



**PROVIDER REIMBURSEMENT GUIDANCE**

**Skilled Nursing Facility**

Original Date Approved	Effective Date Senior Care Options/One Care	Effective Date Medicare Advantage*	Revision Date								
07/12/2019	06/10/2022	06/10/2022	05/10/2022								
<p><b>Scope:</b> Commonwealth Care Alliance (CCA) Product Lines</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Senior Care Options (MA)</td> <td><input checked="" type="checkbox"/> Medicare Preferred – (PPO) RI*</td> </tr> <tr> <td><input checked="" type="checkbox"/> One Care (MA)</td> <td><input checked="" type="checkbox"/> Medicare Value - (PPO) RI*</td> </tr> <tr> <td><input checked="" type="checkbox"/> Medicare Preferred – (PPO) MA*</td> <td><input checked="" type="checkbox"/> Medicare Maximum – (HMO DNSP) RI*</td> </tr> <tr> <td><input checked="" type="checkbox"/> Medicare Value - (PPO) MA*</td> <td></td> </tr> </table>				<input checked="" type="checkbox"/> Senior Care Options (MA)	<input checked="" type="checkbox"/> Medicare Preferred – (PPO) RI*	<input checked="" type="checkbox"/> One Care (MA)	<input checked="" type="checkbox"/> Medicare Value - (PPO) RI*	<input checked="" type="checkbox"/> Medicare Preferred – (PPO) MA*	<input checked="" type="checkbox"/> Medicare Maximum – (HMO DNSP) RI*	<input checked="" type="checkbox"/> Medicare Value - (PPO) MA*	
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**PAYMENT POLICY SUMMARY:**

CCA reimburses Skilled Nursing Facility (SNF) admissions when medically necessary. SNF services are paid at a per diem rate. Skilled Care is a provision of services and supplies that can be given only by or under the supervision of skilled or licensed medical personnel. Custodial care is provision of services and supplies for activities of daily living that can be provided safely and reasonably by individuals who are neither skilled nor licensed personnel. Commonwealth Care Alliance (CCA) will cover Skilled or Custodial care services when medical necessity requirements have been met. Desired results of care must be clearly documented by a written treatment plan approved by a physician. The determination of medical necessity must be based on Medicare and Medicaid regulatory guidelines (CMS).

**AUTHORIZATION REQUIREMENTS:**

Applicable CCA referral, notification and authorization policies and procedures apply. For more information on prior authorizations, please refer to the Prior Authorization Requirements in the plan specific Provider Manual.

Authorization is required for all Skilled Nursing Facility Services

**REIMBURSEMENT GUIDELINES:**

To be considered a skilled service, the service must be of enough 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.

## REIMBURSEMENT GUIDELINES (cont.):

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**Skilled Care:** Skilled nursing, skilled teaching, and skilled rehabilitation services when all the following are true:

- Services must be delivered or supervised by licensed technical or professional medical
- personnel to obtain the specified medical outcome, and provide for the safety of the
- patient
- Ordered by a Physician
- Not delivered for the purpose of helping with activities of daily living, including dressing, feeding, bathing, or transferring from a bed or a chair
- Requires clinical training to be delivered safely and effectively
- Not custodial care, which can safely and effectively be performed by trained non-medical personnel

***For Medicare Plans: skilled nursing facility services are limited to 100 days and are subject to the appropriate copayment/co-insurance.***

**Custodial Care:** Services that are any of the following non-Skilled Care Services

- Non-health-related services, such as help with daily living activities (Examples include eating, dressing, bathing, transferring, and ambulating)
- Health-related services that can safely and effectively be performed by trained non-medical personnel and are provided for the primary purpose of meeting the personal needs of the patient or maintaining a level of function, as opposed to improving that function to an extent that might allow for a more independent existence.

***Custodial Care is not a covered benefit under Medicare Advantage.***

CCA will reimburse for authorized, covered services for Part B, Rehabilitative Therapy provided to CCA Enrollees at the Custodial Level of Care in accordance with the provider contract.

**Leave of Absence:** Consists of Medical Leave of Absence (MLOA) and Non-Medical Leave of absence (NMLOA).

### **Senior Care Options and OneCare Plans:**

- Medical Leave of Absence (MLOA) – 20 days Maximum
- Non-Medical Leave of Absence (NMLOA)- 10 days Maximum

### **Medicare Advantage Plans:**

- Medical Leave of Absence (MLOA) – Not Covered
- Non-Medical Leave of Absence (NMLOA)- Not Covered



**BILLING and CODING GUIDELINES:**

Refer to the current coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers, and their usage. Providers may only bill the procedure code(s) in accordance with the applicable financial exhibits of their provider agreements and applicable fee schedules.

SNF’s must bill in sequence based upon any of the following circumstances:

- Upon discharge
- Decrease in level of care to less than skilled care
- Monthly bill submission

Claims must include the appropriate “from” and “to” date range reflecting the units for the period of service. The number of units must be for consecutive days and the units must match dates billed. The “to” date must be after the “from” date.

Level of Payment	Description	Revenue Code / HCPCS Code
Level 1	Skilled Nursing and/or Rehabilitation	191
Level 2	Subacute Nursing and/or Rehabilitation	192
SNF Custodial	n/a	120
Bed Hold Hospital Leave Day	Medical Leave of Absence (MLOA) to a hospital	185
Bed Hold Therapeutic Leave Day	Non-Medical Leave of Absence (NMLOA)	183

**SNF’s are reimbursed based upon the SNF daily per diem rate according to contract. The daily SNF per diem rate includes:**

- Daily nursing care
- Discharge planning
- IV (Intravenous) therapy
- Lab
- Medical supplies and equipment (including, but not limited to, respiratory and oxygen supplies, IV sets and equipment, pumps)
- Oxygen
- Pharmaceuticals
- Private Room, when medically indicated
- Radiology, EEG, EKG - Diagnostic component only
- Recreational therapy
- Respiratory therapy
- Semi-private room and board
- Social services
- Standard DME (Durable Medical Equipment) (I.e.: commodes, shower chairs, walkers, wheelchairs).
- Manual wheelchairs as a backup to a power mobility device.

## **BILLING and CODING GUIDELINES (cont.):**

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Any specialized DME required for patients requires prior authorization through CCA's Utilization Management Department.

For the purpose of this policy, specialized DME is defined as equipment that is customized to the patient and cannot be re-used by other patients within the facility such as custom orthotic and prosthetic devices.

### **The SNF daily per diem rate does not include:**

- Blood products used in blood transfusions
- Dialysis
- Hospice Service (please see Hospice Payment Policy)
- Modified barium swallow
- Orthotic or prosthetic equipment
- Physician extenders
- Professional charges for services rendered by physicians
- Specialized/customized DME (Examples of DME items that are excluded):
  - CPM machine
  - Respiratory assist device
  - Ventilator
  - Non-powered advanced pressure reduction overlay
  - Powered pressure reducing Air Mattress
  - Powered air flotation bed – loss air therapy
  - Special wheelchairs
- Total parenteral nutrition (TPN)
- Transportation (ambulance or chair van) excluded only for the following services:
  - Cardiac catheterizations
  - Chemotherapy
  - Computerized axial tomography
  - Magnetic resonance imaging
  - Ambulatory surgery involving use of operating room
  - Emergency services
  - Radiation therapy
  - Angiography
  - Lymphatic and venous procedures
  - Ultrasound
  - Authorized IV Insertion by contracted providers.
  - Wound Vacuums
  - Specific High-Cost Drugs (as outlined within the provider agreement)



**BILLING and CODING GUIDELINES (cont.):**

Skilled therapy services are covered for members in custodial care under the member’s Medicare Part B benefit. Physical (PT), occupational (OT) and speech therapy (ST) services can be billed by the facility as authorized by CCA’s Utilization Management Department. Services may include:

Procedure Code	Descriptor
92610	Evaluation of oral and pharyngeal swallowing function
97161	Physical therapy evaluation: low complexity
97162	Physical therapy evaluation: moderate complexity
97163	Physical therapy evaluation: high complexity
97164	Re-evaluation of physical therapy established plan of care
97165	Occupational therapy evaluation, low complexity
97166	Occupational therapy evaluation, moderate complexity
97167	Occupational therapy evaluation, high complexity
97168	Re-evaluation of occupational therapy established plan of care
G0151	PT Treatment, 15 minutes
G0152	OT Treatment, 15 minutes

**Therapy Modifiers:**

Modifier	Description
GP	Services delivered under an outpatient physical therapy plan of care
GO	Services delivered under an outpatient occupational therapy plan of care
GN	Services delivered under an outpatient speech language pathology plan of care

**RELATED SERVICE POLICIES:**

Durable Medical Equipment (DME)

Hospice VBID Program

**AUDIT and DISCLAIMER:**

As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management guidelines when applicable and adherence to plan policies, procedures, and claims editing logic. CCA has the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that your office/facility did not comply with this payment policy, CCA has the right to expect your office/facility to refund all payments related to non-compliance.

## REFERENCES:

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- [CCA Website](#)
- [CMS Website](#)
- [CMS Medicare Claims Processing Manual](#)
- Payment Policies:  
[Massachusetts](#) / [Rhode Island](#)
- Provider Manuals:  
[Massachusetts](#) / [Rhode Island](#)
- Prior Authorization Forms:  
[Massachusetts](#) / [Rhode Island](#)
- [2019 SNF Consolidated Billing Update Part A & Part B](#)
- [MassHealth 130 CMR 409.415: Durable Medical Equipment Services](#)
- [MassHealth 130 CRM 428.410: Prosthetics Regulations](#)

## POLICY TIMELINE DETAILS:

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1. Drafted December 2017
2. Implemented 1/1/2018
3. Annual Review/Revised format, December 2019
4. Revised: November 2022, Format, Added Medicare Advantage information
5. Revised: April 2022 format edited language related to DME
6. Revised: May 2022, updated SNF Per diem, Billing and Coding Guidelines tables