Capital Health PLAN℠

An Independent Licensee of the Blue Cross and Blue Shield Association

MEDICAL COVERAGE GUIDELINES (CLINICAL CRITERIA) FOR UM DECISIONS
Skilled Nursing Facilities

Capital Health Plan (CHP) will provide coverage for care in a skilled nursing facility, subject to the benefit limitations of the individual's policy regarding specific timeframes. Services must be provided by a contracted or designated provider of CHP and must meet the following criteria.

The member must require skilled nursing or skilled rehabilitation services on a daily basis, the services must be furnished for a condition for which the member was treated in the hospital or while the member was in their skilled SNF stay and as a practical matter, the services can only be provided on an inpatient basis.

Defining the Need for Skilled Care

To be considered a skilled service, the service must be of sufficient complexity that it can only be safely and effectively performed by or under the supervision of professional or technical personnel. *Skilled nursing and/or skilled rehabilitation services are those services, furnished pursuant to physician orders, that:*

- *require the skills of qualified technical or professional health personnel such as registered nurses, licensed practical (vocational) nurses, physical therapists, occupational therapists, and speech-language pathologists or audiologists; and*
- *must be provided directly by or under the general supervision of these skilled nursing or skilled rehabilitation personnel to assure the safety of the patient and to achieve the medically desired result.*

There are basically five major areas of skilled service. These include evaluation, treatment, observation, teaching, and skilled case management.

(1) Evaluation:

The skills of a professional nurse or therapist are indicated when an evaluation of the member is conducted for the purpose of developing or revising a plan of treatment.

(2) Skilled Treatments:

The skills of a nurse or therapist (physical therapist, occupational therapist and speechlanguage pathologist) are indicated for those treatments that are complex in nature and require the knowledge and training of the professional to be delivered safely and effectively. This may be guided by local practice acts or may be influenced by the condition and/or co-morbidities of the beneficiary. Examples of skilled nursing services include intravenous medication administration, complex dressing changes and respiratory care associated with ventilator dependent members.

Skilled therapy treatment in a SNF is indicated when the member has experienced an injury or medical insult resulting in some degree of physical deficit requiring a structured rehabilitation program to return the member to their pre-morbid level of functioning or to the highest possible level of functioning taking residual deficits into consideration. There must be measurable physical involvement and functional limitations to the point that the skills of the therapist are necessary for the care to be provided to the member safely and effectively.

*Only the qualified physical therapist may perform range of motion tests and, therefore, such **tests** are skilled physical therapy. Range of motion **exercises** constitute skilled physical therapy only if they are part of active treatment for a specific disease state which has resulted in a loss or restriction of mobility (as evidenced by physical therapy notes showing the degree of motion lost, the degree to be restored and the impact on mobility and/or function).*

Range of motion exercises which are not related to the restoration of a specific loss of function often may be provided safely by supportive personnel, such as aides or nursing personnel, and may not require the skills of a physical therapist. Passive exercises to maintain range of motion in paralyzed extremities that can be carried out by aides or nursing personnel would not be considered skilled care.

Severe debilitation secondary to a prolonged and complex hospitalization may indicate the need for a structured strengthening program as determined by the physical therapist until the member begins to regain strength. Once the member has begun to regain his/her strength, has no functional limitations and the member and nursing home staff have been instructed on the structured reconditioning plan, the program can be safely assumed by non-skilled personnel as a part of routine nursing home care. Although the amount of deconditioning may be moderate, if the member has already begun to regain strength on their own at the end of a hospitalization or at the time of admission to the SNF, there may be a need for additional non-skilled support during the early period of time in the nursing home until the member completely regains their strength. However, skilled therapy services in a SNF would not be indicated.

Occupational therapy services to re-train on activities of daily living are not appropriate in a SNF in instances where the member merely needs assistance with the activities until he/she has regained strength. This service can be safely provided as part of routine nursing home care.

Cognitive ability must be considered in the development of therapy programs which require the member to learn and retain knowledge. In those instances where there is documented evidence that the member is unable to retain functions taught by therapists because of patient cognitive deficits, these programs would not be reasonable and necessary.

The therapies must be furnished by qualified personnel. The qualifications for therapy personnel are outlined in CMS Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 15, Sections 230.1, 230.2 and 230.3. The therapy must be provided under plans of care as outlined in CMS Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 15, Section 220.1.2.

(3) Patient Education:

The skills of the nurse or therapist are indicated when the member is receiving education associated with and designed to assist them in the effective medical management of a newly diagnosed medical condition or a significant change in an existing medical condition. The medical record should document the training plan for the member, including the timeframes, benchmarks and ultimate knowledge and performance goals for the member.

(4) Observation:

Skilled nursing or skilled rehabilitation services may be needed for observation of the member when there is a high expectation of a negative outcome. Although the member may not be in immediate distress, their diagnosis, medical fragility or the complexity of their treatment regimen could likely lead to a sudden and significant compromise of their medical condition without the benefit of frequent skilled nursing assessment intervention. Skilled observation is reasonable and necessary when the plan of care identifies the potential negative outcomes consistent with the clinical picture of the member, and any necessary planned interventions should the negative outcomes occur.

(5) Skilled Management:

In some instances the care of the member in the SNF may be safely and effectively carried out predominantly by non-skilled personnel. However, the skills of a professional are needed to coordinate and monitor the care to secure a positive outcome for the member. The skilled personnel facilitate communication among various caregivers to prevent the duplication of services and ensure that services are provided as indicated and planned. The use of skilled management is reasonable and necessary in those instances where the member has just transitioned from having skilled services or when a discharge is imminent. Situations where skilled case management would be reasonable and necessary without any skilled services being provided would be rare and would need to involve specific and unique circumstances.

SNF Services for Psychiatric Patients

The care provided during a covered SNF stay must be associated with the condition for which the member was admitted to the hospital or for a condition that arose during the qualifying stay , or for a condition which arose while in the SNF. In the case of members admitted to SNF care from a psychiatric hospital or psychiatric unit within a general hospital, associated SNF care would need to be related to comorbid medical conditions that require skilled nursing and therapy services. In these cases the member must require skilled nursing and/or therapy services on a daily basis and the SNF must additionally provide the psychiatric services by appropriately qualified personnel and follow acceptable psychiatric practice in the establishment and delivery of the treatment plan. It is expected that SNF placement for psychiatric patients would rarely be reasonable and necessary. An example would be upon transfer from an acute inpatient psychiatric service for a patient whose psychiatric condition has resolved but the medical co-morbidity requires continuous skilled care.

Limitations:

The following services are not covered or do not justify SNF coverage:

- Services excluded for coverage.

- Routine nursing home services are not covered under the SNF benefit. A nursing home member may require a significant amount of assistance from non-skilled personnel to perform their activities of daily living. While this assistance represents a great deal of time for the nursing home personnel it is not necessary for this care to be provided by professional staff for safety and efficacy.

- General exercise programs to increase the endurance and strengthening of members who have no functional impairments.

- When reasonable functional levels are present or have been reached routine restorative nursing home services such as assistance with activities of daily living, assistance with mobility, assistance with nutrition and psychosocial support.

The following services which are considered to be nonskilled supportive or personal care services are not skilled services unless rendered under circumstances detailed in CMS Publication 100-02, *Medicare Benefit Policy Manual,* Chapter 8, Section 30.2:

- *administration of routine oral medications, eye drops, and ointments (the fact that patients cannot be relied upon to take such medications themselves or that State law requires all medications to be dispensed by a nurse to institutional patients would not change this service to a skilled service);*

- *general maintenance care of colostomy and ileostomy;*

- *routine services to maintain satisfactory functioning of indwelling bladder catheters (this would include emptying and cleaning containers and clamping the tubing);*

- *changes of dressings for uninfected post-operative or chronic conditions;*

- *prophylactic and palliative skin care, including bathing and application of creams, or treatment of minor skin problems;*

- *routine care of the incontinent patient, including use of diapers and protective sheets;*

- *general maintenance care in connection with a plaster cast (skilled supervision or observation may be required where the patient has a preexisting skin or circulatory condition or requires adjustment of traction);*

- *routine care in connection with braces and similar devices;*

- *use of heat as a palliative and comfort measure, such as whirlpool or steam pack;*

- *routine administration of medical gases after a regimen of therapy has been established (i.e., administration of medical gases after the patient has been taught how to institute therapy);*

- *assistance in dressing, eating, and going to the toilet;*

- *periodic turning and positioning in bed; and*

- *general supervision of exercises, which have been taught to the patient and the performance of repetitious exercises that do not require skilled rehabilitation personnel for their performance. (This includes the actual carrying out of maintenance programs where the performances of repetitive exercises that may be required to maintain function do not necessitate a need for the involvement and services of skilled rehabilitation personnel. It also includes the carrying out of repetitive exercise to improve gait, maintain strength or endurance; passive exercises to maintain range of motion in paralyzed extremities which are not related to a specific loss of function; and assistive walking.)*

Medical Necessity Approvals to be made by:

☑ Medical Director
☑ Physician Reviewer
☑ Utilization Management Nurse
☑ Nurse Reviewer
☐ Authorized CCD staff when UM criteria are met

These criteria apply to the following products when determined to be included in the member's benefit package:

☑ Commercial

References:

National Government Services, Inc. (Connecticut) LCA for “Skilled Nursing Facilities (Including Swing Beds) – Medical Policy Article (A50641),” revised effective 12/1/13.

Approved by QIMT: 10/1/09, 9/16/10, 8/18/11, 8/30/12, 7/18/13, 7/31/14 Approved by G&A: 11/3/16, 11/30/17
Approved by UMWG: 6/26/15, 8/30/18, 11/7/19, 12/10/20, 12/9/21, 12/8/22, 12/14/23

Capital Health Plan reserves the right to make changes to these criteria at any time to accommodate changes in medical necessity and industry standards.