UNITED HEALTHCARE LTACH GUIDELINES

- Admission to LTACH may be indicated by presence of ALL of the following\(^1\)\(^2\)\(^3\)\(^4\)\(^5\):
  - Patient is medically stable for transfer to LTACH.
  - Established diagnosis or condition for which ongoing acute hospital care is needed
  - Clinical assessment indicates the patient will benefit from and improve with the LTACH program care available at the chosen facility.
  - Clinical assessment indicates an expectation that the patient will require long-term acute care and be in a population subgroup which averages a length of stay of 25 days.
  - Care at LTACH is appropriate for condition as indicated by ALL of the following\(^6\):
    - Medically complex situation with features such as multiple comorbidities that will require ongoing acute care with complex nursing care needs and need for close physician supervision
    - Interdisciplinary LTACH care is required as indicated by 1 or more of the following:
      - Respiratory failure requiring ventilation management and weaning.\(^7\)\(^8\) See Ventilator Management Long-term Acute Care Hospital (LTACH) Guideline \(^\text{GRG}\)\.^\(^9\)
      - Infectious disease condition requiring LTACH care (eg, endocarditis requiring long-term IV antibiotics and acute care and monitoring for unstable features such as recurring embolic phenomenon or heart failure requiring daily adjustment of diuretic therapy, fluids, and electrolytes)\(^9\)
      - Complex wound care condition requiring LTACH care (eg, large wound with necrosis requiring daily physician supervision, recurrent wound debridement, and expected slow healing and possible prolonged delayed closure)\(^10\)\(^11\)\(^12\)
      - Cardiovascular condition requiring LTACH care (eg, heart failure with pulmonary hypertension requiring long-term IV vasodilator therapy, continued support with high concentration oxygen (greater than 40%), and daily adjustment of diuretic therapy, fluids, and electrolytes)
      - Rehabilitation care needs requiring LTACH care as indicated by ALL of the following:
        - Documentation that providing patient’s specific rehabilitation needs in current or alternative (eg, inpatient rehabilitation) facility has failed or is not appropriate
        - Documented treatment plan and goals for LTACH care expected to provide improved outcome over current treatment
        - Patient can participate in planned rehabilitation activities despite the condition that requires ongoing acute care.
      - Other complex medical management situation requiring LTACH care (eg, diabetic peripheral vascular disease with surrounding cellulitis unresponsive to a standard IV antibiotic course that requires long-term IV antimicrobial therapy with daily monitoring and adjustment of diabetes treatment and skin condition)
Vent weaning:

- Admission to LTACH may be indicated when ALL of the following are present(1)(2)(3)(4)(5)(6)(7):
  - Patient medically stable for transfer to LTACH
  - Established diagnosis or condition for which ongoing acute hospital care is needed
  - Clinical assessment indicates the patient will benefit from and improve with the LTACH program care available at the chosen facility.(8)(9)
  - Clinical assessment indicates an expectation that the patient will require long-term acute care and be in a population subgroup which averages a length of stay of 25 days.
  - Prolonged mechanical ventilation present (21 consecutive days of mechanical ventilation for at least 6 hours per day)(10)(11)(12)
  - Respiratory stability, as indicated by ALL of the following:
    - Safe and secure tracheostomy [a] (13)(14)(15)
    - No need for sophisticated ventilator modes
    - Positive end-expiratory pressure requirement 10 cm H₂O (981 Pa) or less
    - Stable airway resistance and lung compliance
    - Adequate oxygenation (oxygen saturation 90% or greater) on FIO₂ 60% or less
    - Oxygenation stable during suctioning and repositioning
  - Need for acute level of care, as indicated by 1 or more of the following:
    - Active ventilator and respiratory management at least every 4 hours(16)
    - Frequent diagnostic services, including clinical assessment, laboratory, and imaging
    - More intensive skilled services needed than available at lower level of care
    - Lower level of care has failed.