

Corporate Medical Policy

Skilled Nursing Facility Care

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Origination: 02/2008
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Last Review: 2/2020

Description of Procedure or Service

A skilled nursing facility (SNF) is an institution (or a distinct part of an institution) licensed under applicable state laws and primarily engaged in providing skilled nursing care and related services for residents who require medical or nursing care; or rehabilitation services for the rehabilitation of injured, disabled, or sick persons.

For the purposes of this policy, the term SNF does not include any institution which is primarily for the care and treatment of mental diseases or tuberculosis. "Adult care homes" as distinguished from a nursing home, refers to a facility that provides residential care for aged or disabled persons. Medical care in an adult care home is usually occasional or incidental. The services received are not considered "skilled."

Related Policy:

Skilled Nursing Services

Policy

BCBSNC will provide benefits for care in a Skilled Nursing Facility when it is determined to be medically necessary because the medical criteria and guidelines shown below are met.

Benefits Application

This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy.

When Skilled Nursing Facility Admission or Continued Stay is covered

Use of a skilled nursing facility level of care may be considered medically necessary when **ALL** of the following criteria are met:

- The patient must require skilled rehabilitative therapy services and/or skilled nursing care meeting criteria under items **A** or **B** below.
- Services must be provided under the supervision of a physician and must be delivered by and require the judgment of a qualified and appropriately licensed provider. Examples may include a registered or licensed practical nurse, physical or occupational therapist or speech and language pathologist.
- Services must be directed toward an active treatment regimen for a specific health condition, illness, injury, or disease.

Skilled Nursing Facility Care

- Services are considered by the Plan to be specific, effective and reasonable treatment for the patient's diagnosis and physical condition.
- Skilled services must be medically necessary at a frequency and intensity that requires an inpatient level of care and that cannot be provided in a less-intensive setting (e.g., intermediate care facility, rest home, office, outpatient, or home setting with intermittent skilled services).
- Services must be expected to result in significant and measurable improvement in the patient's medical condition or functional capabilities within a reasonable and defined period of time.

A.) Skilled Rehabilitation Services

- 1.) A skilled nursing facility level of care is appropriate for the provision of skilled rehabilitative therapies when **ALL** of the following criteria are met:
 - a) the patient requires skilled rehabilitative therapy(ies) at a frequency and intensity of at least 5 days per week for at least 60 minutes per day. Physical therapy must be indicated for the patient's condition, and must be provided a minimum of 30 minutes per day.
 - b) The rehabilitative therapies are intended to treat a recent documented decline in functional status due to illness, injury, disease, or surgical procedure.
 - c) The member requires at least minimum assistance for at least two of the following:
 - i. bed mobility
 - ii. transfers
 - iii. ambulation for household distances (70 feet) and/or if non-ambulatory, wheelchair use at household distances (70 feet).
 - d) There is the expectation that the patient's functional capabilities will improve significantly in a reasonable and predictable period of time.
- 2.) For members who, as a result of a procedure, will be non-weight bearing for several weeks (ex. 6-8 weeks), a short term (1 week) skilled nursing facility stay for the purpose of learning transfers may be indicated.
- 3.) For continuing stay in a skilled nursing facility (for the purpose of skilled rehabilitation) the following criterion must be met in addition to those listed under A.1:
 - a) The patient must demonstrate measurable and significant gains in therapy as evaluated on a weekly basis. Serial weekly progress notes, including objective documentation on a week-to-week basis of the most recent functional status and measured progress toward goals must be provided.

B.) Skilled Nursing Services

- 1.) The need for, and length of stay in, a skilled nursing facility for skilled nursing care depends on the patient's medical condition and the type, amount, and frequency of skilled nursing services provided. The patient must require services that meet the following criteria:
 - a) Services can only be provided by a skilled (registered or licensed practical) nurse AND
 - b) Services are required at a frequency and/or intensity that cannot be provided in the home setting through intermittent home health skilled nursing visits and custodial support.
 - c) Skilled nursing services exist when the patient requires medically necessary skilled nursing care on a continuing daily basis as evidenced by the need for the constant presence, on-site availability, and supervision of a skilled nurse for the purpose of

Skilled Nursing Facility Care

monitoring and evaluation for an unstable medical condition that requires frequent changes in management.

- 2.) Some examples of skilled nursing services that may require placement of the patient in a skilled nursing facility (if criteria 1.A-B above are met) include the following:
 - a) Intravenous (IV) or intramuscular injection of drugs, administered at a frequency of every 8 hours or more frequently. (Drugs that would normally be administered by a trained, non-licensed person are not considered to require skilled nursing.)
 - b) Initiation of intravenous (TPN) feeding, or when documented difficulties or complications exist.
 - c) Initiation of nasogastric tube feeding, gastrostomy and jejunostomy feeding, or when documented difficulties or complications exist.
 - d) Naso-pharyngeal and deep tracheal suctioning. If a patient has an established, stable tracheostomy, a nurse aid II can be trained to do the deep suctioning. If a specialty trained nurse aid II is not available, it is a skilled service. Superficial suctioning (oropharyngeal or suctioning within the cannula) is not considered a skilled nursing service.
 - e) Treatment of a Stage 3 or Stage 4 decubitus ulcer or other complicated wound care requiring multiple dressing changes within a 24 hour period (minimum frequency of dressing changes required is every 8 hours).
 - f) Care of a colostomy during the early post-operative period in the presence of complications. The need for skilled nursing during this period must be justified and documented in the patient's medical record. Early post-operative period is defined as 14 days from the day of surgery.
 - g) Initial care of urinary catheters (suprapubic or "in and out" catheterization). (Coverage is limited to 5 days).
 - h) Training or teaching of the patient and/or caregiver as appropriate for the services above may be considered a skilled nursing service if services cannot be provided at a lesser level of care. (Coverage is limited to 7 days).

When Skilled Nursing Facility Admission or Continued Stay is not covered

- When the criteria above are not met.
- When services do not require the skills of a qualified provider and/or required procedures may be carried out safely and effectively by an appropriately trained patient, family or caregivers.
- When services are for maintenance programs or care (see Policy Guidelines).
- When the services are for custodial care only (see Policy Guidelines).
- When medically necessary care/services can be safely and appropriately provided at a less intense level of care.

Policy Guidelines

The need for and length of stay in a Skilled Nursing Facility depends upon the patient's medical condition, type, amount, and frequency of skilled nursing services provided. Members may receive medically necessary services in a less intensive care setting (outpatient or home therapy services) when:

- The patient is ambulatory/mobile for household distances (70 feet or more) with less than minimal assistance, and is capable of performing activities of daily living with less than

Skilled Nursing Facility Care

minimal assistance (the need for some minimal or contact guard assistance is not, in itself, a reason for admission or continued stay in a skilled nursing facility); or

- The patient is not making progress with goals of therapy within a reasonable and defined period of time or has achieved therapy goals; or
- The patient is only in need of custodial care. Custodial care is comprised of services and supplies, including room and board and other facility services, which are provided to the patient, whether disabled or not, primarily to assist him or her in the activities of daily living rather than to provide therapeutic treatment. Custodial care includes but is not limited to help in walking, bathing, dressing, feeding, preparation of special diets, supervision over self-administration of medications and other activities that can be safely and adequately provided by persons without the technical skills of a covered health care provider (nurse). Such services and supplies are custodial as determined by BCBSNC without regard to the provider prescribing or providing the services; or
- The patient is in need of maintenance programs or care. Functional maintenance programs are drills, techniques and exercises that preserve the patient's present level of function and prevent regression of that function. Maintenance begins when the therapeutic goals of a treatment plan have been achieved and/or when no further functional progress is apparent or expected to occur. Maintenance medical care occurs when the patient's condition is stable or predictable; the plan of care does not require a skilled nurse to be in continuous attendance; or the patient, family, or caregivers have been taught the nursing services and have demonstrated the skills and ability to carry out the plan of care.

Services that are not considered to be skilled include but are not limited to the following:

- Assistance with activities of daily living (bathing, walking, dressing, feeding, preparation of special diets, eating, continence, toileting, transferring, skin care, enemas, and taking patients to the doctor's office). Supervision of a patient for safety or fall precautions is not considered a skilled service,
- Routine measurement of vital signs, observation and monitoring of patients receiving routine care for non-skilled services,
- Administration of routine oral medication, eye drops, and ointments,
- Subcutaneous injections such as insulin,
- Routine care of indwelling bladder catheters or established colostomy or ileostomy, gastrostomy tube feedings, tracheostomy site care, oxygen therapy,
- Routine care of an incontinent patient,
- Passive range of motion exercises,
- Care of Stage 1 or 2 decubitus ulcers,
- Care of the confused or disoriented patient who is under an established medication regimen,
- Superficial oropharyngeal, nasotracheal, or tracheostomy cannula suctioning.

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable service codes: no specific CPT codes

Skilled Nursing Facility Care

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Scientific Background and Reference Sources

North Carolina General Statute §131E-100, Article 6, Part 1, Nursing Home Licensure Act.

Centers for Medicare and Medicaid Services. The Skilled Nursing Facility Manual. Retrieved 9/6/07 from <http://www.cms.hhs.gov>

Centers for Medicare and Medicaid Services. The Skilled Nursing Facility Manual. Retrieved 1/31/13 from <http://www.cms.hhs.gov>

Specialty Matched Consultant Advisory Panel - 2/2013

Specialty Matched Consultant Advisory Panel- 2/2014

Specialty Matched Consultant Advisory Panel- 2/2015

Specialty Matched Consultant Advisory Panel- 2/2016

Specialty Matched Consultant Advisory Panel review 2/2020

Policy Implementation/Update Information

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| 2/11/08 | New policy issued. Benefits are provided for care in a Skilled Nursing Facility when it is determined to be medically necessary because the medical criteria and guidelines stated in this policy are met. This policy will NOT be effective until 7/14/08. (adn) |
| 7/14/08 | Added Item B. 2. b. to the When Skilled Nursing Facility Care Is Covered section to read: "Initiation of intravenous (TPN) feeding, or when documented difficulties or complications exist." Specialty Matched Consultant Advisory Panel meeting 6/19/08. (adn) |
| 6/22/10 | Policy Number(s) removed (amw) |
| 2/1/11 | Policy status changed to "Active policy, no longer scheduled for routine literature review. Approved in 2010 by medical director. (lpr) |
| 3/12/13 | Specialty Matched Consultant Advisory review panel meeting 2/20/2013. No change to policy statement. Reference updated. Converted policy to active status from active archive status. Medical director review 2013. (lpr) |
| 3/11/14 | Specialty Matched Consultant Advisory review panel meeting 2/25/2014. No change to policy statement. (lpr) |
| 3/10/15 | Specialty matched consultant advisory panel review meeting 2/25/2015. No change to policy statement. (lpr) |
| 4/1/16 | Specialty Matched Consultant Advisory Panel review 2/24/2016. No change to policy. (an) |
| 3/31/17 | Specialty Matched Consultant Advisory Panel review 2/22/2017. No change to policy statement. (an) |
| 3/29/18 | Specialty Matched Consultant Advisory Panel review 2/28/2018. No change to policy. (an) |
| 3/12/19 | Specialty Matched Consultant Advisory Panel review 2/20/2019. No change to policy. (an) |
| 3/10/20 | Specialty Matched Consultant Advisory Panel review 2/19/2020. No change to policy statement. (eel) |

Skilled Nursing Facility Care

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.