



Long Term Acute Care (LTAC) and Inpatient Rehabilitation (IPR) Units

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Private Health Insurance / Medicare

- Private Health Insurance
 - SD Medicaid MUST provide approval for IPR/LTAC services prior to the recipient admitting to the unit.
- Medicare
 - While no PA is initially provided, a PA request must be submitted/approved prior to Medicare's benefits being exhausted.

Discharge Assistance

- Please reach out to SD Medicaid as soon as it is identified that there is or possibly could be discharge difficulty regardless of if SD Medicaid is primary or secondary.
- Lower level of care referrals should begin as soon there is any inclination that the recipient is not able to return to the previous living setting

Inpatient Rehabilitation Units (IPR)

- Prior authorization criteria for IPR units can be located in SD Medicaid's Inpatient Hospital Services Manual (starting on page 16) at:
https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Institutional/Inpatient_Hospital_Services.pdf
- Prior Authorization request form can be found on SD Medicaid's prior authorization page at:
https://dss.sd.gov/formsandpubs/docs/MEDSRVCS/PA-100_General.pdf

Inpatient Rehabilitation, cont.

- The recipient requires a multidisciplinary team (ST, OT, PT, nursing, and physician monitoring)
- Able to tolerate 3 hours of therapy services
 - Denial example: Documentation states recipient is not able to participate in therapy (e.g. limited by fatigue, pain)
 - Denial Example: Recipient isn't participating in therapy or is not following all of the therapy recommendations
- Able to make weekly functional gains
- An alternate level of care can meet recipient's needs
 - Denial Example: TCU/SNF/Outpatient services can meet recipient's needs

Long Term Acute Care (LTAC)

- Prior authorization criteria for LTAC units can be located in SD Medicaid's Inpatient Hospital Services Manual (starting on page 12) at: https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Institutional/Inpatient_Hospital_Services.pdf
- Prior Authorization request form can be found on SD Medicaid's prior authorization page at: https://dss.sd.gov/formsandpubs/docs/MEDSRVCS/PA-112_LTC-OOS-Rehab.pdf

Long Term Acute Care, cont.

- Medically Complex (e.g. vent weaning, trach decannulation, multiple wounds/drains, multiple IV medications, needs daily physician monitoring)
 - Denial Example: Unable to vent wean, decannulate
 - Denial Example: Minimal wound care
- Hospital level of care for an “extended period of time” (2 plus weeks) and medical/functional gains are identified during admission
 - Denial Example: More appropriate for a lower level of care (TCU, SNF, rehab)
- Recipient is medically stable with no further (near future) care is recommended (e.g. scans, surgeries)
 - Denial Example: Still acute/plan of care is still ongoing (abnormal vitals, plan of care not complete/still unknown)

Questions/Contact Information

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Please note that all formal PA requests/documentation must be submitted to DSSMedicaidPA@state.sd.us or via fax for review.



Thank You

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