Recommendations for Skilled Nursing
Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Recommendations for Skilled Nursing		
MNG #: 014	☒**SCO** ☒**One Care** ☒ **MA Medicare Premier** ☒ **MA Medicare Value** ☒ **RI Medicare Preferred** ☒ **RI Medicare Value** ☒ **DSNP-RI Medicare Maximum**	**Prior Authorization Needed?** ☒**Yes** ☐**No**
Clinical: ☒	**Operational:** ☐	**Informational:** ☐
Medicare Benefit: ☒**Yes** ☐**No**	**Approval Date:** 5/02/2019;	**Effective Date:** 09/15/2019
Last Revised Date: 2/28/20; 05/24/2021; 6/3/2021; 6/24/2021;	**Next Annual Review Date:** 05/02/2020, 2/28/21; 05/24/2022; 6/3/2022; 6/24/2023;	**Retire Date:**

OVERVIEW:

Skilled Nursing (SN): The assessment, planning, intervention, and evaluation of goal-oriented nursing care that requires specialized knowledge and skills acquired under the established curriculum of a school of nursing approved by a board of registration in nursing. Such services include only those services that require the skills of a nurse.

DECISION GUIDELINES:

Clinical Coverage Criteria:

Commonwealth Care Alliance (CCA) follows applicable Medicare and Medicaid regulations and uses InterQual Smart Sheets, when available, to review prior authorization requests for medical necessity. This Medical Necessity Guideline (MNG) applies to all CCA Products unless a more expansive and applicable CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), or state-specific medical necessity guideline exists.

SN may be authorized only if all the following conditions are met:

1. There is a licensed provider's order for skilled nursing services such as, but not limited to, nursing for medication administration, wound care, and post-operative assessment.
2. There is a clearly identifiable and specific medical need for nursing services such as a member with no formal or informal supports who needs medication administration or wound care.
3. The services are medically necessary in accordance with generally accepted clinical standards and the clinician manual to treat an illness or injury.
4. InterQual guidelines may be used as a guide to medical necessity although this use is not required for coverage

Determination of Need: The authorizing clinician must determine that the member requires a nursing service. A nursing service is a service that must be provided by a registered nurse, or by a licensed practical nurse under the supervision of a registered nurse, to be safe and effective considering the inherent complexity of the service, the condition of the patient, and accepted standards of medical and nursing practice. The CCA clinician must consider the following:

- Some services are nursing services based on complexity alone (for example, intravenous and intramuscular injections or insertion of catheters). However, in some cases a service that is ordinarily considered unskilled may be considered a nursing service because of the patient's condition. This situation occurs when only a registered or licensed nurse can safely and effectively provide the service.
- When a service can be safely and effectively performed (or self-administered) by the average nonmedical person without the direct supervision of a registered or licensed practical nurse, nursing services may not be authorized unless there is no nonmedical person trained, able, and willing to provide it. If the member has a personal care attendant (PCA), the PCA is expected to learn the service rather than nursing services being authorized. This applies to medication administration other than intravenous or intramuscular routes.
- It is expected that visiting nurses will actively teach a PCA or other willing caregiver how to perform services which they can competently manage without direct nursing supervision. Once such a caregiver has shown proficiency in performing the required services, nursing supervision will necessarily be reduced to that level necessary for problem solving needs and periodic (not more than twice a year) refresher training if needed.
- Nursing services for the management and evaluation of a plan of care may be authorized when (1) only a registered nurse or licensed practical nurse can ensure that essential care is effectively promoting the member's recovery, promoting medical safety, or avoiding deterioration AND (2) the member's CCA clinician and care team are not able to serve this function.
- A member's need for nursing care is based solely on his/her condition and specific needs whether the illness or injury is acute, chronic, terminal, stable, or expected to extend over a long period.

LIMITATIONS/EXCLUSIONS:

• CCA does not pay for home health services provided in a hospital, nursing facility, intermediate care facility for persons with intellectual disabilities, or any other institutional facility setting providing medical, nursing, rehabilitative, or related care.

• Nursing services may not be provided in Adult Day Health centers, Day Habilitation Centers, or in combination with any other service or setting that includes nursing services.

• Medication administration may not be provided in group homes licensed by the Department of Developmental Services that are certified by the Massachusetts Department of Public Health for participation in the Medication Administration Program (MAP).

• When a family member or other caregiver is providing services, including nursing services, that adequately meet the member's needs then nursing services may not be authorized.

• Members receiving services from a PCA should not routinely receive daily skilled nursing services. PCA hours may need to be adjusted to accommodate medication administration. Skilled nursing services may be required to prefill medication devices on no more than a bi-weekly basis.

KEY CARE PLANNING CONSIDERATIONS:

Authorized nursing services *may not be costlier* than (1) medically comparable care *in an appropriate institution* or (2) the least costly form of comparable care available in the community.

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The Utilization Management clinician must review the member's needs and assess whether some or all could be safely met by paraprofessional services with the health oversight of the care team.

Services must be non-duplicative. If the services are such that they can be performed by average non-medical personnel or such personnel has been trained to perform and shown proficiency in performing the service, then routine supervision is duplicative.

Members who attend Adult Day Health should have their nursing needs met at the center including but not limited to wound care, medication administration, and physical assessment. A request for nursing services in this situation will require additional justification; in general, they will not be authorized.

AUTHORIZATION:

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not signify that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. This Medical Necessity Guideline is subject to all applicable Plan Policies and Guidelines, including requirements for prior authorization and other requirements in Provider's agreement with the Plan (including complying with Plan's Provider Manual specifications).

Skilled nursing visits require prior authorization. Authorization decisions require documentation of an in-person assessment of the member by a nurse practitioner, physician assistant, or registered nurse; the documentation must show why skilled nursing is needed, what goals are to be achieved, and an approximate timeframe in which the goals can be expected to be achieved. (Note: the time indicated in the assessment shall not be considered a limitation; it will, however, guide when additional information may be requested to document the need for continued coverage). All requests for authorization of daily, chronic or long-term visits must include the record of an in-person assessment by a clinician employed by CCA.

REGULATORY NOTES:

Medical Necessity Guidelines are published to provide a better understanding of the basis upon which coverage decisions are made. CCA makes coverage decisions on a case-by-case basis by considering the individual member's health care needs. If at any time an applicable CMS LCD or NCD or state-specific MNG is more expansive than the criteria set forth herein, the NCD, LCD, or state-specific MNG criteria shall supersede these criteria. This MNG references the specific regulations, coverage, limitations, service conditions, and/or prior authorization requirements in the following:

130 CMR 403.000 MassHealth Home Health Agency regulations

Disclaimer

This Medical Necessity Guideline is not a rigid rule. As with all of CCA's criteria, the fact that a member does not meet these criteria does not, in and of itself, indicate that no coverage can be issued for these services. Providers are advised, however, that if they request services for any member who they know does not meet our criteria, the request should be

accompanied by clear and convincing documentation of medical necessity. The preferred type of documentation is the letter of medical necessity, indicating that a request should be covered either because there is supporting science indicating medical necessity (supporting literature (full text preferred) should be attached to the request), or describing the member's unique clinical circumstances, and describing why this service or supply will be more effective and/or less costly than another service which would otherwise be covered. Note that both supporting scientific evidence and a description of the member's unique clinical circumstances will generally be required.

ATTACHMENTS:

EXHIBIT A:	Medication Management
EXHIBIT B:	Members Needing Medication Management Workflow

REVISION LOG:

REVISION DATE	DESCRIPTION
12/31/2023	Utilization Management Committee approval
05/02/2019	Reviewed and approved by CCA's Medical Policy Committee

APPROVALS:

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12/31/2023
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Nazlim Hagmann — 12/31/23

Signature **Date**