
SUBACUTE CARE FACILITY, EXTENDED CARE AND ACUTE REHABILITATION FACILITY SERVICES

VCHCP covers admission to a sub-acute facility for a clinically stable patient when they are:

1. Transferred for post-acute hospital care as a substitute for continued hospital stay with the expectation that clinical improvement will occur with continuation of acute hospital level of care
2. Admitted directly for medical monitoring and treatment prior to admission to an acute care hospital for definitive care
3. Admitted directly for acute inpatient care which can be provided in lieu of hospitalization in a traditional acute setting
4. Transferred from an inpatient acute hospital care for treatment and/or rehabilitation of a condition of sufficient severity requiring services consistent with those traditionally provided in the inpatient acute hospital setting

A sub-acute care facility provides short-term (several days to several months), medically intensive and/or comprehensive rehabilitation services for a targeted patient population who have had an acute event as the result of an illness, injury, or exacerbation of a disease process. The level of care is more intensive than the traditional skilled nursing facility and less intensive than acute inpatient hospital care. In general, it provides a full spectrum of inpatient care designed as an alternative to acute hospitalization.

Subject to limitations as defined in the Evidence of Coverage for each benefit plan (Large group, small group, etc.)

A. Attachments: None

B. References:

1. Carr DD. Case management for the subacute patient in a skilled nursing facility. *Nurse Case Manag.* 2000;5(2):83-92.
2. Guihan M, Erdman JM, Munroe DJ, Hughes SL. Nursing facilities and managed care. *Am J Manag Care.* 1999;5(6):737-46
3. Dollard K.J. Skilled nursing facility subacute care. *Cost Qual Q J.* 1998;4(1):36-8.
4. Stahl DA. Managed care trends: the effect on subacute care. *Nurs Manage.* 1997;28(3):17-9.
5. Crist L. Outcomes system implementation for subacute care. *Nurs Case Manag.* 1997;2(1):33-41.

**Medical Policy: Subacute Care, Extended Care and Acute
Rehabilitation Facility Services**

Effective: 7/17/2001

Revised: 4/2008, 11/2011, 4/2012

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2/9/17, 2/8/18, 2/14/19, 2/13/20, 2/11/21, 2/17/22, 2/2/23,
2/8/24, 2/20/25

6. Wilhelm ME, Wilhem MA. Hospice development in a subacute care setting. Hosp Prog. 1984;65(2):42-5, 74.
7. Accreditation Protocol for Subacute Programs. Joint Commission on Accreditation of Health Care Organizations. 1998
8. Standards Manual and Interpretive Guidelines for Medical Rehabilitation. CARF. 1998
9. Kelly, MW. The intrinsic value of subacute services. Journal. Of Subacute Care. 1995
10. McClinton, DH. Subacute care. Continuing Care: 20, 1995

C. History

Reviewers: Richard O. Ashby MD, QA Committee

Reviewed/Revised Sheldon Haas, MD; Date: 04/07/08

Committee Review: UM: May 08, 2008; QAC: May 19, 2008

Reviewed/No Updates: Albert Reeves, MD; Date: 11/7/11

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Reviewed/No Updates: Catherine Sanders, MD

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Reviewed/No Updates: Faustine Dela Cruz, RN & Catherine Sanders, MD

Committee Review: UM: February 11, 2016; QAC: February 23, 2016

Reviewed/No Updates: Catherine Sanders, MD & Robert Sterling, MD

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Reviewed/No Updates by: Catherine Sanders, MD & Robert Sterling, MD

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Reviewed/No Updates: Catherine Sanders, MD & Robert Sterling, MD

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