

EVH Clinical Guideline 2732.CC for Post Acute Level of Care (PAC)

Guideline Number: EVH_CG_2732.CC	<u>Applicable Codes</u>	
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TABLE OF CONTENTS

STATEMENT	2
GENERAL INFORMATION	2
INDICATIONS	2
LIMITATIONS	3
CODING AND STANDARDS	3
CODES	3
APPLICABLE LINES OF BUSINESS	11
BACKGROUND	12
POLICY HISTORY	12
LEGAL AND COMPLIANCE	12
GUIDELINE APPROVAL	12
Committee	12
DISCLAIMER	12
REFERENCES	14

STATEMENT

General Information

- *It is an expectation that all patients receive care/services from a licensed clinician. All appropriate supporting documentation, including recent pertinent office visit notes, laboratory data, and results of any special testing must be provided. If applicable: All prior relevant imaging results and the reason that alternative imaging cannot be performed must be included in the documentation submitted.*
- *Where a specific clinical indication is not directly addressed in this guideline, medical necessity determination will be made based on widely accepted standard of care criteria. These criteria are supported by evidence-based or peer-reviewed sources such as medical literature, societal guidelines, and state/national recommendations.*
- *The guideline criteria in the following sections were developed utilizing evidence-based and peer-reviewed resources from medical publications and societal organization guidelines as well as from widely accepted standard of care, best practice recommendations.*

INDICATIONS

To process an initial long-term acute care hospital request, the following information will be required ⁽¹⁾:

- Hospital admitting diagnosis
- History & Physical
- Progress Notes, i.e., Attending physician, Consults & Surgical (if applicable)
- Medication list
- Wound or Incision/location, size, and stage (if applicable)
- Prior and Current level of functioning
- Therapy evaluations PT/OT/ST
- Therapy progress notes including level of participation

Required clinical information for an extension (concurrent review) ⁽¹⁾:

- Hospital admitting diagnoses (ICD-10-CM code)
- Clinical progress notes
- Medication list
- Wound or incision/location, size including depth measurements and stage with pictures included (if applicable)
- Prior and current level of functioning
- Focused therapy goals (Including PT/OT/ST)

- Therapy progress notes including level of participation
- Discharge plans (including any barriers, if applicable)

The Clinician will review submitted clinicals and will apply the medical considerations below to assess the appropriateness of LTAC stay. ⁽¹⁾

Considerations for LTAC hospital stay appropriateness include (list is not all-inclusive) ⁽¹⁾:

- **Diagnoses (ICD-10-CM) codes identified in this policy** with at least one other comorbid condition that requires five (5) or more hours of skilled nursing services/24 hours
- Daily MD visits with updates to Plan of Care (POC)
- TPN administration with minimal Blood Glucose monitoring (BGM)
- New vent or vent weaning
- Administration of blood products
- Complicated medical/physical needs requiring in-house dialysis services not available in a Lower LOC setting
- Documentation of at least two denials to a Lower level of care Skilled Nursing Facility (SNF) prior to current LTAC request

LIMITATIONS

All other Long Term Acute Care Hospital admissions and continued stay diagnoses codes (ICD-10-CM) not identified in this policy are excluded from review under this policy and clinicians will proceed to InterQual review.

This policy is intended to provide guidance for in-network care facilities. Post-Acute Care requests to any facility outside of CountyCare's contracted network is subject to denial for out-of-network services and may be redirected to a facility within CountyCare's contracted network.

CODING AND STANDARDS

Codes

ICD-10 Codes

Code	Code Description
A02.1	Salmonella sepsis
A22.7	Anthrax sepsis
A26.7	Erysipelothrix sepsis

Code	Code Description
A32.7	Listerial sepsis
A32.82	Listerial endocarditis
A39.51	Meningococcal endocarditis
A40.0 - A40.9	Streptococcal sepsis
A41.0	Sepsis due to Staphylococcus aureus
A41.01 - A41.9	Other Sepsis
A48.0	Gas Gangrene
A52.00	Cardiovascular syphilis, unspecified
A52.03	Syphilitic endocarditis
A54.86	Gonococcal sepsis
B33.21	Viral endocarditis
B37.6	Candidal endocarditis
D63.1	Anemia in chronic kidney disease
E08.22	Diabetes mellitus due to underlying condition with diabetic chronic kidney disease
E08.52	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy with gangrene
E08.621	Diabetes mellitus due to underlying condition with foot ulcer
E08.622	Diabetes mellitus due to underlying condition with other skin ulcer
E09.22	Drug or chemical induced diabetes mellitus with diabetic chronic kidney disease
E09.621	Drug or chemical induced diabetes mellitus with foot ulcer
E09.622	Drug or chemical induced diabetes mellitus with other skin ulcer
E10.22	Type 1 diabetes mellitus with diabetic chronic kidney disease

Code	Code Description
E10.52	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene
E10.621	Type 1 diabetes mellitus with foot ulcer
E10.622	Type 1 diabetes mellitus with other skin ulcer
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease
E11.52	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene
E11.621	Type 2 diabetes mellitus with foot ulcer
E11.622	Type 2 diabetes mellitus with other skin ulcer
E13.22	Other specified diabetes mellitus with diabetic chronic kidney disease
E13.621	Other specified diabetes mellitus with foot ulcer
E13.622	Other specified diabetes mellitus with other skin ulcer
I01.0	Acute rheumatic pericarditis
I01.1	Acute rheumatic endocarditis
I01.2	Acute rheumatic myocarditis
I12.0 - I12.9	Hypertensive chronic kidney disease
I13.0 - I13.2	Hypertensive heart and chronic kidney disease
I33.0	Acute and subacute infective endocarditis
I33.9	Acute and subacute endocarditis, unspecified
I38	Endocarditis, valve unspecified
I39	Endocarditis and heart valve disorders in diseases classified elsewhere
I70.231 - I70.269	Atherosclerosis of native arteries of leg with ulceration or gangrene
I70.331 - I70.369	Atherosclerosis of unspecified type of bypass graft(s) of the leg with ulceration or gangrene

Code	Code Description
I70.431 - I70.469	Atherosclerosis of autologous vein bypass graft(s) of the leg with ulceration or gangrene
I70.531 - I70.569	Atherosclerosis of nonautologous biological bypass graft(s) of the leg with ulceration or gangrene
I70.631 - I70.669	Atherosclerosis of nonbiological bypass graft(s) of the leg with ulceration or gangrene
I70.731 - I70.769	Atherosclerosis of other type of bypass graft(s) of the leg with ulceration or gangrene
I83.011 - I83.029	Varicose veins of lower extremity with ulcer
I83.211 - I83.229	Varicose veins of lower extremity with both ulcer and inflammation
I87.011 - I87.019	Postthrombotic syndrome with ulcer
I87.031 - I87.039	Postthrombotic syndrome with ulcer and inflammation
I87.331 - I87.339	Chronic venous hypertension (idiopathic) with ulcer and inflammation
I96	Gangrene, not elsewhere classified
K40.10	Bilateral inguinal hernia, with gangrene, not specified as recurrent
K40.11	Bilateral inguinal hernia, with gangrene, recurrent
K40.40	Unilateral inguinal hernia, with gangrene, not specified as recurrent
K41.40	Unilateral femoral hernia, with gangrene, not specified as recurrent
K41.41	Unilateral femoral hernia, with gangrene, recurrent
K41.10	Bilateral femoral hernia, with gangrene, not specified as recurrent
K41.11	Bilateral femoral hernia, with gangrene, recurrent
K42.1	Umbilical hernia with gangrene
K43.0-K43.9	Hernia with and without Gangrene
K44.1	Diaphragmatic hernia with gangrene
K45.1	Other specified abdominal hernia with gangrene

Code	Code Description
K46.1	Unspecified abdominal hernia with gangrene
L89.013	Pressure ulcer of right elbow, stage 3
L89.014	Pressure ulcer of right elbow, stage 4
L89.016	Pressure-induced deep tissue damage of right elbow
L89.020	Pressure ulcer of left elbow, unstageable
L89.023	Pressure ulcer of left elbow, stage 3
L89.024	Pressure ulcer of left elbow, stage 4
L89.026	Pressure-induced deep tissue damage of left elbow
L89.106	Pressure-induced deep tissue damage of unspecified part of back
L89.110	Pressure ulcer of right upper back, unstageable
L89.113	Pressure ulcer of right upper back, stage 3
L89.114	Pressure ulcer of right upper back, stage 4
L89.116	Pressure-induced deep tissue damage of right upper back
L89.120	Pressure ulcer of left upper back, unstageable
L89.123	Pressure ulcer of left upper back, stage 3
L89.124	Pressure ulcer of left upper back, stage 4
L89.126	Pressure-induced deep tissue damage of left upper back
L89.130	Pressure ulcer of right lower back, unstageable
L89.133	Pressure ulcer of right lower back, stage 3
L89.134	Pressure ulcer of right lower back, stage 4
L89.136	Pressure-induced deep tissue damage of right lower back
L89.140	Pressure ulcer of left lower back, unstageable
L89.143	Pressure ulcer of left lower back, stage 3

Code	Code Description
L89.144	Pressure ulcer of left lower back, stage 4
L89.146	Pressure-induced deep tissue damage of left lower back
L89.150	Pressure ulcer of sacral region, unstageable
L89.153	Pressure ulcer of sacral region, stage 3
L89.154	Pressure ulcer of sacral region, stage 4
L89.156	Pressure-induced deep tissue damage of sacral region
L89.206	Pressure-induced deep tissue damage of unspecified hip
L89.210	Pressure ulcer of right hip, unstageable
L89.213	Pressure ulcer of right hip, stage 3
L89.214	Pressure ulcer of right hip, stage 4
L89.216	Pressure-induced deep tissue damage of right hip
L89.220	Pressure ulcer of left hip, unstageable
L89.223	Pressure ulcer of left hip, stage 3
L89.224	Pressure ulcer of left hip, stage 4
L89.226	Pressure-induced deep tissue damage of left hip
L89.306	Pressure-induced deep tissue damage of unspecified buttock
L89.310	Pressure ulcer of right buttock, unstageable
L89.313	Pressure ulcer of right buttock, stage 3
L89.314	Pressure ulcer of right buttock, stage 4
L89.316	Pressure-induced deep tissue damage of right buttock
L89.320	Pressure ulcer of left buttock, unstageable
L89.323	Pressure ulcer of left buttock, stage 3
L89.324	Pressure ulcer of left buttock, stage 4

Code	Code Description
L89.326	Pressure-induced deep tissue damage of left buttock
L89.44	Pressure ulcer of contiguous site of back, buttock and hip, stage 4
L89.45	Pressure ulcer of contiguous site of back, buttock and hip, unstageable
L89.46	Pressure-induced deep tissue damage of contiguous site of back, buttock and hip
L89.506	Pressure-induced deep tissue damage of unspecified ankle
L89.510	Pressure ulcer of right ankle, unstageable
L89.513	Pressure ulcer of right ankle, stage 3
L89.514	Pressure ulcer of right ankle, stage 4
L89.516	Pressure-induced deep tissue damage of right ankle
L89.520	Pressure ulcer of left ankle, unstageable
L89.523	Pressure ulcer of left ankle, stage 3
L89.524	Pressure ulcer of left ankle, stage 4
L89.526	Pressure-induced deep tissue damage of left ankle
L89.606	Pressure-induced deep tissue damage of unspecified heel
L89.610	Pressure ulcer of right heel, unstageable
L89.613	Pressure ulcer of right heel, stage 3
L89.614	Pressure ulcer of right heel, stage 4
L89.616	Pressure-induced deep tissue damage of right heel
L89.620	Pressure ulcer of left heel, unstageable
L89.623	Pressure ulcer of left heel, stage 3
L89.624	Pressure ulcer of left heel, stage 4
L89.626	Pressure-induced deep tissue damage of left heel
L89.810	Pressure ulcer of head, unstageable

Code	Code Description
L89.813	Pressure ulcer of head, stage 3
L89.814	Pressure ulcer of head, stage 4
L89.816	Pressure-induced deep tissue damage of head
L89.890	Pressure ulcer of other site, unstageable
L89.893	Pressure ulcer of other site, stage 3
L89.894	Pressure ulcer of other site, stage 4
L89.896	Pressure-induced deep tissue damage of other site
L97.101 - L97.929	Non-pressure chronic ulcer of lower limb, not elsewhere classified
L98.411 - L98.499	Non-pressure chronic ulcer of skin
M32.11	Endocarditis in systemic lupus erythematosus
M72.6	Necrotizing fasciitis
M86	Osteomyelitis
M86.0 - M86.9	Osteomyelitis
N17.0 - N17.9	Acute kidney failure
N18.1 - N18.9	Chronic kidney disease (CKD)
N19	Unspecified kidney failure
N49.3	Fournier Gangrene
N99.0	Postprocedural (acute) (chronic) kidney failure
O03.32	Renal failure following incomplete spontaneous abortion
O03.82	Renal failure following complete or unspecified spontaneous abortion
O04.82	Renal failure following (induced) termination of pregnancy
O07.32	Renal failure following failed attempted termination of pregnancy
O08.4	Renal failure following ectopic and molar pregnancy

Code	Code Description
O08.82	Sepsis following ectopic and molar pregnancy
O10.21	Pre-existing hypertensive chronic kidney disease complicating pregnancy
O10.211 - O10.33	Pre-existing hypertensive chronic kidney disease complicating pregnancy
O85	Puerperal sepsis
P36.0 - P36.9	Bacterial sepsis of newborn
P96.0	Congenital renal failure
R65.20 - R65.21	Severe sepsis
T81.30XA	Disruption of wound, unspecified, initial encounter
T81.31XA	Disruption of external operation (surgical) wound, not elsewhere classified, initial encounter
T81.32XA	Disruption of internal operation (surgical) wound, not elsewhere classified, initial encounter
T81.33XA	Disruption of traumatic injury wound repair, initial encounter
T81.44XA - T81.44XS	Sepsis following a procedure
T81.49XA - T81.49XS	Infection following a procedure

Applicable Lines of Business

<input type="checkbox"/>	CHIP (Children's Health Insurance Program)
<input type="checkbox"/>	Commercial
<input type="checkbox"/>	Exchange/Marketplace
<input checked="" type="checkbox"/>	Medicaid
<input type="checkbox"/>	Medicare Advantage

BACKGROUND

CountyCare has established a hierarchy of medical necessity review to determine the most appropriate level of care necessary for an enrollee who is being discharged from an acute inpatient stay and requires additional services post discharge.

CountyCare has developed strategies and objectives for CountyCare enrollees to be discharged from an acute inpatient stay to the lowest level of care to meet post-acute discharge needs, as well as decrease length of stay at Long Term Acute Care (LTAC) hospitals and improvement in the quality of care of its members. This policy is intended to include a comprehensive review of medical and psychosocial needs of the enrollee. Social Determinants of Health are also considered within the review process as the clinicians will review clinical documentation submitted by the provider to obtain pertinent history and identification of barriers to care. For example: homelessness, potential medication noncompliance or proper follow up care available due to lack of access to pharmacy, money, or family support.

Clinician will refer member to case management support to assist with barriers and connect with discharge planner to collaborate on member needs.

Medical Director review will refer member for care conference to assist in clinical progress, care plan treatment goals and overall care improvement outcomes of CountyCare members in facility greater than 30 days.

POLICY HISTORY

Date	Summary
November 20, 2025	<ul style="list-style-type: none"> This guideline replaces PA.238.CC for Post-Acute Level of Care (PAC) Editorial changes to match the formatting and layout of the new template, no changes to clinical content

LEGAL AND COMPLIANCE

Guideline Approval

Committee

Reviewed / Approved by Evolent Administrative Services Medical Policy Committee

Disclaimer

Evolent Clinical Guidelines do not constitute medical advice. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Evolent uses Clinical Guidelines in accordance with its contractual obligations to provide utilization management. Coverage for services varies for individual members according to the terms of their health care



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REFERENCES

1. Centers for Medicare & Medicaid Services. Medicare and Medicaid Programs and the Children's Health Insurance Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2025 Rates; Quality Programs Requirements; and Other Policy Changes. Department of Health and Human Services. August 28, 2024.
<https://www.govinfo.gov/content/pkg/FR-2024-08-28/pdf/2024-17021.pdf>