# Subacute Care Programs: Adult

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Subacute level of care means a level of care needed by a patient who does not require hospital acute care but who requires more intensive licensed skilled nursing care than is provided to the majority of patients in a skilled nursing facility. Adult subacute services shall be provided by a licensed general acute care hospital with Distinct-Part (DP) skilled nursing beds or a Free-Standing (FS) certified nursing facility that enters into a contract with the Department of Health Care Services (DHCS). Subacute beds shall not be dual classified as swing beds.

Adult subacute level of care refers to subacute 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*) that are contracted with the DHCS. Beds designated for adult subacute care cannot be used for swing beds.

## Standards for Participation in the Subacute Care Program:

A facility that wants to enter into a contract with the DHCS to provide Medi-Cal subacute care to beneficiaries must:

- Be licensed as an acute care hospital with a Distinct-Part (DP) skilled nursing beds, or
- Be licensed as a Free-Standing (FS) SNF, and
- Be certified as a Long-Term Care (LTC) Medicare and Medi-Cal provider and
- Have a history of compliance with SNF regulations and
- Have professional staff with the documented ability to provide care to subacute patients and
- Have an emergency generator meeting requirements for the provision of life support.

If a DP/FS SNF meets the criteria above, they may apply to enter into a contractual agreement with DHCS to provide services to Medi-Cal subacute patients.

‹‹A *Treatment Authorization Request* (TAR) is required for each admission to subacute care unit for adult members. An initial TAR may be approved for up to one year. Subsequent reauthorizations may be approved for up to one year. The authorization approval timeline applies to both fee-for-service and managed care.››

‹‹Minimum standards of medical necessity for adult subacute level of care include the following:

- Physician visits are required at least twice weekly during the first month and a minimum of at least once every week thereafter.
- Twenty-four-hour access to services available in a general acute care hospital.
- The need for special medical equipment and supplies such as ventilator are in addition to those listed in Title 22 CCR, Section 51511(b).
- Twenty-four-hour nursing care by a registered nurse.››

## 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
- Tracheostomy care with suctioning and room air mist or oxygen as needed, and one of the six treatment procedures listed below
- 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
- Intravenous therapy involving:
  - the continuous administration of a therapeutic agent, or
  - the need for hydration, or
  - frequent intermittent intravenous 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

Subacute units in Free-Standing SNFs 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 SNFs 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 Days

‹‹*California Code of Regulations,* Title 22, Section 51173 describes acute administrative days (AAD) as those days approved in an acute inpatient facility, which provides a higher level of medical care than currently needed. Acute Administrative days apply when a Medi-Cal member is hospitalized in an acute care setting but no longer requires acute-level services and is awaiting placement in a subacute care bed.

For hospitals defined as Designated Public Hospitals, bill an acute day for each day awaiting placement. For Private and/or Non-Designated Public Hospitals, refer to the “Level 2 Administrative Days” heading in the *Administrative Days* manual section for acute administrative days billing policy.

Providers that require a *Treatment Authorization Request* (TAR) for AAD services can refer to the *TAR Criteria for Acute Administrative Days (AAD)* section of the Inpatient Services Manual for specific AAD criteria.››

## 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 77013. 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

Adult subacute care providers should continue to use the appropriate revenue code, value code and value code amount combinations 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 |