

Corporate Medical Policy

Skilled Nursing Services

File Name: skilled_nursing_services
Origination: 07/2001
Last CAP Review: 2/2021
Next CAP Review: 2/2022
Last Review: 02/2021

Description of Procedure or Service

Skilled Nursing Services are defined by the criteria below, and are provided in a variety of settings, including inpatient and outpatient facilities, skilled nursing facilities, and in the home. These services are provided by licensed nursing personnel (i.e., RN or LPN) on an intermittent or hourly basis.

Skilled home health nursing care is the provision of intermittent skilled services to a member in the home for the purpose of restoring and maintaining that individual's maximal level of function and health. These services are rendered in lieu of hospitalization, confinement in an extended care facility, or going outside the home to receive the service.

Related Policies:

Infusion Therapy in the Home
Rehabilitative Therapies
Skilled Nursing Facility Care
Private Duty Nursing Services

*****Note: This Medical Policy is complex and technical. For questions concerning the technical language and/or specific clinical indications for its use, please consult your physician.**

Policy

BCBSNC will provide coverage for Skilled Nursing Services 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.

Prior review/authorization is required for skilled nursing visits.

Skilled Nursing Service benefits are typically limited in the member's health benefit plan or booklet.

Skilled Nursing Services provided in the acute inpatient hospital, inpatient rehabilitation, ambulatory care center, surgical center, or practitioner's office are considered integral to the care provided and are not eligible for separate reimbursement.

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Skilled Nursing Services provided in a skilled nursing facility are considered integral to the skilled nursing facility charge and are not eligible for separate reimbursement.

Medically necessary Skilled Nursing Services provided in the home may be eligible for separate reimbursement subject to the members' health benefit plan terms and conditions.

When Skilled Nursing Services are covered

A. Service may be considered a Skilled Nursing Service when the following criteria are met:

1. The services are ordered by a licensed physician (MD or DO) as part of a treatment plan for a covered medical condition.
2. The services provided are reasonable and necessary for care of a patient's illness or injury or particular medical needs, and are within the accepted standards of nursing practice.
3. The services are performed by or under the direct supervision/accountability of a licensed nurse (i.e., RN or LPN)
4. The services provided are within the scope of practice of a licensed nurse (RN or LPN)
5. The services require the skills of a licensed nurse (i.e., service(s) is so inherently complex that it can be safely and effectively performed only by, or under the supervision of, a licensed nurse to achieve the medically desired result)
6. To receive skilled nursing services in the home, a member is considered eligible for home health benefits when the following criteria are met:
 - a) The patient requires physical assistance and significant supervision by another person in order to leave his/her residence and travel to a physician's office or outpatient treatment facility, **or**
 - b) Absences from the home are infrequent or for periods of relatively short duration, and are attributable to the need to receive health care treatments (such as kidney dialysis or outpatient chemotherapy or radiation therapy), **or**
 - c) A physician has ordered treatments requiring nursing supervision of such frequency or duration that it is unreasonable to expect the patient to receive this supervision in an outpatient facility or a physician's office, **or**
 - d) The member is actively receiving treatment for a cancer related problem

Note: Lack of transportation is not a medical criterion to be considered homebound.

One home nursing visit performed within 72 hours of discharge is eligible for coverage if the mother and newborn are discharged earlier than 48 hours following a normal vaginal delivery or earlier than 96 hours following a cesarean section delivery. Additional services are subject to medical necessity review.

When Skilled Nursing Services are not covered

Skilled Nursing Services are not covered when:

1. Services do not meet the criteria listed above.
2. The services are provided by family member.
3. Services are considered integral to other reimbursed services (e.g., skilled nursing care in the acute inpatient hospital setting).
4. Services are beyond the benefits described in the members' certificate or member handbook.

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5. Services which may reasonably be provided by a person without professional skills or by a person who has been trained.
6. Services are for custodial care.
7. Services are primarily for the comfort or convenience of the member or their family.

Policy Guidelines

General principles for determining whether a service is skilled:

1. The inherent complexity of a service prescribed for a patient is such that it can be performed safely and/or effectively only by or under the general supervision of skilled nurse.
2. The nature of the service and the skills required for safe and effective delivery of that service are considered in deciding whether a service is a skilled service. While a patient's particular medical condition is a valid factor in deciding if skilled services are needed, a patient's diagnosis or prognosis is not the sole factor in deciding that a service is not skilled.

Examples of skilled nursing services may include the following:

1. Any task which involves the ongoing assessment, interpretation or decision making that cannot be logically separated from the task itself.
2. Intravenous, intramuscular or subcutaneous injections. Most subcutaneous injections are designed to be self administered. An exception might be the initial teaching of patients or caregivers to administer an injection.
3. Initiation of intravenous (TPN) feeding, or when documented difficulties or complications exist.
4. Initiation of nasogastric tube feeding, gastrostomy and jejunostomy feeding, or when documented difficulties or complications exist.
5. Naso-pharyngeal and tracheal aspiration. If the patient has an established, stable tracheostomy, a nurse aide II can be specially trained to do suctioning. If a specially trained nurse aide II is not available, it is a skilled service. Infrequent superficial (oral pharyngeal or suctioning within the cannula) is not considered a skilled nursing service.
6. Insertion and replacement of catheters and care of a supra-pubic catheter.
7. Application of dressings involving prescription medications and aseptic techniques. The service may be unskilled after 48 hours, if stable and the medication is a topical, non-systemic medication.
8. Treatment of decubitus ulcers, of a severity rated at Stage 3 or worse, or a widespread skin disorder.
9. Rehabilitation nursing procedures, including the related teaching and adaptive aspects of nursing that are part of active treatment and require the presence of skilled nursing personnel; e.g., the institution and supervision of bowel and bladder training programs. (Limit to 5 visits in the home setting or 5 days in a Skilled Nursing Facility.)
10. Initial phases or regimen involving administration of medical gases such as bronchodilator therapy. This includes the initial teaching of a stable patient. (Limit to 5 visits in the home setting or 5 days in a Skilled Nursing Facility.)
11. Care of colostomy during the early postoperative period in the presence of associated complications. The need for skilled nursing care during this period must be justified and documented in the patient's medical record. (The early postoperative period is limited to 14 days from the day of surgery)

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12. Training/teaching of the patient and/or caregiver as appropriate for the services above may be considered a skilled nursing service.

The following services are examples of nursing services that do **NOT** require the skills of a licensed nurse:

1. Routine services directed toward the prevention of injury or illness,
2. Administration and/or set up of PO (oral) medications,
3. Application of eye drops or ointments and topical medications,
4. Routine administration of maintenance medications, including insulin. This applies to oral, subcutaneous, intramuscular and intravenous medications,
5. Routine enteral feedings,
6. Routine colostomy care,
7. Ongoing intermittent straight catheterization for chronic conditions,
8. Emotional support and/or counseling.

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.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable service codes: 99500, 99501, 99502, 99503, 99504, 99505, 99506, 99507, 99509, 99510, 99511, 99512, 99600, G0156, G0162, G0299, G0300, G0493, G0494, G0495, G0496, S5108, S5109, S5110, S5111, S5115, S5116, S9123, S9124, S9339

Documentation Requirements: The medical record should document the medical necessity for the services, including medical diagnosis, proposed frequency of services, proposed duration of services, documentation of the patient's home bound status, and a social assessment of the home situation.

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

6/97: J & G Consultant Review

8/97: Reviewed by Plan Medical Director

9/97: ANR comments reviewed. Minimal changes made.

12/97: Legislative mandate - House Bill 434; North Carolina General Statute, § 58-3-169

12/99: Medical Policy Advisory Group

Specialty Matched Consultant Advisory Panel - 10/2000

Medical Policy Advisory Group - 10/2000

Medical Policy Advisory Group - 9/2001

Specialty Matched Consultant Advisory Panel - 8/2002

Specialty Matched Consultant Advisory Panel - 8/2004

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Centers for Medicare and Medicaid Services (CMS). Skilled Nursing Facility Manual Chapter 2 [Electronic Version]. Retrieved August 1, 2005, from http://cms.hhs.gov/manuals/12_snf/sn201.asp

Centers for Medicare and Medicaid Services (CMS). Skilled Nursing Facility Manual Chapter 2 [Electronic Version]. Retrieved 1/31/13, from http://cms.hhs.gov/manuals/12_snf/sn201.asp

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

Specialty Matched Consultant Advisory Panel review 2/2021

Policy Implementation/Update Information

3/98	Original Policy issued.
9/99	Reformatted, Medical Term Definitions added.
12/99	Medical Policy Advisory Group
10/00	Specialty Matched Consultant Advisory Panel review. No change recommended in criteria. System coding changes. Medical Policy Advisory Group review. No change in criteria. Approve.
6/01	Policy revised for clarity.
9/01	Policy name changed from Home Nursing Services to Skilled Nursing Services. Expanded to include skilled nursing services in a variety of settings. Medical Policy Advisory Group review. Policy approved.
10/01	Change date of last review to 9/01. Policy was reviewed at length in September and updated as stated above.
5/03	Specialty Matched Consultant Advisory Panel review. Removed reference to internally generated HH and PDN codes from Billing and Coding Section of the policy.
11/11/04	Specialty Matched Consultant Advisory Panel review. No change in criteria. Added codes S9123 and S9124.
9/15/05	Policy number changed from DME0110 to MED1391.
8/7/06	Added cross reference to policy for Private Duty Nursing Services. Added Key Words. Added statement to Policy Guidelines regarding general principles for determining whether a service is considered skilled. Updated CPT codes and references. Specialty Matched Consultant Advisory Panel review 6/28/06 with no change in policy coverage criteria. (adn)
7/14/08	Added the following statement to Item 6 in the When Skilled Nursing Services are Covered section to clarify criteria for homebound status that reads: "Absences from the home are infrequent or for periods of relatively short duration, and are attributable to the need to receive health care treatments (such as kidney dialysis or outpatient chemotherapy or radiation therapy)." In the Policy Guidelines section, the following statements in the examples of skilled nursing services were revised to read: "Intravenous, intramuscular or subcutaneous injections. Most subcutaneous injections are designed to be self administered. An exception might be the initial teaching of patients or caregivers to administer a

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injection. Initiation of intravenous (TPN) feeding, or when documented difficulties or complications exist. Initiation of nasogastric tube feeding, gastrostomy and jejunostomy feeding, or when documented difficulties or complications exist." Also added examples of nursing services that do NOT require the skills of a licensed nurse: routine services directed toward the prevention of injury or illness, administration and/or set up of PO (oral) medications, application of eye drops or ointments and topical medications, routine administration of maintenance medications (including insulin), routine enteral feedings, routine colostomy care, ongoing intermittent straight catheterization for chronic conditions, emotional support and/or counseling. Specialty Matched Consultant Advisory Panel review 6/19/08.

- 6/22/10 Policy Number(s) removed (amw)
- 1/4/11 Added new HCPCS codes G0162, G0163, G0164 to Billing/Coding section. (lpr)
- 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 panel review meeting 2/20/2013. No change to policy statement. Reference updated. Converted policy to active status from active archive status. Added HCPCS code G0156 to billing/coding section. Medical director review 2013. (lpr)
- 3/11/14 Specialty Matched Consultant Advisory panel review 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)
- 12/30/15 Added HCPCS codes G0299, G0300 and deleted HCPCS code G0154 in Billing/Coding section for effective date 1/1/2016. (lpr)
- 4/1/16 Specialty Matched Consultant Advisory Panel review 2/24/2016. No change to policy. –(an)
- 4/29/16 Information in Item 6 in the "When Skilled Nursing Services are Covered" updated to revise the homebound status requirement. Item 6.d. added to indicate coverage for problems related to cancer treatment. (an)
- 12/30/16 For 2017 coding update, deleted codes G0163, G0164. Added HCPCS codes G0493, G0494, G0495, G0496 to Billing/Coding section. (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 statement. (an)
- 3/12/19 Minor update to Description Section. Added statement to Benefits Application Section to state these services require prior review/authorization. Added clarification for Item 5 in the "When Covered" section to define skilled services. Added Item 7 to the "When Not Covered" section: Services are primarily for the comfort or convenience of the member or their family. Specialty Matched Consultant Advisory Panel review 2/20/2019. (an)
- 3/10/20 Specialty Matched Consultant Advisory Panel review 2/19/2020. No change to policy statement. (eel)
- 3/27/20 When covered section updated with additional criteria 6→e). (eel)

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- 4/14/20 When covered section criteria 6→e) clarified as “during the COVID-19 pandemic effective from March 6, 2020 until May 5, 2020, and then will be re-evaluated for extension every 30 days thereafter.” (eel)
- 5/1/20 When covered section criteria 6→e) clarified as “during the COVID-19 pandemic effective from March 6, 2020 until June 5, 2020, and then will be re-evaluated for extension every 30 days thereafter.” (eel)
- 6/2/20 When covered section criteria 6→e) clarified as “during the COVID-19 pandemic effective from March 6, 2020 through July 31, 2020. We will reevaluate if an additional extension is needed as we approach July 31.” (eel)
- 7/30/20 When covered section criteria 6→e) updated as “during the COVID-19 pandemic effective from March 6, 2020 through September 30, 2020. We will reevaluate if an additional extension is needed as we approach September 30.” (eel)
- 9/29/20 When covered section criteria 6→e) updated as “during the COVID-19 pandemic effective from March 6, 2020 through December 31, 2020. We will reevaluate if an additional extension is needed as we approach December 31.” (eel)
- 11/20/20 When covered section criteria 6→e) updated as “during the COVID-19 pandemic effective from March 6, 2020 through June 30, 2021. We will reevaluate if an additional extension is needed as we approach June 30.” (eel)
- 3/23/21 Specialty Matched Consultant Advisory Panel review 2/17/2021. No change to policy statement. (bb)
- 5/4/21 When covered section criteria 6→e) removed. Medical Director review 4/20/2021.
Notification given 5/4/2021 for effective date 6/30/2021. (bb)

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.