

# Practice Toolkit: Subacute Care Units

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by Beth A. Formica

Subacute care units specialize in physical, occupational, and speech therapies for patients with neuromuscular disease, recent stroke, brain or spinal cord injury, and recent orthopedic surgery. The units provide patients with the necessary skills to return to society quickly and cost effectively through the use of aggressive interdisciplinary discharge planning initiated on the day of admission. They are found in hospitals, nursing homes, and freestanding specialty clinics where patients are admitted based on the anticipated type of care and length of stay.

The Joint Commission on Accreditation of Healthcare Organizations, the American Health Care Association, and the National Subacute Care Association all recognize subacute care units. There are many similarities in their definitions of subacute care units. Generally, subacute care is for patients who:

- Have had an acute event as a result of an illness, injury, or exacerbation of a disease process
- Have a goal-oriented, comprehensive course of treatment
- Do not require intensive diagnostic or invasive procedures

## Healthcare in Subacute Care Units

Registered nurses or certified nurse assistants manage chronic wounds such as pressure ulcers on bedridden patients, amputations, radiation, prosthetics, and orthotics to accelerate the healing process. Respiratory therapists help patients with nebulizer treatments and ventilator care. Antibiotic therapy controls infectious diseases. Registered dietitians adjust meals to suit special dietary needs of patients receiving renal dialysis or enteral feedings.

When used as a transition from acute care, subacute facilities can accomplish routine procedures and therapy for stable patients. Along with the physiological benefits of subacute care units, there are also psychosocial benefits from being with other people who have the same infection (rather than remaining in isolation).

Of the patients in the subacute care setting, 68 percent are Medicare patients age 65 years and older.<sup>1</sup> Medicare pays a per diem based on the annual cost reports, a standard fee for office visits and hospital procedures, and up to 100 days for each occurrence of illness per patient. Although complete and accurate ICD-9-CM codes affect the timeliness of claims processing, reimbursement is predicated on the Medicare per diem.

Managed care organizations pay on a daily cost of care basis. The case manager assesses the daily care needs of each patient, assigns a cost allowance, and negotiates with the managed care payer before entering into a contract. Additional funds are considered for unanticipated services required by the changing needs of the patient.

## License and Accreditation

Licensure in the majority of states is required only for the provider (e.g., the hospital or skilled nursing facility) without an additional license for the subacute program. Federal licensures for long-term care include subacute programs or units in the facility, with no separate federal licensing requirements.

Accreditation for subacute programs began in 1995 with the Joint Commission on Accreditation of Healthcare Organizations and the Commission on Accreditation of Rehabilitation Facilities. The Accreditation Association for Ambulatory Health Care also offers an optional accreditation.

Quality management strives to ensure that all necessary services are provided to the patient and negotiates for payment from managed care payers for those services. Documentation is required for efficient reimbursement of costs by Medicare and managed care organizations for services rendered.

## Coding and Documentation

In subacute care settings, ICD-9-CM diagnosis codes reflect case management information and diagnosis codes are used to describe the need for subacute care or rehabilitation. CPT codes are not used in subacute care units, except in outpatient surgery.

Daily documentation from all disciplines—physicians, nurses, therapists, and social workers—for every encounter with the patient must be precise, accurate, and accessible. Documentation assists in monitoring each patient's progress and success, and it provides the basis for quality improvement for patient care.

HIM professionals can assist subacute care facilities in the selection of improved clinical and business systems with unique data sets and billing requirements, including:

- Computer programs that allow managed care contractual rates to be compared with the cost of the care that the patient requires
- Clinical pathway programs that include care plans involving multiple caregivers, the patient, and the patient's family
- Handheld devices used to enter pre-admission assessment information and easy accessibility to add to this information

HIM professionals understand and provide the necessary requirements for payment, documentation, communication, and management. They can provide each discipline with information concerning state and federal regulations and accreditation standards.

## Notes

1. Peden, Ann H. *Comparative Records for Health Information Management*. Clifton, NY: Thomson Delmar Learning, 1998, p. 376–404.

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