



## Inpatient Skilled Nursing Facility

### I. Policy

University Health Alliance (UHA) will reimburse for Inpatient Skilled Nursing Facility (SNF) care when determined to be medically necessary and when it meets the medical criteria guidelines (subject to limitations and exclusions) indicated below.

### II. Background

Skilled nursing services are frequently required to transition patients from the hospital setting to home. At times these services must be delivered in a skilled nursing facility (SNF) because of patient care needs and clinical condition. Individual patient's unique clinical circumstances and capabilities of the local delivery system are considered when making individual SNF coverage determinations. For the purposes of this policy, the term SNF does not include any institution that is primarily for the care and treatment of mental diseases. While not SNFs per se, hospital Swingbed units are subject to the same coverage criteria as SNFs and utilize SNF benefit days.

Subject to limitations and guidelines below, coverage for SNF inpatient services are considered reasonable and medically necessary when such services are found to be consistent with the nature and severity of the patient's illness or injury, the patient's particular medical needs, and accepted standards of medical practice.

| Service                    | Criteria   |
|----------------------------|--|
| <b>SNF Admission</b>       | <p>Medical record documentation confirms ALL the following:</p> <ol style="list-style-type: none"> <li>1. Patient requires skilled services (i.e., services that must be performed by, or under the supervision of, licensed nurses and/or physical or occupational therapists) at least 5 days per week;</li> <li>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 in an outpatient setting);</li> <li>3. Service Specific Level of Care (LOC) Criteria below are met.</li> </ol>  |
| <b>On-Going Care (SNF)</b> | <p>Medical record documentation confirms ALL the following:</p> <ol style="list-style-type: none"> <li>1. Continued need for the inpatient SNF setting and significant medical and/or functional progress toward established goals;</li> <li>2. Required services cannot be safely provided in a less restrictive setting;</li> <li>3. Service Specific LOC Criteria below are met.</li> </ol> <p>On-going inpatient care may also be authorized (within applicable benefit limits) in situations where medical record documentation confirms the patient has required frequent medical intervention that interfered with his/her participation in rehabilitative therapies or progress towards meeting therapy goals.</p> |

### III. Criteria/Guidelines

UHA considers inpatient SNF services to be medically necessary (within the guidelines and administrative limitations as noted below) when the following criteria are met:

- A. General Skilled Nursing Facility services are covered up to 120 days per calendar year within the following guidelines:

1. Medical necessity for skilled nursing facility services requires that ALL of the following be true:
  - a. Skilled nursing care is required and skilled nursing criteria are met (See table III.C. for details); and
  - b. Admission is medically necessary and admission criteria are met (See III.B.1. below for details) and admission has been approved by UHA; and
  - c. Skilled nursing services are provided under the care of a physician during the admission; and
  - d. The admission is not primarily for comfort, convenience, a rest cure, or domiciliary care; and
  - e. If the stay exceeds 30 days, the attending physician submits a report showing the need for skilled nursing care at the end of each 30-day period; and
  - f. The confinement is not for custodial care.
2. Notification of Admission: If either a participating or a non-participating physician recommends admission to a skilled nursing facility, the UHA member or recommending physician must notify UHA's Health Care Services Department as soon as possible.
3. Room and Board coverage is limited to the eligible charge for a semi-private room.
4. Covered ancillary services include routine supplies, prescribed drugs and medications, dressings, oxygen, and diagnostic and therapeutic services.

B. Admission Criteria:

1. In addition to any additional applicable criteria within this policy, all admissions to an SNF facility must meet one or more of the following criteria:
  - a. Patient requires Skilled Nursing of RN, LPN, PT, OT, or SLP: Inherent complexity of service is such that it can be performed safely and/or effectively only by, or under, general supervision of licensed professionals and cannot be provided by non-skilled personnel.
  - b. Patient requires skilled services on a daily basis (See table III.C. for details).
  - c. Patient's functional or medical complexity are such that health outcomes would be compromised with less than daily skilled services.
  - d. A preadmission evaluation of the patient's condition and need for SNF care must document ALL of the following:
    - i. Baseline level of function and summary of medical history that has led to the need for SNF care; and
    - ii. Medical treatment needs (e.g., skilled therapies, specialized nursing care), including expected frequency and duration of treatment, and other information relevant to the patient's care needs; and
    - iii. Prognosis, including expected level of improvement and anticipated length of stay required to achieve that level of improvement; and
    - iv. Family/caregivers' willingness and ability to actively participate in learning techniques and medical management that will be needed to assist the patient at home after discharge (as appropriate).
  - e. An inpatient plan of care developed, managed, and updated by facility staff must include ALL of the following:

- i. Nursing and/or skilled rehabilitation goals and objectives for the individual patient (including realistic and measurable functional goals), planned nursing and rehabilitation interventions to meet goals/objectives and to promote recovery, and outcome(s) of the planned interventions; and
  - ii. Evidence of active involvement of skilled nursing that is medically necessary to meet the patient'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.)
  - iii. Discharge plans (as appropriate).
- C. Skilled Nursing Services must meet ONE or more of the following Service Specific Level of Care (LOC) Criteria below:

| Service  | Skilled Intervention   | Level of Care | Comments   |
|--|--|---------------|--|
| <b>Catheters</b>   | <ol style="list-style-type: none"> <li>1. Nursing management of indwelling bladder catheter, nephrostomy tube, or suprapubic tube during the early post-insertion period, or in the presence of catheter complications; OR</li> <li>2. Insertion, sterile irrigation, and/or replacement of suprapubic catheters.</li> </ol> | SNF           | Routine maintenance of an indwelling bladder catheter or suprapubic catheter does not constitute SNF LOC.  |
| <b>Diabetic Care</b>   | Daily monitoring of unstable blood sugars and administration of varied doses of insulin (sliding scale).   | SNF           | <p>Subcutaneous (SC) insulin injections at a stable dose in a stable diabetic do not constitute SNF LOC, regardless of whether or not the patient is able to self-inject.</p> <p>A physician's order for sliding scale insulin does not constitute SNF LOC if sliding scale insulin is not being administered daily.</p> |
| <b>Enteral Tube Feedings via:</b> <ul style="list-style-type: none"> <li>• Nasogastric (NG) tube</li> <li>• Jejunostomy tube (J-tube)</li> <li>• Gastrostomy (G-tube)</li> </ul> | <p>Management of enteral feeding regimen for a patient with a newly inserted enteral tube when patient is functionally incapable of sufficient oral intake to sustain life.</p> <p>Titration of enteral feedings to meet functional goals in a patient with a newly inserted NG-tube, J-tube, or G-tube.</p>                 | SNF           | Maintenance of a stable enteral feeding regimen, or stable NG-tube, J-tube, or G-tube alone does not constitute SNF LOC.   |
| <b>Medication Administration and Monitoring</b>  | Monitoring of medication effects including a complicated PO medical regime.  | SNF           | Subcutaneous (SC) injections alone do not constitute SNF LOC.  |
| <b>Pain Management</b>   | 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           | N/A  |

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| <p><b>Parenteral Fluids and/or Medications</b></p> | <p>Administration of at least one intravenous (IV) or intramuscular (IM) injection per day.</p>  | <p>SNF</p> | <p>Subcutaneous (SC) injections alone do not constitute SNF LOC.</p> <p>SC insulin injections (stable dose) in a stable diabetic do not constitute SNF LOC, regardless of whether or not the patient is able to self-inject.</p>   |
| <p><b>Rehabilitative Care</b></p>                  | <p>At least 1-2 hours of direct physical, occupational, or speech therapy per day, at least 5 days/week.</p> <p>Patient must be physically and cognitively willing and able to participate in, and benefit from, the rehabilitation program.</p>   | <p>SNF</p> | <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> |
| <p><b>Respiratory Care</b></p>                     | <p>Administration of a system of care including skilled nursing observation and assessment to evaluate the patient's need for modifications of treatment:</p> <ul style="list-style-type: none"> <li>• Chest PT and/or aerosol delivery of medication (to mobilize secretions) at least 3 times/day; <b>or</b></li> <li>• New respiratory treatments including initial phases of a regimen involving administration of medical gases (e.g., oxygen, bronchodilator therapy); <b>or</b></li> <li>• Naso-pharyngeal or tracheostomy suctioning provided on a frequent basis, with a documented need for patient observation for respiratory distress; <b>or</b></li> <li>• Respiratory treatments provided (at least daily) on an as needed (PRN) basis in response to changes in the patient's clinical condition.</li> </ul> <p>Routine respiratory care of the stable, chronic vent-dependent patient including chest physical therapy (PT), suctioning, tracheostomy care, and occasional need for changes in vent settings.</p> | <p>SNF</p> | <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>   |
| <p><b>Wound Care</b></p>                           | <p>Skilled care of decubitus ulcers, wounds, and/or widespread skin disorders involving ALL the following:</p> <ul style="list-style-type: none"> <li>• Aseptic technique; and</li> <li>• Prescription medication; and</li> </ul>  | <p>SNF</p> | <p>N/A</p>   |

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|  | <ul style="list-style-type: none"> <li>• Skilled nursing observation/evaluation of the wound or ulcer.</li> </ul> <p>Complex treatment of decubitus ulcers that, as a practical matter, can only be provided in a skilled nursing facility.</p> |  |  |
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D. Co-treatment:

1. Co-treatment may be appropriate when practitioners from different professional disciplines can effectively address their treatment goals while the patient is engaged in a single therapy session. (For example, a patient may address cognitive goals for sequencing as part of a speech-language pathology (SLP) treatment session while the physical therapist (PT) is training the patient to use a wheelchair, or a patient may address ADL goals for increasing independence as part of an occupational therapist (OT) treatment session while the PT addresses balance retraining with the patient to increase independence with mobility). To meet criteria for medical necessity, co-treatments must meet ALL of the following:
  - a. Co-treatment coordination between the two disciplines will benefit the patient, and is not simply for scheduling convenience.
  - b. Documentation clearly indicates the rationale for co-treatment and state the goals that will be addressed through this method of intervention.
  - c. Co-treatment sessions are documented as such by each practitioner, stating which goals were addressed and the progress made.
  - d. Co-treatment is limited to two disciplines providing interventions during one treatment session.

**NOTE:**

*This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine, and it should not deter a provider from expressing his/her judgment.*

*Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or members' individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.*

*UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may request that UHA reconsider the application of the medical necessity criteria in light of any supporting documentation.*

**IV. Limitations and Exclusions**

- A. Skilled Nursing Facility level of care is limited to activities that require skilled medical services. Services that do not require skilled practitioners, are routine or given on an infrequent "as needed" basis, are custodial in nature, or are being provided for the convenience of caregivers do not meet criteria for SNF LOC. As stated above, specific examples of care that do not qualify for SNF LOC include, but are not limited to the following:
  1. Respiratory care: Routine respiratory care of the stable, chronic vent-dependent patient including chest physical therapy (PT), suctioning, tracheostomy care, and occasional need for changes in vent settings do not meet criteria for SNF LOC if not required at least daily.

- a. Any physician's order for Respiratory care does not constitute SNF level of care if PRN services are routinely utilized on a less than daily basis.
2. Skilled nursing service
- a. Diabetic care: Subcutaneous (SC) insulin injections at a stable dose in a stable diabetic do not constitute SNF LOC, regardless of whether or not the patient is able to self-inject.
    - i. A physician's order for sliding scale insulin does not constitute SNF LOC if sliding scale insulin is not being administered daily.
  - b. Catheter care: Routine maintenance of an indwelling bladder catheter or suprapubic catheter does not constitute SNF LOC
  - c. Enteral treatment: Maintenance of a stable enteral feeding regimen, or stable NG-tube, J-tube, or G-tube alone does not constitute SNF LOC.
  - d. Ostomy care: Routine ostomy care does not constitute SNF LOC
  - e. Injections: SQ injections alone do not constitute SNF LOC
3. Rehabilitative care:
- a. Speech/Language therapy for language therapy alone does not constitute SNF LOC
  - b. Direct therapy time does not include time for documentation, family or team meetings, etc.
  - c. Repetitious exercises to improve gait or maintain strength and endurance and assistive walking are appropriately provided by supportive personnel and do not meet skilled rehab criteria.
  - d. Minimal or light physical assist for basic ADLs and mobility (based on evidence that patients needing only minimal assist do comparably well with Home Health therapy) does not meet skilled rehab criteria.

## **V. Administrative Guidelines**

- A. Prior authorization is not required.
- B. UHA reserves the right to perform retrospective review using the above criteria to validate that services rendered met payment determination.
- C. Daily documentation of the patient's progress and/or complications is required; medical necessity/clinical appropriateness of ongoing SNF care is evaluated through concurrent review.

## **VI. Policy History**

**Policy Number:** MPP-0127-180817

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**Previous Revision Dates:** N/A

**PAC Approved Date:** 08/17/2018

### **References:**

Rehabilitation SNF Level of Care. (2010). HMSA (Prevailing Plan).

Clinical Review Criteria: Inpatient Skilled Nursing Facility. (2015). Kaiser Permanente.

Medical Review Criteria: Skilled Nursing Facility and Subacute Care. (2017). Harvard Pilgrim Health Care.