



Skilled Nursing Facilities (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.

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; **AND**
5. There are no acute hospital care needs **AND**
6. The patient has intense and complex care needs that make skilled nursing facility care safer and more practical than attempting care at a lower level and **ALL** of the following:
 - a. These care needs include the multiple components of care that are delivered by skilled professionals at a skilled nursing facility.

- b. There is a plan to provide **ALL** of the following:
- i. Care plan management and evaluation to meet patient needs, achieve treatment goals, and ensure medical safety
 - ii. Observation and assessment of patient's changing condition to evaluate need for treatment modification or for additional procedures until condition stabilized
 - iii. Education services to teach patient self-maintenance or to teach caregiver patient care
 - iv. Skilled care treatments daily (or more frequent), including **1 or more** of the following:
 1. Nursing treatments are needed for **1 or more** of the following:
 - a. Intravenous (IV) infusion, IV injection, or intramuscular (IM) injection
 - b. Insulin regimen establishment in presence of unstable blood sugar readings
 - c. Tube feeding (ie, gastrostomy tubes, jejunostomy tubes, percutaneous endoscopic gastrostomy (PEG) tubes, nasogastric tubes) required because patient needs feeding to supply at least 26% of daily calories and at least 501 mL of daily fluids.
 - d. Nasopharyngeal or tracheostomy suctioning
 - e. Suprapubic catheter sterile irrigation or replacement
 - f. Wound management that requires dressing changes with prescription medication or clean technique and treatment for **1 or more** of the following:
 - i. Burns
 - ii. Foot infection or wounds with application of dressing
 - iii. Open lesions
 - iv. Surgical wound complications
 - v. Treatment with any stage III or IV pressure injury
 - vi. Treatment with 2 or more wounds, including venous ulcers, arterial ulcers, or stage II pressure injuries
 - vii. Widespread skin disorder treatments
 - g. Heat treatments that require nurse observation to evaluate response
 - h. Oxygen administration, starting or managing changes
 - i. Patient care training and assistance for **1 or more** of the following:
 - i. Exercise program (e.g., range of motion, pulmonary, cardiac)
 - ii. Safe performance of ADL (e.g., dressing, communicating, eating)
 - iii. Splint, brace, cast, prosthesis, or orthosis management
 - iv. Urinary or bowel toileting program
 - v. Preventing complications and the start or revision of the patient's maintenance therapy plan
 - j. Pain management for infusion of pain medications

OR

2. Rehabilitation therapy treatments (PT, OT, or SLP) are needed, for **1 or more** of the following:
 - a. Ongoing assessment of rehabilitation needs and potential (e.g., range of motion, strength, balance)
 - b. Supervision of therapeutic exercises or activities to ensure patient safety and treatment effectiveness
 - c. Gait evaluation and training
 - d. Therapy modalities (e.g., Cryotherapy; Electrical stimulation; Hot pack, hydrocollator, infrared treatments; Paraffin and whirlpool baths; Thermotherapy; Ultrasound, short-wave, and microwave therapy) that require PT or OT observation to evaluate response
 - e. Restoration of speech or swallowing with services of speech-language pathologist
 - f. Prosthetic evaluation and training
 - g. Preventing complications and the start or revision of the patient's maintenance therapy plan

C. Discharge Criteria:

Discharge is appropriate when **all the criteria applicable to the member** are met:

1. Medication regimen established and reconciliation completed
2. Medical status stable for patient's condition and manageable at lower level of care
3. Behavioral health status stable for patient's condition and manageable at lower level of care
4. Outpatient center care coordinated and can be independently managed by patient/caregiver
5. Inserted or implanted device discontinued, or functioning normally and manageable at lower level of care
6. Medical equipment and supplies available at next level of care and safe use demonstrated
7. Rehabilitation completed for safe transfer to lower level of care or patient no longer demonstrating significant functional gains
8. Wound(s) or dressing changes manageable at lower level of care
9. Skilled services (as needed) and logistical requirements can be met at lower level of care.
10. Transition plans and education understood

D. 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.

References

Centers for Medicare and Medicaid Services. "Long-term care facility resident assessment instrument 3.0 user's manual." version 1.17.1 2019 Oct. Available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html>. Accessed July 12, 2021.

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Mayer RS, Noles A, Vinh D. Determination of postacute hospitalization level of care. *Medical Clinics of North America* 2020;104(2):345-357. DOI: 10.1016/j.mcna.2019.10.011.

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