short period of time

Repeat Therapeutic Intervention

In general, repeated therapeutic intervention in the same anatomic area is considered appropriate when the prior intervention proved effective or beneficial and the expected duration of relief has lapsed. A repeat intervention requested prior to the expected duration of relief is not appropriate unless it can be confirmed that the prior intervention was never administered. Requests for ongoing services may depend on completion of previously authorized services in situations where a patient's response to authorized services is relevant to a determination of clinical appropriateness.

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Long-Term Acute Care Hospital Level of Care

General Information

Guideline Scope

This guideline addresses post-acute care (PAC) in a Long-Term Acute Care Hospital (LTACH). Specifically, the criteria establish the appropriateness of initial admission to a LTACH upon discharge from hospital or admission from another level of PAC as well as the appropriateness of continuing facility-based PAC at a LTACH.

The guideline applies to all patients of all ages and conditions discharged from the hospital. Due to the variety of clinical scenarios in scope, the guideline focuses on the principles needed to establish appropriateness of a given level of PAC.

Definitions

Post-acute care settings

- **Skilled Nursing Facility (SNF)** – An inpatient facility providing skilled nursing with or without rehabilitative care and classified by the Centers for Medicare & Medicaid Services (CMS) as a SNF or by a state accredited agency to perform the same or similar function as a SNF. Typically, it provides such 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. It is traditionally considered the lowest level of facility-based post-acute care, though this may vary depending on the individual facility's characteristics.
- **Inpatient Rehabilitation Facility (IRF)** – An inpatient facility providing high-intensity, multidisciplinary rehabilitative care coordinated by a rehabilitation physician. IRFs are commonly freestanding but may be contained within an acute care hospital. IRFs are traditionally considered the highest level of rehabilitative post-acute care and intended for patients whose care needs are primarily rehabilitative. Also commonly referred to as "Acute Rehab" or "Acute Inpatient Rehab."
- **Long-Term Acute Care Hospital (LTACH)** – An inpatient facility providing medical and rehabilitative care for patients whose medical care needs exceed their rehabilitative care needs and who are expected to require an extended course of medical treatment relative to an acute care hospital (extended course typically expected to be 25 days). Also commonly referred to as Long-Term Acute Care (LTAC) or Long-Term Care Hospital (LTCH).

Most appropriate PAC level of care

Facility type that offers the necessary and appropriate type and intensity of care—including specialized clinical staff and equipment—and no more.

- Examples:
    - SNF is a more appropriate level of PAC than IRF or LTACH if the necessary type and intensity of care can be provided in the SNF environment
    - IRF is a more appropriate level of PAC than LTACH if the necessary type and intensity of care can be provided in the IRF environment

Qualified provider of skilled care

An individual who is duly licensed or certified by his/her state to deliver the specific services s/he is rendering and provides such services in accordance with his/her state's respective practice act. State regulations regarding appropriate providers may supersede this guideline.

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General PAC Principles

A facility must be sufficiently accessible (e.g., ADA compliant*) to avoid compromising the patient's care or potential to achieve the therapeutic goals.

- Example: For patients whose goals include improved independence with toilet transfers from a wheelchair, a facility without wheelchair-accessible bathrooms would not be appropriate

When noted in the submitted clinical documentation, health-related social needs (HRSN) that will impact the patient's discharge to the community may be screened and considered for appropriate, available resources.

**ADA compliance refers to the Americans with Disabilities Act (ADA) Standards for Accessible Design, which requires that facilities be physically accessible, including entry doors, restrooms, and other features, to people with disabilities.*

Clinical Indications

Initial Long-Term Acute Care Hospital Care

Criteria for Initial Admission to LTACH

Admission to a LTACH is considered medically necessary when ALL the following criteria are met:

- A LTACH is more appropriate than an IRF or SNF (see Most appropriate PAC level of care definition)
- Services ordered are reasonable in scope, intensity, and duration for the condition being treated
- Care will be provided by qualified providers of the respective skilled services
- Patient's diagnostic workup and care plan have largely been determined, and any ongoing medical care needs do not exceed the capabilities of a LTACH
- There is a documented need for daily physician and nursing care to achieve established therapeutic goals
- Patient's medical management needs exceed what can safely and/or practically be provided at other levels of PAC, such as:
    - Conditions requiring more complex medical care (e.g., timely physician assessment for coordination of multiple care services—such as other medical specialists and/or supportive providers such as respiratory therapy, nutrition, speech services, pharmacy—which need to be readily available)
    - Conditions requiring 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 PAC level of care due to staff expertise and availability required for their proper use
    - Medication-related factors (e.g., high risk for serious adverse reaction)
    - New need for total parenteral nutrition
- Patient's complex medical needs are mid- to long-term, such as ventilator-dependence with reasonable likelihood of successfully weaning
    - *Mid- to long-term typically refers to an expected length of stay of at least 25 days*
- Patient has active medical issues which are the primary management issue (e.g., are in excess of rehab needs) and/or preclude meaningful participation in therapies

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- 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
- For patients whom the primary care team feels that palliative care or hospice are appropriate options to consider, a goals-of-care conversation with the patient (and/or family when appropriate) has been pursued and documented

Ongoing Long-Term Acute Care Hospital Care

Criteria for Continuation of LTACH-Based Care

Continuation of LTACH may be considered medically necessary when the following criteria are met:

ALL the following general criteria:

- All criteria for admission to LTACH continue to be met (see Criteria for Initial Admission to LTACH)
- Therapeutic goals have been established and documented
- There is at least **ONE** remaining medical therapeutic goal which:
    - Requires physician and skilled nursing intervention to achieve
    - Is likely attainable in a reasonable and predictable timeframe
    - Is reassessed by care team typically on at least a weekly basis
    - Will meaningfully improve the patient's medical condition
- Discharge barriers are continually being assessed and addressed (to the extent possible) so as not to extend stay unnecessarily
- Progress towards goals has been commensurate with the duration of treatment

and ANY of the following pertaining to the patient's progress:

- Patient has had a clinically significant, quantifiable, and favorable response to interventions within a reasonable timeframe
- Patient has a lack of clinically significant or favorable response but has an acceptable and temporary mitigating factor(s) accounting for a limited response, such as intervening illness or complication
- Patient has a lack of clinically significant or favorable response, but the plan of care has been modified in a way that is likely to improve the response in a reasonable timeframe

Exclusions

LTACH facility care is considered **Not Medically Necessary** when:

- There is no reasonable expectation of progression toward medical goals
    - Example for Ongoing LTACH Care: Vented patient no longer has reasonable weaning goals
- Services otherwise do not meet clinical criteria outlined above

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History

Status	Review Date	Effective Date	Action
Revised	10/23/2023	09/01/2024	Independent Multispecialty Physician Panel (IMPP) review. Restructured original PAC guidelines into 3 separate, level of care-specific guidelines; updated Scope and Definitions, and refined several criteria to be more applicable to IRF; removed facility accessibility and HRSN criteria; removed requirement for physician referral; added criteria in Ongoing LTACH Care regarding remaining therapeutic goals; refined criteria around need for hospice/palliative care consultation; added verbiage and examples to clarify original intent or for more level of care-specific applicability; removed all criteria pertaining to transfer between LTACH and other levels of PAC.
Updated 04/01/2024	n/a	Unchanged	Changed copyright from Carelon Post Acute Solutions to Carelon Medical Benefits Management.
Updated	01/23/2024	Unchanged	IMPP review. Added required language to General Clinical Guideline per new Medicare regulations.

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Status	Review Date	Effective Date	Action
Created	04/12/2023, 02/03/2022	09/01/2023	IMPP review. Restructured by level of care and clarified admission criteria. Original effective date.

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