

Medical Policy

Skilled Nursing Facility

Policy Number: 1026

Policy History

Approve Date:	11/14/2014	Effective Date:	11/14/2014
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Preauthorization

All Plans	Benefit plans vary in coverage and some plans may not provide coverage for certain service(s) listed in this policy. Decisions for authorization are subject to all terms and conditions of the applicable benefit plan, including specific exclusions and limitations as well as applicable state and/or federal laws. Please review the benefit plan descriptions for details.
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Policy

Indications of Coverage

- I. WEA Trust considers a Skilled Nursing Facility (SNF) stay medically necessary and indicated when the ALL of the following criteria are met.
 - A. The needs of the member are at a level of complexity that an inpatient SNF stay is the most efficient care setting. There is a significantly high probability that complications would arise without skilled supervision of the treatment plan by a licensed nurse.
 - B. The services requiring the care of technical and/or professional personnel such as registered nurse (RN) and/or physical therapist are at an intensity level higher than what can be provided in the home or in an outpatient setting.
 - C. Ongoing evaluation and management of the member's needs are necessary to promote measurable progress and recovery.
 - D. Continuous assessment of the member is necessary to make changes to the plan of care based on the member's changing condition.
 - E. The SNF must provide ongoing education to the member and caregiver regarding self-care after discharge (coverage is limited to seven days).
 - F. Member must be participating in therapies and cares to the fullest extent of his/her abilities.
- II. The member must have medical need(s) or require skilled rehabilitative therapies in at least one of the following areas.
 - A. Nursing services for complex dressing changes using prescription medications and/or aseptic technique at a frequency of at least every eight hours.
 - B. Treatment of extensive skin disorders including complex decubitus ulcers requiring multiple dressing changes within a 24 hour period. Minimum frequency of dressing changes required is every eight hours.
 - C. Infusion therapy administered at a frequency of every eight hours or more. Drugs that can normally be administered by a trained, non-licensed person are not considered to require SNF level of care.
 - D. Initiation of intravenous Total Parental Nutrition (TPN) feeding, or when documented difficulties or complications exist. Maximum of five to seven days; extensions may be considered based upon clinical

- documentation.
- E. Initiation of nasogastric tube feeding, gastrostomy, and jejunostomy feeding, or when documented difficulties or complications exist. Maximum of five to seven days; extensions may be considered based upon clinical documentation.
 - F. Care of a colostomy during the early post-operative period in the presence of complications. Early post-operative period is defined as fourteen days from the day of surgery.
 - G. Frequent deep tracheostomy or nasopharyngeal suctioning
 - H. Weaning from ventilator
 - I. Intensive pain management requiring frequent adjustments (at least daily) to the pain medication regimen. Maximum of seven days extensions may be considered based upon clinical documentation.
 - J. Nursing services to train, care, and assist with one or more of the following.
 - i. Prevention of complications
 - ii. Exercise program to assist in the restoration of member's function
 - iii. Care and management of splint, brace, or prosthesis if appropriate
 - iv. Initial suprapubic catheter care and replacement (maximum of five days)
- III. Skilled rehabilitative services are intended to treat a recent documented decline in functional status due to illness, injury, disease, or surgical procedure.
- A. Physical therapy must be indicated for the member's condition
 - B. Services must include therapy at least five days per week for at least 60 minutes per day
 - C. The member must require at least minimum assistance in two of the following areas
 - i. Bed mobility
 - ii. Transfers
 - iii. Ambulation for household distances (70 feet) and/or if non-ambulatory, wheelchair use at household distances (70 feet). The need for some minimal or contact guard assist is not in itself a reason for admission or continued stay in a SNF.
- IV. It is the expectation of WEA Trust that the member's functional capabilities will improve significantly in a reasonable and predictable amount of time.
- V. For members who, as a result of a procedure or injury, will be non-weight bearing for several weeks (six to eight weeks) a short term (one week) SNF stay for the purpose of learning transfers may be indicated.
- VI. For continued stay in SNF (for the purpose of skilled rehabilitation) the following criteria must be met in addition to those previously listed.
- A. The member must demonstrate measurable and significant gains in therapy as evaluated twice a week. Serial progress notes, including objective documentation, that include the most recent functional status and measured progress toward the goal(s) must be provided.
 - B. The member must be participating in all therapy sessions to the best of his/her ability.
- VII. Non-covered services include, but are not limited to, the following.
- A. Care provided to keep the patient safe because of inadequate home supervision. Activities of daily living (ADL) and stair management are considered by the policy to be custodial in nature and therefore are not covered.
 - B. Custodial care which includes, but is not limited to, help with walking, bathing, dressing, feeding, preparation of special diets, supervision over self-administered medications, and other activities that can be safely and adequately provided by persons without technical skills of a health care provider (nurse). ADL and stair management are considered by the policy to be custodial in nature and therefore are not covered.
 - C. Functional maintenance programs.
 - D. Functional maintenance programs are drills, techniques, and exercises that preserve the member's present level of function and prevent regression of that function.
 - E. Maintenance begins when the therapeutic goals of a treatment plan are achieved and when no further

functional progress is apparent or expected to occur.

- F. Maintenance medical care occurs when the member's condition is stable or predictable; the plan of care does not require a skilled nurse to be in continuous attendance; or the member, family, or caregivers have been taught the nursing services and have demonstrated the skills and ability to carry out the plan.

VIII. Services that are not considered to be skilled include, but are not limited to, the following.

- A. Assistance with ADL (bathing, walking, dressing, feeding, preparation of meals including special diets, eating, continence, toileting, transferring, skin care, enemas, and taking members to the doctor's office).
- B. Supervision of a member for safety or fall precautions is NOT considered a skilled service.
- C. Routine measurement of vital signs.
- D. Observation and monitoring of members receiving routine care for non-skilled services.
- E. Administration of routine oral medications, eye drops, and ointments.
- F. Subcutaneous injections including insulin, lovenox, and others.
- G. Routine care of indwelling bladder catheters, established colostomy, ileostomy, gastrostomy tube feedings, tracheostomy site care, and oxygen therapy.
- H. Routine care for incontinent members.
- I. Passive ROM exercises.
- J. Stage one or two decubitus ulcers.
- K. Care of confused or disoriented patient.
- L. Superficial oropharyngeal, nasotracheal, or tracheostomy suctioning.

Background

A skilled nursing facility (SNF) is an institution or a distinct part of an institution that provides skilled nursing and related services. SNF's are appropriate for members requiring the care of technical and/or professional personnel such as registered nurses (RN) and/or physical therapists at an intensity level higher than what can be provided in the member's home or in an outpatient setting.

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