

Skilled Nursing Facility Care

Disclaimer

Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Oscar may delegate utilization management decisions of certain services to third-party delegates, who may develop and adopt their own clinical criteria.

The clinical guidelines are applicable to all commercial plans. Services are subject to the terms, conditions, limitations of a member's plan contracts, state laws, and federal laws. Please reference the member's plan contracts (e.g., Certificate/Evidence of Coverage, Summary/Schedule of Benefits) or contact Oscar at 855-672-2755 to confirm coverage and benefit conditions.

Summary

Oscar members requiring short-term care or rehabilitation following hospitalization may be eligible for coverage of inpatient admission to a skilled nursing facility (SNF), also commonly called a subacute rehabilitation facility, depending on their plan. A SNF is a care center where nurses and nursing assistants are available to provide twenty-four hour care for patients to assist them with conditions in their transition between the hospital and a lower level of care such as the home. A SNF may also provide rehabilitation in order to improve the member's function and decrease the burden of care. These centers can be part of a nursing home or hospital but must be licensed by the state or governing body under which they operate. Admission to a skilled nursing facility is determined by the medical necessity for skilled services, such as therapy and rehabilitation. Disease severity alone is not an indication for skilled nursing care.

For clinical guidelines relating to home skilled care services, please refer to the appropriate guideline:

- CG020: Home Care - Skilled Nursing Care (RN, LVN/LPN)
- CG021: Home Care - Physical Therapy/Occupational Therapy

Definitions

“Skilled Nursing Care” is defined by the Center for Medicare and Medicaid Services (CMS) as skilled services that “require the skills of qualified technical or professional health personnel such as registered nurses, licensed practical (vocational) nurses, physical therapists, occupational therapists, and speech-language pathologists or audiologists”, and “must be provided directly by or under the general supervision of these skilled nursing or skilled rehabilitation personnel to assure the safety of the patient and to achieve the medically desired result.” Skilled nursing care can be delivered in the inpatient (SNF) or outpatient setting, depending on the individual needs of the patient.

“Skilled Nursing Facilities (SNFs)” are inpatient centers where skilled nursing care is delivered in an inpatient setting. Section 1819(a) of the Social Security Act outlines the specific criteria for designating a care center as a SNF. SNF services may include:

- Semi-private room
- Meals, inclusive of specialized dietary needs and administration
- Respiratory Care
- Durable Medical Equipment and Medical Supplies (e.g., wound care supplies, assistive devices)
- Medications and Pharmacy Supplies
- Case Management Services
- Social Services
- Laboratory Services
- Imaging
- Rehab therapies (Physical therapy, Occupational therapy, Speech language pathology)

“Subacute Care Facilities” are a level of rehabilitative care typically provided following an inpatient hospital admission. Subacute care facilities provide services similar to skilled nursing facilities; services include but are not limited to skilled nursing care, respiratory care, and rehab therapies.

“General Supervision” refers to the minimum level of supervision required at a SNF. This includes initial direction and periodic inspection of the actual activity but does not include continuous (24-hour) presence of a licensed RN or physician.

“Custodial Care” refers to personal care and non-medical assistance with activities of daily living and can be safely delivered by non-licensed caregivers.

“Adult Care Homes” are non-skilled living settings where a custodial level of care is provided.

“Home Health” refers to care delivered in the outpatient setting, often at the residence of the patient. Home health care can be custodial or skilled in nature, depending on the provider, the patient condition, and the specific program.

Covered Services and Clinical Indications

SNF Levels of Care

The appropriate level of care is subject to change as the member progresses or when acute changes in condition occur.

<i>Level of Care</i>	<i>Criteria for Level of Care</i>
Level I	Skilled Nursing or Restorative Services - Patients who are medically stable but require observation and/or monitoring and skilled nursing intervention. Care needs may

	<p>include colostomy care, traction and positioning, monitoring of circulation for complex fractures, wound care, tube feeding, IV therapy, foley/bladder training, or medication adjustment for new onset conditions (uncontrolled diabetes, pain, angina, atrial fibrillation, seizure).</p> <ul style="list-style-type: none"> ● Nursing: Up to 1 hour per day ● Rehabilitation Therapy Hours (PT, OT, SLP): Up to 1 hour per day ● Assessment of Vitals and Body Systems: 1-2 times per day
Level II	<p>Post-Acute Medical/Low-Level Rehabilitation - Patients whose conditions are medically complex and require specialized medical, nursing and therapeutic services for restoration of function. Care needs may include new NG tube care, complex wound care, continuous IV therapy, tracheostomy care, frequent suctioning, Oxygen administration, or COPD or respiratory management.</p> <ul style="list-style-type: none"> ● Nursing: 3-6 hours per day ● Rehabilitation Therapy (PT, OT, SLP): 1-2 hours per day ● Assessment of Vitals and Body Systems: 2-3 times per day
Level III	<p>Post-Acute Medical/Mid-Level Rehabilitation - Patients whose conditions require comprehensive medical, nursing and rehab services. Care needs may include complex wound care, IV or PICC line care, tracheostomy care, or frequent suctioning.</p> <ul style="list-style-type: none"> ● Nursing: 3-6 hours per day ● Rehabilitation Therapy (PT, OT, SLP): 1-2 hours per day ● Assessment of Vitals and Body Systems: 3-4 times per day
Level IV	<p>Post-Acute Medical/High-Level Rehabilitation - Patients whose conditions require comprehensive medical, nursing and rehab services. Care needs may include frequent assessment such as complex wound care, IV care, tracheostomy care, or frequent suctioning.</p> <ul style="list-style-type: none"> ● Nursing: 3-6 hours per day ● Rehabilitation Therapy (PT, OT, ST): 2-3 hours per day ● Assessment of Vitals and Body Systems: 4-6 times per day
Level V	<p>Medically Complex/Chronic & Weaning Ventilators - Patients who require comprehensive medical, nursing and rehabilitation services and whose rehabilitative needs require the maximum degrees of tolerance and motivation. Typical patients are ventilator dependent or are recovering from an acute spinal cord or brain injury.</p> <ul style="list-style-type: none"> ● Nursing: 5-8 hours per day ● Rehabilitation Therapy (PT, OT, ST): As Needed ● Assessment of Vitals and Body Systems: 4-6 times per day

Note: The number of skilled hours or frequency of assessments pertaining to each level may vary based on individual SNF contracts.

Initial Admission Criteria

Oscar covers skilled nursing facility (SNF) care when **ALL** of the following criteria are met:

1. Medical necessity criteria in MCG Recovery Facility Care Guidelines is met; **and**
2. The member was admitted to an inpatient hospital within 30 days of the requested SNF admission; **and**
3. The written plan of care includes an initial evaluation and is sufficient to determine the necessity of therapy, including **ALL** of the following elements:
 - a. The diagnosis, the date of onset or exacerbation of the disorder/diagnosis, the duration, the severity, the anticipated course (e.g. stable, progressive, or improving), and the prognosis of the illness or injury; **and**
 - b. Prior functioning level; **and**
 - c. Long-term and short-term goals are specific, quantitative, objective, and can reasonably be considered attainable; **and**
 - d. Daily documentation of progress; **and**
 - e. Discharge plan.
4. The member requires a skilled level of care meeting the following requirements:
 - a. Skilled care is performed by or under the supervision of an authorized provider (e.g speech therapist, registered nurse, physical therapist, etc); **and**
 - b. The level of care could not be provided by non-skilled providers; **and**
 - c. The skilled care can only be performed on an inpatient basis in a skilled nursing facility; **and**
 - d. The skilled care is required by the member at least daily, as defined by:
 - i. 7 days per week for most cases of standard SNF care; **or**
 - ii. At least 6 days per week when the member requires skilled restorative nursing care; **or**
 - iii. At least 5 days per week when the member's inpatient needs are solely for skilled rehabilitation.
 - e. The level of care required is reasonable and necessary for:
 - i. Treatment of the member's specific illness and/or injury; **and**
 - ii. The duration and quantity of care needed.
 - f. These requirements are documented and ordered by the treating physician.

Discharge Criteria

Oscar considers skilled nursing facility services no longer medically necessary when **ANY** of the following criteria are met:

1. Services no longer meet **ALL** of the criteria above; **or**
2. The member's condition has changed such that skilled care or rehabilitation is no longer needed (i.e., the member has reached a functional plateau, maximal mobility is met with or without assistance or an assistive device, and current orthopedic precautions are not expected to change in the next week); **or**

3. The member is not progressing with goals of therapy within a reasonable and defined period of time or has met therapy goals; **or**
4. When services are provided solely to preserve a present level of function or prevent regression of function for condition that has stabilized; **or**
5. The member refuses to participate in the ongoing treatment plan; **or**
6. The member requires a higher level of care due to deterioration or new illness; **or**
7. Care was initially or has become custodial in nature; **or**
8. Services can safely and effectively be performed by non-medical personnel or self-administered by the member in a home setting; **or**
9. Rehabilitative goals can safely and effectively be met in the home setting, outpatient setting, or at a custodial level.
10. Discharge from SNF level of care would not be expected to result in a deterioration of the member's condition.

Coverage Exclusions

Duplicate Services

Diagnostic imaging or testing is not covered in the SNF when duplicate services were performed prior to admission.

Delays in Discharge

Discharge planning is expected to begin at admission and continue at regular intervals throughout the member's stay. Any delays in discharge due to inappropriate discharge planning such as the failure to make appropriate DME or home health referrals is subject to denial.

Non-Covered Indications

The following conditions are generally not indications for inpatient skilled nursing unless documented to meet criteria as above:

- ADL assistance or custodial care;
- Administration of suppositories or enema;
- Care of confused or disoriented patients who are under established medication regimen
- Care solely for the administration of oxygen, nebulizer treatments, or for individuals on established levels of ventilatory support;
- Care solely for the treatment of stage 1-2 pressure ulcers
- Emotional support or counseling;
- Heat treatment – wet or dry:
 - Whirlpool baths, paraffin baths or heat lamp treatments do not qualify an individual for care in an acute inpatient rehabilitation or SNF.
 - There may be a rare instance when a severely compromised individual with desensitizing neuropathies or severe burns requires skilled observation during the above treatments. These cases are to be reviewed on an individual consideration basis. Documentation must support the medical necessity for such observation.

- Passive range of motion exercises, unless there are complex wound care, co-morbid orthopedic or neurological conditions that require the services of a skilled therapist;
- Routine care for colostomy, enteral feedings, or foot and nail;
- Routine or maintenance medication administration. Admissions solely for the administration of routine or maintenance medications, including daily IV, IM and SQ medications are not considered skilled. Parenteral medication administration in medically stable individuals is most often managed in the home setting by a home health or home infusion therapy provider;
- Routine or maintenance therapy;
- Routine services directed toward the prevention of injury or illness;
- Suctioning of the nasopharynx or nasotrachea. Suctioning daily or PRN less frequently than every 4 hours PRN is not considered skilled;
- Urinary catheters. The presence of a stable indwelling or suprapubic catheter, the need for routine intermittent straight catheterization, catheter replacement or routine catheter irrigation does not qualify an individual for acute inpatient rehabilitation or SNF placement unless other skilled needs exist.

Applicable Billing Codes (HCPCS/CPT/Revenue Codes)

Skilled Nursing Facility Care	
Revenue Codes subject to medical-necessity review:	
<i>Code</i>	<i>Description</i>
0190	General Classification
0191	Subacute Care - Level I
0192	Subacute Care - Level II
0193	Subacute Care - Level III
0194	Subacute Care - Level IV
0195	Subacute Care - Level V
0199	Other Subacute Care

References

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5. Mor V, Intrator O, Feng Z, Grabowski DC. The revolving door of rehospitalization from skilled nursing facilities. *Health Aff (Millwood)* 2010; 29:57.
6. Ouslander JG, Lamb G, Perloe M, et al. Potentially avoidable hospitalizations of nursing home residents: frequency, causes, and costs: [see editorial comments by Drs. Jean F. Wyman and William R. Hazzard, pp 760-761]. *J Am Geriatr Soc* 2010; 58:627.
7. Gozalo P, Teno JM, Mitchell SL, et al. End-of-life transitions among nursing home residents with cognitive issues. *N Engl J Med* 2011; 365:1212.
8. Gladioux JE, Basile M. Jimmo and the improvement standard: Implementing Medicare coverage through regulations, policy manuals and other guidance. *Am J Law Med.* 2014;40(1):7-25.

Clinical Guideline Revision / History Information

Original: Review/Revise Dates	Approval Signature/ Title
Original Date:	10/11/2017
Reviewed/Revised:	1/18/2018, 11/6/2018
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