Capital Health PLAN℠

An Independent Licensee of the Blue Cross and Blue Shield Association

CLINICAL CRITERIA FOR UM DECISIONS
Skilled Nursing Facilities

Capital Health Plan (CHP) will provide coverage for care in a skilled nursing facility (SNF), 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.

Care in a skilled nursing facility is considered medically necessary if **all** of the following items are met:

1. The patient requires skilled nursing services or skilled rehabilitation services, (i.e., services that must be performed by or under the supervision of professional or technical personnel) that are ordered by a physician for the treatment of a medical condition; and

2. The patient requires these skilled services on a daily basis; and

3. As a practical matter, considering economy and efficiency, the daily skilled services can be provided only on an inpatient basis in a SNF; and

4. 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 must also be reasonable in terms of duration and quantity.

If any one of these four factors is not met, a stay in a SNF, even though it might include the delivery of some skilled services, is not covered. For example, payment for a SNF level of care could not be made if a patient needs an intermittent rather than daily skilled service.

Benefits for Skilled Nursing Facilitiy care include care for up to 100 days for each benefit period.*****

***Benefit Period** – The way that both our plan and Original Medicare measures the use of hospital and skilled nursing facility (SNF) services. A benefit period begins the day a member goes into a hospital or skilled nursing facility. The benefit period ends when the member has not received any inpatient hospital care (or skilled care in a SNF) for 60

days in a row. If the member goes into a hospital or a skilled nursing facility after one benefit period has ended, a new benefit period begins.

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:

- ☑ Medicare

References:

Medicare Benefit Policy Manual, Chapter 8 – Coverage of Extended Care (SNF) Services Under Hospital Insurance. Accessed 7/2/14 per CMS.gov at https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c08pdf.pdf

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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: 8/21/15, 8/30/18, 11/7/19, 12/10/20, 12/9/21, 12/8/22

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