



CLINICAL MEDICAL POLICY	
Policy Name:	Post-Acute Care
Policy Number:	MP-105-MC-PA
Responsible Department(s):	Medical Management
Provider Notice/Issue Date:	01/01/2026
Effective Date:	03/01/2026
Next Annual Review:	10/2026
Implementation Date:	10/15/2025
Products:	Pennsylvania Medicare Assured
Application:	All participating and nonparticipating practitioners and facilities unless contractually precluded
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Policy History

Date	Activity
03/01/2026	Provider Effective date
10/15/2025	QI/UM Committee review
10/15/2025	Policy initially developed

Disclaimer

Highmark WholecareSM 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 WholecareSM may provide coverage under the medical-surgical benefits of the Company's Medicare products for medically necessary post-acute care.

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.

Procedures

1. Please review the specific National Coverage Determination (NCD), Local Coverage Determination (LCD), and/or Local Coverage Article (LCA) information, as well as other CMS sources, using the links below.
2. Post-payment Audit Statement
The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark WholecareSM at any time pursuant to the terms of your provider agreement.
3. Place of Service
Please refer to the NCD, LCD, LCA, or CMS guidelines for the place of service for post-acute care.

Coverage Determination and Links

Highmark WholecareSM follows the coverage determinations made by CMS as outlined in either the NCD or state-specific LCD/LCA.

CMS Link

- [CMS Website](#)

NCD/LCD Links

- There are no current NCD/LCDs related to this topic.

Related Links

- [Medicare Benefit Policy Manual Chapter 1 - Inpatient Hospital Services Covered Under Part A](#)
- [Medicare Benefit Policy Manual Chapter 8 - Coverage of Extended Care \(SNF\) Services Under Hospital Insurance](#)

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 October 2, 2025.

Centers for Medicare and Medicaid Services (CMS). Medicare Benefit Policy Manual – Chapter 8. Coverage of Extended Care (SNF) Services – Under Hospital Insurance. October 5, 2023. Accessed on October 2, 2025.

Reimbursement

Participating facilities will be reimbursed per their Highmark WholecareSM contract.