
Subacute Care Programs: Adult

Page updated: December 2023

«This manual section has been retained to provide reference to LTC-related billing instructions for dates of service prior to February 1, 2024. This manual section is not live and does not reflect current billing policy and should not be referenced when billing for dates of service on or after February 1, 2024. For current billing instructions as of February 1, 2024, refer to the appropriate manual section in the [Long Term Care Provider Manual](#).»

Adult subacute level of care refers to very intensive, licensed, skilled nursing care provided in Distinct-Part/Nursing Facilities Level B (DP/NF-B*) in acute care hospitals, or in Free-Standing Nursing Facilities Level B (FS/NF-B*) to patients who have a fragile medical condition. Beds designated for adult subacute care cannot be used for swing beds.

The following revisions to the Adult Subacute Care Program are effective for dates of service on or after April 1, 1994, unless otherwise specified.

Eligibility Criteria

To qualify for the subacute program, the patient must need one of the following:

- Tracheostomy care with continuous mechanical ventilation for at least 50 percent of the day; or
- Tracheostomy care with suctioning and room air mist or oxygen as needed, and one of the six treatment procedures listed below; or
- Administration of any three of the six treatment procedures listed below.

Treatment Procedures

Treatment procedures includes:

- Total parenteral nutrition
- Inpatient physical, occupational, and/or speech therapy, at least two hours per day, five days per week
- Tube feeding (nasogastric or gastrostomy)
- Inhalation therapy treatments every shift and a minimum of four times per 24-hour period
- I.V. therapy involving:
 - the continuous administration of a therapeutic agent, or
 - the need for hydration, or
 - frequent intermittent I.V. drug administration via a peripheral and/or central line (for example, with Heparin lock)
- Debridement, packing and medicated irrigation with or without whirlpool treatment

Hours of Licensed Nursing Required Per Patient Day

The number of actual hours of licensed nursing required per patient day is established to eliminate separate staffing requirements for ventilator and nonventilator-dependent patients, and to permit subacute units more flexibility in the categories of staff used in the staffing ratio. The Licensed Vocational Nurse (LVN) requirement, and the requirement for a higher staffing ratio for ventilator-dependent patients, are deleted. Staffing requirements are further modified by permitting subacute units that employ Certified Nurse Assistants (CNAs) to include these hours in the staffing ratio.

Subacute units in Free-Standing NFs must provide a minimum daily average of 3.8 actual hours of licensed nursing and 2.0 actual CNA hours per patient day. Units in Distinct-Part NFs must provide a minimum daily average of 4.0 actual hours of licensed nursing and 2.0 actual CNA hours per patient day. Subacute units that do not use CNAs must employ sufficient licensed nursing staff to provide 4.8 hours of licensed nursing per patient day.

Note: Licensed nursing is restricted to the following professional classifications: Registered Nurse (RN) and Licensed Vocational Nurse (LVN).

24-Hour Nursing Care

Twenty-four hour nursing care must be provided by an RN. A minimum of one RN must be on each shift and dedicated to the subacute unit.

Administrative Day

The administrative day requirement has been eliminated. Therefore, patients in acute care beds determined to be at the subacute level of care and requiring a subacute bed will continue to receive authorization for acute care until placement in a subacute bed.

Per Diem Rate

The per diem rate will now include certain outpatient ancillary services that were previously reimbursed on a fee-for-service basis. All items included in the NF per diem rate as provided for in the *California Code of Regulations* (CCR), Title 22, Section 51511, except Sections 51511(a) are included in the adult subacute per diem rate. Section 51511 (c) applies to adult subacute units except as provided for below. In addition, the adult subacute per diem rate includes the following items:

- Oxygen and oxygen therapy equipment listed in CCR, Title 22, Section 51521(i)(8), as well as oxygen conserving devices (for example, Oxymizer) and nebulizers (for example, Pulmoaide)

- Ventilators, including humidifiers, in-line condensers, in-line temperature measuring devices, calibration and maintenance
- Equipment and supplies necessary for continuous intravenous therapy
- Feeding pumps of all types
- Physical therapy services listed in CCR, Title 22, Section 51507; occupational therapy services listed in CCR, Title 22, Section 51507.1; speech and language services and audiology services listed in CCR, Title 22, Section 51507.2
- Respiratory and inhalation therapy services administered by other than a physician
- Tracheostomy speaking valves
- Medicine CPT® codes 99000 or 99070 (These codes must not be billed separately.)
- Laboratory, pathology and radiology:

The technical component (modifier TC) of the following laboratory, pathology and radiology services is included in the adult subacute per diem rate. These services may be billed separately only with a professional component (modifier 26). They must not be billed separately with modifier TC.

- Laboratory and pathology HCPCS code S3620 or CPT codes 80000 – 89999

Exception: CPT codes 88230 thru 88289 and 88299 will not be reimbursed with the professional component (modifier 26) when code 88291 has been paid to the same provider, for the same recipient and date of service.

- Diagnostic radiology CPT codes 70000 – 76999

Note: CPT code 76999 is for an unlisted ultrasound procedure and requires authorization.

Exception for CT scans: CPT codes 70450 thru 70492, 71250 thru 71270, 72125 thru 72133, 72192 thru 72194, 73200 thru 73202, 73218 thru 73220, 73700 thru 73702, 73718 thru 73720, 74150 thru 74170, 77011 thru 77014. CT scans do not require authorization.

Exception for MRI: CPT codes 70540 thru 70543, 70551 thru 70553, 71550 thru 71552, 72141, 72142, 72146 thru 72149, 72157, 72158, 72195 thru 72197, 73218 thru 73223, 73718 thru 73723, 74181 thru 74183. MRI services are subject to authorization.

Exception for MRA: CPT codes 70544 – 70549, 74185. MRA services are subject to authorization.

- Equipment necessary for wound debridement, packing and irrigation

Manual of Criteria

All other criteria for the adult subacute level of care included in the *Manual of Criteria for Medi-Cal Authorization* is applicable.

Adult subacute care providers should continue to use the appropriate accommodation codes and will receive reimbursement on a per diem basis.

Legend

Symbols used in the document above are explained in the following table.

Symbol	Description
«	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
»	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.
*	Also known as Skilled Nursing Facility (SNF) Level B