



## HEALTH PLAN POLICY

**Policy Title:** Skilled Nursing Facility Utilization Review

**Number:** MUM04

**Revision:** G

- The services delivered are reasonable and necessary for the treatment of a patient's illness or injury, i.e., are consistent with the nature and severity of the individual's illness or injury, the individual's particular medical needs, and accepted standards of medical practice.
- The services delivered are reasonable in terms of duration and quantity.
- The request must meet medical necessity criteria in accordance with MCG (27<sup>th</sup> Edition) Recovery Facility Care: Optimal Recovery Guidelines – Subacute/Skilled Nursing Facility (SNF)

If any one of these criteria are not met, a stay in a SNF is not covered, even though it might include the delivery of some skilled services.

A patient who resided in a nursing facility prior to hospitalization may elect to receive post-discharge coverage through the home SNF, the SNF the member was at prior to going to the hospital, if the home SNF is contracted with the Health Plan.

### **B. Skilled Nursing Services**

Nursing services are considered skilled when they are so inherently complex that they can be safely or effectively performed only by or under the supervision of a registered nurse or a licensed practical (vocational) nurse. A service is not a skilled nurse service merely because it is performed by or under the direct supervision of nurse. If a service can be safely and effectively performed (or self-administered) by an unskilled person, the service cannot be regarded as skilled nursing service although the nurse actually provides the service.

The term "extended care services" means the following items and services furnished to an inpatient of a SNF either directly or under arrangements as noted in the list below:

- Nursing care provided by or under the supervision of a registered professional nurse
- Bed and board in connection with the furnishing of such nursing care
- Physical or occupational therapy and/or speech-language pathology services furnished by the SNF or by others under arrangements with them made by the facility
- Medical social services
- Such drugs, biologicals, supplies, appliances, and equipment furnished for use in the SNF as are ordinarily furnished by such a facility for the care and treatment of inpatients
- Medical services provided by an intern or resident-in-training of a hospital with which the facility has in effect a transfer agreement under an approved teaching program of the hospital, and other diagnostic or therapeutic services provided by a hospital with which the facility has such an agreement in effect, and
- Other services necessary to the health of the patients as are generally provided by skilled nursing facilities, or by others under arrangements.

Some examples of skilled nursing services are:

- Intravenous or intramuscular injections and intravenous feeding
- Nasopharyngeal and tracheostomy aspiration
- Insertion, sterile irrigation or replacement of suprapubic catheter
- Application of dressings involving prescription medications and aseptic techniques

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- Decubitus ulcer care of stage 3 or worse.
- Colostomy care during the early post-operative period in the presence of associated complications
- Teaching and training of patient or caregiver about the rehabilitation nursing procedures that require the presence of skilled nursing personnel; e.g. institution and supervision of bowel or bladder training programs.

Certain additional outpatient hospital services (along with ambulance transportation that conveys a beneficiary to a hospital or CAH to receive the additional services) provided to Medicare beneficiaries are excluded from coverage under SNF PPS and are billed separately. The additional services are:

- Cardiac catheterization services
- Computerized axial tomography (CT scans)
- Magnetic resonance imaging (MRIs)
- Radiation therapy
- Ambulatory surgery involving the use of a hospital operating room
- Emergency services
- Angiography services
- Lymphatic and venous procedures

### **C. Skilled Rehabilitation Services**

Skilled rehabilitation services include physical therapy, occupational therapy, and speech or language therapy. These services are considered skilled rehabilitation services when they are so inherently complex that they can be safely and effectively performed only by or under the supervision of a qualified therapist.

Skilled rehabilitation services must meet the following criteria to be considered medically necessary:

- The services must be provided with the expectation, that the condition of the patient will improve materially in a reasonable and generally predictable period of time based on the assessment made by the physician of the patient's restoration potential.
- The services are provided to the patient at least five (5) days per week for at least one hour per day.
- The services are intended to treat the documented decline in the functional status due to recent surgical procedure, illness, or disease state.
- Documentation of measurable progress in the patient's condition is required for the continuation of a SNF stay.
- All services must be provided under the guidance and supervision of an attending physician.

### **D. Documentation Required for Determining Appropriateness of SNF Stay**

The SNF facility should provide the following documentation to a CHRISTUS Health Plan utilization management nurse to determine medical necessity.

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- History and physical exam pertinent to patient care (including the response or changes in behavior to previously administered skilled services)
- List of skilled services provided
- Narrative of patient's response to skilled services
- Plan of future care based on the rationale of prior results
- Detailed rationale explaining the need for the skilled service(s) in the light of the patient's overall medical condition and experiences
- Any other pertinent clinical information
- (For continued SNF stays) Provide weekly progress notes, weekly objective documentation of functional status, and measured progress toward goals

The utilization management nurse reviews the applicable clinical criteria and, refers the case to the CHRISTUS Health Plan Medical Director or designee for review if the patient does not meet criteria. The Medical Director or designee will be available to perform a timely review and render a decision regarding services that do not clearly meet clinical criteria. Notification will be given within fourteen (14) calendar days for non-urgent pre-service requests and within twenty-four (24) hours for urgent requests.

Prior to termination of SNF services, the SNF must deliver a valid written notice to the patient of the decision to terminate covered services no later than two (2) days before the proposed end of the services. If the patient's services are expected to be fewer than two (2) days in duration, the SNF should notify the patient at the time of admission to the SNF. A patient who receives advance notice and agrees with the termination of services earlier than two days hence may waive continuation of services.

### REFERENCES:

- 42 CFR, 422.133(b)-(c)
- Medicare Benefit Policy Manual, Chapter 8 (August 6, 2021)
- TRICARE Policy Manual 6010.60-M, Chapter 2, Section 3.1 (April 2015)

### RELATED DOCUMENTS:

- Medical Necessity Determination and Peer-to-Peer Policy (MUM50)
- MCG (27<sup>th</sup> Edition) Recovery Facility Care: Optimal Recovery Guidelines – Subacute/Skilled Nursing Facility (SNF)

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### REVISION HISTORY:

Revision	Date	Description of Change	Committee
New	12/09/2014	Initial Release	Board of Directors
A	03/04/2016	Yearly review – updated to current template. Made minor edits to grammar.	Board of Directors
B	06/01/2017	Annual Review. Changed from chief medical officer to medical director. Changed signatory from Anita Leal, Executive Director to Nancy Horstmann, CEO.	Board of Directors
C	09/20/2018	Annual review - product lines updated	Executive Leadership
D	04/29/2020	Annual review. Updated Definitions and Acronyms, References, and verbiage throughout policy.	Executive Leadership
E	04/14/2021	Annual review. No change to policy content.	Executive Leadership
F	04/06/2022	Annual review. Updated Tricare manual reference. Added description. Updated CMS reference. Updated Level of care information. Added exclusions.	Executive Leadership
G	12/08/2023	Annual review. Updated formatting, purpose statement, definitions, references, and related documents. Updated verbiage through the policy for clarity.	Executive Leadership