

STRIDESM (HMO) MEDICARE ADVANTAGE**Effective Date: April 27, 2017****Subject: Skilled Nursing Facility Care**

Background: Skilled nursing facilities (SNFs) provide facility-based skilled nursing care and related services for patients recovering from illness or injury, and rehabilitation services (e.g., physical therapy, occupational therapy, speech therapy) for individuals with musculoskeletal, neurological, complex medical, amputee, stroke and/or pulmonary conditions. Patients who require short-term SNF care do not need to stay in an acute care hospital, but are unable to safely care for themselves at home; the goal of SNF care is to provide the appropriate therapeutic interventions to facilitate independence, and to discharge the patient to the least restrictive (most independent) living environment.

SNF facilities must be fully equipped and capable of providing required care, and have appropriate state licensure and accreditation/certification from an appropriate accrediting organization (e.g., the Joint Commission for the Accreditation of Healthcare Organizations/JCAHO).

SNF services must be ordered under a plan of care established and reviewed regularly by the attending physician, and provided directly by, or under the supervision of qualified skilled technical or professional health personnel (RNs, LPNs, and/or licensed physical, occupational or speech therapists). Services are considered skilled if the inherent complexity of the service is such that it only can be performed safely/effectively by, or under the supervision of, licensed nursing or rehabilitation personnel. (A service that might ordinarily be considered non-skilled may be considered skilled in situations where, due to the patient's condition or medical complications, skilled nursing or rehabilitation personnel are required to perform or supervise the care, or observe the member.)

Authorization:

Prior authorization from Harvard Pilgrim StrideSM (HMO) Medicare Advantage is required for all SNF admissions.

Policy and Coverage Criteria:

Harvard Pilgrim StrideSM (HMO) Medicare Advantage covers skilled services provided in Skilled Nursing Facilities (SNFs) facilities when:

1. Benefits are available under the member's Harvard Pilgrim Health Care plan;
2. The member requires (and can be expected to benefit from) facility-based skilled nursing or rehabilitation services that cannot be safely provided in a less restrictive clinical setting; and
3. Criteria below are met.

A preadmission evaluation of the patient's condition and need for SNF care must document all the following:

- Baseline level of function, and summary of medical history that has led to the need for SNF care;
- Medical treatment needs (e.g., skilled therapies, specialized nursing care), including expected frequency and duration of treatment, and other information relevant to the member's care needs;

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- Prognosis including expected level of improvement, and anticipated length of stay required to achieve that level of improvement;
- Family/caregivers' willingness and ability to actively participate in learning techniques and medical management that will be needed to assist the member at home after discharge (as appropriate).

An inpatient plan of care including ALL the following must be developed, managed, and updated by facility staff:

- Nursing and/or skilled rehabilitation goals and objectives for the individual member (including realistic and measurable functional goals), planned nursing and rehabilitation interventions to meet goals/objectives and promote recovery, and outcome(s) of the planned interventions;
- Evidence of active involvement of skilled nursing that is medically necessary to meet the member's medical needs, promote recovery and ensure medical safety. (Documentation must confirm that, in the absence of skilled nursing supervision of the treatment plan, there is a significant probability that physical/medical complications will arise.)
- Discharge plans (as appropriate).

Criteria:

Service	Criteria
SNF Admission	<p>Medical record documentation confirms ALL the following:</p> <ol style="list-style-type: none"> 1. Member requires skilled services (i.e., skilled nursing and rehab services at least 1 hour daily, 5 days per week, but may receive these services 2-3 hours daily up to 7 days a week); 2. Services can only be safely provided in an inpatient SNF, and cannot be safely provided in a less restrictive clinical setting (e.g., at home with skilled home health services, or outpatient setting); 3. Service Specific LOC Criteria (below) are met.
On-Going SNF Care	<p>Medical record documentation confirms ALL the following:</p> <ol style="list-style-type: none"> 1. Continued need for the inpatient SNF setting and significant medical and/or functional progress toward established goals; 2. Required services cannot be safely provided in a less restrictive setting; 3. Service Specific LOC Criteria (below) are met. <p>On-going inpatient care may also be authorized (within applicable benefit limits) in situations where medical record documentation confirms the member has required frequent medical intervention that interfered with his/her participation in rehabilitative therapies or progress towards meeting therapy goals.</p>

Service Specific Level of Care (LOC) Criteria

Service	Skilled Intervention	LOC	Comments
Catheters	<p>Nursing management of indwelling bladder catheter, nephrostomy tube, or suprapubic tube during the early post-insertion period, or in the presence of catheter complications.</p> <p>Insertion, sterile irrigation, and/or replacement of suprapubic catheters.</p>	SNF	Routine maintenance of an indwelling bladder catheter or suprapubic catheter does not constitute SNF LOC.

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Service	Skilled Intervention	LOC	Comments
Central Lines	Administration of total or peripheral parenteral nutrition (i.e., TPN, PPN), medications, or fluids via a central line (e.g., Hickman Catheter, Porta-Cath).	SNF	Central lines that are in place, but not in active use, do not demonstrate the need for SNF LOC.
Diabetic Care	Daily monitoring of unstable blood sugars, <u>and</u> administration of sliding scale insulin.	SNF	Subcutaneous (SC) insulin injections (stable dose) in a stable diabetic do not constitute SNF LOC, regardless of whether or not the member is able to self-inject. A physician's order for sliding scale insulin does not constitute SNF LOC if insulin is not being administered daily.
Enteral Tube Feedings <ul style="list-style-type: none"> • Nasogastric (NG) tube • Jejunostomy tube (J-tube) • Gastrostomy tube (G-tube) 	Management of enteral feeding regimen for a member with a newly inserted enteral tube who is functionally incapable of sufficient oral intake to sustain life. Titration of enteral feedings for a member with a newly inserted NG-tube, J-tube, or G-tube to meet functional goals.	SNF	Maintenance of a stable enteral feeding regimen, or stable NG-tube, J-tube, or G-tube alone does not constitute SNF LOC.
Medication Administration and Monitoring	Monitoring of medication effects including a complicated p.o. medical regime.	SNF	SC injections alone do not constitute SNF LOC.
Ostomy Care	Management and/or teaching re: management of a new colostomy or ileostomy during the early post-operative period.	SNF	Routine ostomy care does not constitute SNF LOC.
Pain Management	Monitoring and adjustment of a complex pain management treatment plan including frequent dose adjustment, changes in the route of medication administration, or skilled intervention for uncontrolled pain and/or an unstable medical condition.	SNF	
Parenteral Fluids and/or Medications	Administration of at least one intravenous (IV) or intramuscular (IM) injection on a daily basis.	SNF	Subcutaneous (SC) injections alone do not constitute SNF LOC. SC insulin injections (stable dose) in a stable diabetic do not constitute SNF LOC, regardless of

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Service	Skilled Intervention	LOC	Comments
			whether or not the member is able to self-inject.
Rehabilitative Care	<p>At least 1-3 hours of direct physical, occupational or speech therapy (PT, OT, ST) per day, at least 5 days/week and up to 7 days/week.</p> <p>Member must be physically and cognitively willing and able to participate in, and benefit from, the rehabilitation program.</p>	SNF	<p>Direct therapy time does not include time for documentation, family or team meetings, etc.</p> <p>Dysphagia treatment by a Speech/Language Pathologist may qualify as skilled care, but Speech/Language therapy for language therapy alone does not constitute SNF LOC.</p>
Respiratory Care	<p>Skilled administration of a system of care including skilled nursing observation and assessment to evaluate the member's need for modifications of treatment:</p> <ul style="list-style-type: none"> ▪ Chest physical therapy and/or aerosol delivery of medication (to mobilize secretions) at least 3x/day; or ▪ New respiratory treatments including initial phases of a regimen involving administration of medical gases (e.g., oxygen, bronchodilator therapy); or ▪ Naso-pharyngeal or tracheostomy suctioning provided on a frequent basis, with a documented need for member observation for respiratory distress; or ▪ Respiratory treatments provided (at least daily) on an as needed (PRN) basis in response to changes in the member's clinical condition. ▪ Monitoring of oxygen saturation levels (and subsequent changes in O2 orders) <p>Respiratory care of the stable, chronic vent-dependent member including chest PT, suctioning, tracheostomy care, and occasional need for changes in vent settings.</p>	SNF	<p>A physician's order for any of these systems of care does not constitute SNF LOC if PRN services are routinely utilized on a less than daily basis.</p>

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Service	Skilled Intervention	LOC	Comments
Wound Care	<p>Skilled care of decubitus ulcers, wounds, and/or widespread skin disorders involving ALL the following:</p> <ul style="list-style-type: none"> ▪ Aseptic technique; ▪ Prescription medication; ▪ Skilled nursing observation/evaluation of the wound or ulcer. <p>Complex wound care requiring aseptic technique, packing, debridement, irrigation, and/or frequent assessment for complications such as infection or vascular compromise.</p> <p>Use of wound vacuum device requiring multiple setting changes.</p>	SNF	

Coding:

Codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. The list may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible.

CPT® Code	Description
92507	ST Treatment
92521	Evaluation of speech fluency (e.g., stuttering, cluttering)
92522	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria)
92523	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria) with evaluation of language comprehension and expression (e.g., receptive and expressive language)
92524	Behavioral and qualitative analysis of voice and resonance
92610	Evaluation of oral and pharyngeal swallowing function
G0151	PT Treatment, 15 minutes
G0152	OT Treatment, 15 minutes
G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes

Exclusions:

Harvard Pilgrim StrideSM (HMO) Medicare Advantage does not cover SNF care when criteria above are not met. This includes custodial care services (i.e., services furnished primarily for maintenance therapy or to assist an individual with Activities of Daily Living).

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References:

1. Medicare Benefit Policy Manual Chapter 8 - Coverage of Extended Care (SNF) Services Under Hospital Insurance. Medicare Benefit Policy Manual Chapter 8 - Coverage of Extended Care (SNF) Services Under Hospital Insurance. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c08.pdf>. Accessed March 7, 2017.
2. SSAORDPOPPS. Requirements for, and assuring quality of care in, skilled nursing facilities. Act §1819. https://www.ssa.gov/OP_Home/ssact/title18/1819.htm. Accessed March 7, 2017.
3. State Operations Manual Chapter 7 - Survey and Enforcement Process for Skilled Nursing Facilities and Nursing Facilities. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107c07.pdf>. Accessed March 7, 2017.

Summary of Changes:

Date	Revision
4/17	Updated references
12/16	Language and format updated. Update references.
9/28/16	Minor language and formatting changes.

Approved by UMPCP: 4/12/17

Reviewed/Revised: 8/15; 9/16; 12/16; 4/17

Initiated: 8/12/15 (effective 1/1/16)

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