MEDICAL POLICY

Excellus

SUBJECT: SKILLED NURSING FACILITY CARE FOR MEDICARE ADVANTAGE MEMBERS	EFFECTIVE DATE: 12/07/06 REVISED DATE: 12/13/07, 02/26/09, 02/25/10, 02/24/11, 02/27/12, 02/28/13, 02/27/14, 02/26/15, 02/25/16, 04/27/17, 04/26/18
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- ***If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.***
- ***If a commercial product, including an Essential Plan product, covers a specific service, medical policy criteria apply to the benefit.***
- ***If a Medicare product covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.***

POLICY STATEMENT:

I. Services rendered in a skilled nursing facility (SNF) are considered to be **medically necessary** when all the following criteria are met:
   A. The patient requires skilled nursing or rehabilitation services:
      1. that must be performed by or under the supervision of professional or technical personnel;
      2. are ordered by the patients physician; and
   B. The patient requires skilled services on a daily basis (needed and received a minimum of 5 days per week); and
   C. Considering economy and efficiency the daily skilled services can be provided only on an inpatient basis in a SNF; and
   D. The services must be reasonable and necessary for the treatment of a patient's illness or injury; and
   E. The services are reasonable in terms of duration and quantity.

II. Care that is strictly custodial in nature is considered **not medically necessary**.

III. Due to the need for prompt decisions and a general inability to obtain complete Occupational and Physical Therapy evaluations, candidates for rehabilitation services may be admitted for a trial period, to better assess their suitability for a rehabilitation level of care, at the discretion of the reviewing Health Plan Medical Director.

IV. When medically necessary skilled services are required for the medically appropriate care of a patient that can be rendered in a non-acute care setting (e.g., skilled nursing facility) the services will be approved for that level of care, based on the criteria in Policy Statement I above, without requiring a prior acute care hospital admission.

The patient's clinical situation and needs will be assessed by the evaluating provider and relayed to the Health Plan Utilization Management staff.

Refer to Corporate Medical Policy #11.01.11 regarding Comfort, Convenience, Cosmetic and Custodial Care.

POLICY GUIDELINES:

I. Medicare guidelines are utilized for coverage determination (skilled need identification) and admission criteria; except as noted in Policy Statement IV above.

II. Treatment must be reasonable and necessary based upon the patient's clinical status as determined by the Minimum Data Set (MDS) assessment.

III. Services may be approved based upon the Medicare defined Resource Utilization Group (RUG) category expectations.

DESCRIPTION:

Skilled nursing facility care is a level of care in a SNF ordered by a doctor that must be given or supervised by licensed health care professionals. It may be skilled nursing care, or skilled rehabilitation services, or both. Skilled nursing care includes services that require the skills of a licensed nurse to perform or supervise. Skilled rehabilitation services include physical therapy, speech therapy, and occupational therapy.

The Centers for Medicare and Medicaid Services (CMS) requires a three-day inpatient hospital stay before a Medicare beneficiary qualifies for skilled nursing facility benefits. *Refer to the CMS section at the end of this policy for further information.*

The Health Plan considers direct admission to an appropriate level of care facility (e.g., SNF) as desirable for patients presenting to either a physician office or emergency room for whom it would be considered unsafe to return to their place of residence, but who do not meet criteria for admission to an acute care hospital inpatient setting; when the criteria for coverage of the admission to the facility is met.

CODES: Number Description

Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.

CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.

Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.

CPT: No specific code(s)

HCPCS: No specific code(s)

ICD10: Several

REFERENCES:

Previously titled Direct Admission to Non-Acute Care Settings for Medicare Advantage Members.

KEY WORDS:

Direct admission to non-acute care facilities; Skilled Nursing Facility (SNF) care.

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

Based upon review, Skilled Nursing Facility Care is not addressed in a National or Local Medicare coverage determination or policy. However, Skilled Nursing Facility Level of Care is addressed in the chapter addressing Coverage of Extended Care (SNF) Services under Hospital Insurance in the Medicare Benefit Policy Manual, Chapter 8, Section 30. Please refer to the following website for Medicare Members: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c08.pdf.