

Physician Education Express



Improving Documentation to Avoid a Long Term Acute Care Hospital (LTACH) Peer to Peer

Audience: Physicians, Fellows, Residents, Medical Students and Advanced Practice Providers

Education Level- **Yellow**

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SUMMARY

A Long Term Acute Care Hospital (LTACH) is a Level of Care outside the Acute Care Hospital setting that is designed for patients with complex medical needs requiring a longer hospital stay. They have the following available:

- 24 hour on-site physician coverage
- Physical, Occupational, and Speech Therapies available
- On site imaging, pharmacy and laboratory
- Fewer patients per nurse allowing for more 1:1 care

Insurance companies will often automatically deny a patient the LTACH level of care because they have already paid for the bundle DRG payment. Meaning that, regardless of how long the patient remains in the hospital, the insurance company is only responsible for a specific amount.

LTACH denials have increased, leading to increased length of stay for patients, delaying patient discharges to the next appropriate level of care, and limiting available beds, thus impacting throughput.

If a transfer to an LTACH is denied by the insurance, they will offer a peer-to-peer conversation (IU Health Physician / Insurance Company Medical Director) to either uphold the denial or approve the transfer.

For a patient to meet LTACH Level of Care they must meet one or more of the following criteria:

- 3 days ICU/PCU care this hospital stay
- Ventilator or high flow oxygen needs
- Multiple IV Medications
- Multiple drains or other lines
- Complex daily wound care needs
- Has failed at a lower level of care

Recommended Documentation Phrases

- "Pt is stable and appropriate for a lateral transfer from ICU (or PCU) to LTACH ICU"

Highlights

Insurance companies often deny the LTACH level of care because they have already paid for the bundle DRG payment.

Use of recommended documentation phrases can reduce the potential of a Peer-to-Peer conversation being required.

Insurance companies often require a Peer-to-Peer conversation to occur on a strict timeline set by the insurance company.

Avoiding an LTACH Peer-to-Peer saves the physician time by not having to be restricted during a certain time period for the insurance provider to call to conduct the peer-to-peer.

Avoiding a denial helps to move the patient to the next most appropriate level of care sooner, opening the hospital bed for another patient.

- "Pt is stable and appropriate to initiate weaning at LTACH"
- "Pt is stable and appropriate to continue weaning at LTACH"
- "Pt will benefit from continued daily MD oversight at LTACH"
- "Pt has been stabilized and diagnosed. Treatment plan can continue at LTACH"
- "Due to the current lack of inpatient bed availability at the ICU and PCU levels, IU Health wishes to partner with the insurance company for the best outcomes for this patient and transition this patient to an LTACH."
- Other documentation that the patient has potential to make a meaningful recovery

Navigating a Peer-to-Peer Conversation

Provider LTACH Peer-to-Peer Call	
KEY COMPONENTS TO AID IN A SUCCESSFUL PEER-TO-PEER FOR LTACH ADMISSION	
<i>Component</i>	<i>Preferred Verbiage</i>
1. Education on LTACH if Necessary	After introductions, ask the managed care medical director about his/her clinical background. He/she may need education on LTACHs, or typical patients being admitted to LTACH.
2. Primary Diagnosis	Identify the primary diagnosis and present it clearly
3. Secondary Diagnosis	Identify all comorbid conditions as well as complications of the primary diagnosis. First, present the active comorbid conditions and then all the chronic comorbid conditions.
4. List Acute Care Services	Address the specific acute care needs the patient is still requiring at the ICU or PCU Level of Care. Examples include Pulmonology, Neurology, Cardiology, Nephrology, PT/OT, Speech, etc.
5. Need for daily MD visits	State that due to #2-4 above, patient needs daily medically necessary visits by a physician to monitor and manage medication changes.
6. Risk of readmission if not admitted to LTACH	Next, if applicable, state patient is at high risk of unplanned readmission due to: Examples include fall risk, inability to self-administer medication, lack of 24-hour caregiver in alternate setting, etc.
7. Services cannot be provided at a lower level of care	Explain why you feel the needed care cannot be provided in the current care site or at a lower level of care
8. Documentation of conversation	If the denial is upheld, state you will document this in the patient's chart and will include the name of the physician denying admission.