



Skilled Nursing Facility (SNF) Services

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P&P # C.3.04

Policy

The Medical Management Department reviews referral requests for authorization of skilled nursing facility services. **(See ATTACHMENT A for Authorization Process.)**

This Medical Policy does not constitute medical advice. When deciding coverage, the enrollee's specific plan document must be referenced. The terms of an enrollee's plan document (Certificate of Coverage (COC) or Summary Plan Description (SPD)) may differ from this Medical Policy. In the event of a conflict, the enrollee's specific benefit plan document supersedes this Medical Policy. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements, and the plan benefit coverage prior to use of this Medical Policy. Other Policies and Coverage Determination Guidelines may apply. Quartz reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

Procedure

A. Documentation Required:

In order to facilitate the prior authorization process, referral requests must include the following:

1. Physician History and Physical/Progress Notes;
2. Hospital Discharge Summaries;
3. Medication Administration Records;
4. Nursing Assessment/Progress Notes;
5. Skilled Treatment Record (e.g. skin care/wound care; respiratory treatments oxygen; etc.);
6. Rehabilitation Therapy Evaluation/Progress Notes.

B. Criteria for Medical Necessity:

Skilled Nursing Facility services are medically necessary if **ALL** of the following criteria are met:

1. The services are ordered by a Physician or designated practitioner; **AND**
2. The services must be provided daily and are reasonably necessary for the treatment of the patient's illness or injury within accepted standards of medical practice; **AND**
3. Care must be delivered or supervised by licensed technical or professional medical personnel in order to obtain the specified treatment outcomes and assure patient safety; **AND**
4. Care services must be skilled (See Definitions above).

C. Indications Considered not Medically Necessary:

1. Domiciliary, non-health-related services and personal care/assistance in activities of daily living (examples include: feeding, dressing, bathing, transferring and ambulating).
2. Health-related services which do not seek to cure or services which are provided during periods when the medical condition of the patient is not anticipated to change.
3. Services that can be safely and effectively performed by a trained non-medical person.

4. Continued skilled services when the patient has reached their optimal level of recovery/function and no longer able to demonstrate significant progress. (maintenance level) or participate in the skilled nursing or therapy treatment plan.
5. Skilled care which exceeds accepted standards of medical practice/treatment in quantity and duration.