CLINICAL MEDICAL POLICY	
Policy Name:	Long-Term Acute Care (LTAC)
Policy Number:	MP-129-MD-PA
Responsible Department(s):	Medical Management
Provider Notice/Issue Date:	11/30/2026; 11/01/2025; 01/01/2025; 02/01/2024
Effective Date:	02/01/2027; 12/01/2025; 02/01/2025; 03/01/2024
Next Annual Review:	02/2028
Revision Date:	07/27/2026; 08/20/2025; 10/16/2024; 10/18/2023
Products:	Highmark Wholecare℠ Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1 of 4

Policy History

Date	Action
02/01/2027	Provider Effective Date
10/16/2026	PARP Approval Date
08/19/2026	QI/UM Committee Review
07/27/2026	Annual Review: Added Prior Authorization Link (PAL) link to policy. No clinical Changes. Updated references
12/01/2025	Provider Effective date
09/29/2025	PARP Approval
08/20/2025	QI/UM Committee review
08/20/2025	Annual Review: No changes to clinical criteria. Updated 'Reference Sources' section.
02/01/2025	Provider Effective date
12/04/2024	PARP Approval
10/16/2024	QI/UM Committee review
10/16/2024	Annual Review: No changes to clinical criteria. Updated 'Reference Sources' section.
03/01/2024	Provider Effective date
01/02/2024	PARP Approval
10/18/2023	QI/UM Committee review
10/18/2023	Policy initially developed

Disclaimer

Highmark Wholecare℠ medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

Policy Statement

Highmark Wholecare℠ may provide coverage under the medical-surgical benefits of the Company's Medicaid products for a medically necessary LTAC admission.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

(Current applicable Pennsylvania HealthChoices Agreement Section V. Program Requirements, B. Prior Authorization of Services, 1. General Prior Authorization Requirements.)

Definitions

Prior Authorization Review Panel (PARP) – A panel of representatives from within the PA Department of Human Services who have been assigned organizational responsibility for the review, approval and denial of all PH-MCO Prior Authorization policies and procedures.

Long-Term Acute Care (LTAC) – facilities that provide medical and rehabilitative care to patients with clinically complex care problems (e.g., multiple acute or chronic conditions) that require hospital-level care for an extended period of time – usually 20 to 30 days.

Procedures

Prior Authorization may be required. Please validate codes on the Prior Authorization Lookup Tool

Prior Authorization Code Lookup

1. Admission to an LTAC hospital may be considered medically necessary when ALL of the following criteria are met:
    A. An individual has medical or respiratory complexity that requires daily healthcare provider intervention and intensive treatment; AND
    B. The complexity of the individual's condition and care needs requires placement in a Skilled Nursing Facility (SNF) or there are multiple SNF denials; AND

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C. Availability of multidisciplinary team, including physical therapy (PT), occupational therapy (OT), speech therapy (ST), and/or respiratory therapy (RT); AND
D. The individual requires an RN on duty 24 hours per day.

2. Conditions/services that may be considered medically necessary for LTAC level of care may include, but are not limited to, ANY of the following:
    - Complex wound care:
        - Daily healthcare provider monitoring of wound
        - Wound requiring frequent complicated dressing charges, and possible repeated debridement of necrotic tissue
        - Large wound with possible delayed closure, draining, and/or tunneling or high output fistulas
        - Lower extremity wound with severe ischemia
        - Skin flaps and grafts requiring frequent monitoring
    - Infectious disease:
        - Intravenous anti-infective agent(s) with adjustments in dose
        - Intensive sepsis management
        - Common conditions include osteomyelitis, cellulitis, bacteremia, endocarditis, peritonitis, meningitis/encephalitis, abscess and wound infections
    - Medical complexity:
        - Primary condition and at least two (2) other actively treated conditions that require monitoring and treatment
        - Common conditions include metabolic disorders, stroke, heart failure, renal insufficiency, necrotizing pancreatitis, emphysema (COPD), peripheral vascular disease, and malignant/end-stage disease
    - Rehabilitation:
        - Care needs cannot be met in a rehabilitation or SNF
        - Individual has a comorbidity requiring acute care
        - Individual is able to participate in a goal oriented rehabilitation plan of care
        - Common conditions include conditions with functional limitations, debilitation, amputation, cardiac disease, orthopedic surgery
    - Mechanical ventilator support:
        - Failed weaning attempts at an acute care facility
        - Individual has received mechanical ventilation with failed weaning attempts
        - Ventilator management required at least every four (4) hours as well as appropriate diagnostic services and assessments
        - Individual exhibits weaning potential, without untreatable and/or progressive lung and/or neurological conditions
        - Respiratory status is stable with maximum positive end-expiratory pressure (PEEP) requirement 10 cm H2O and FiO2 60% or less
        - Common conditions include complications of acute lung injury, disorders of the central nervous and neuromuscular systems, and cardiovascular, respiratory, and pleural/chest wall disorders

3. Transition from a LTAC hospital to an alternate level of care may be considered medically necessary when ALL of the following criteria have been met:
    A. Care can be managed at a lower level of care, including wound care and the management of multiple medical conditions; AND

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B. Individual displays no signs of infections or is stable on an anti-infective program which can be administered in an outpatient setting; AND
C. Individual is hemodynamically stable, has stable electrolytes, and does not require daily medication adjustments; AND
D. Cardiovascular status is stable and cardiac monitoring is not required; AND
E. Individual does not require dialysis or dialysis can be effectively performed in a lower level of care; AND
F. Respiratory status is stable and the individual does not require every 4 (four) hour monitoring; AND
G. If an individual is ventilator-dependent on admission, is now off the ventilator or is stable and unable to be weaned and ALL of the following criteria are met:
    1) Ventilator settings and airway are stable; AND
    2) Stable oxygenation during movement or suctioning; AND
    3) Oxygenation is adequate, e.g., SaO2 at least 90% on FiO2 40% or less; AND
    4) Suction is required less often than every four (4) hours; AND
H. The individual is stable on adequate nutritional; AND
I. Pain management is adequate and does not need frequent change in medication or dose; AND
J. Neurological status is stable with mentation at baseline.

4. Post-payment Audit Statement
   The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Wholecare℠ at any time pursuant to the terms of your provider agreement.

5. Place of Service
   The proper place of service for LTAC is inpatient.

6. Related Policies
   - MP-127-MD-PA Observation Care (Hospital Outpatient)
   - MP-115-MD-PA Concurrent Care

Reimbursement

Participating facilities will be reimbursed per their Highmark Wholecare℠ contract.

Reference Sources

Centers for Medicare and Medicaid Services (CMS). Medicare Benefit Policy Manual. Chapter 1 – Inpatient Hospital Services Covered Under Part A. August 6, 2021. Accessed on July 27, 2026