



<u>Payment Policy:</u> Skilled Nursing Facilities		
<u>Original Date Approved:</u> 07/12/2019	<u>Effective Date</u> 01/01/2019	<u>Date Revised:</u> 12/11/2020
<u>Scope:</u> Commonwealth Care Alliance (CCA) Product Lines:		
<input checked="" type="checkbox"/> <u>Senior Care Options</u> <input checked="" type="checkbox"/> <u>One Care</u>		

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).

SKILLED NURSING FACILITY REQUIREMENTS:

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.

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 in order 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 in order to be delivered safely and effectively
- Not custodial care, which can safely and effectively be performed by trained non-medical personnel

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.

REFERRAL/NOTIFICATION/PRIOR AUTHORIZATION REQUIREMENTS:

Authorization is required for all SNF services. Please refer to the Provider Manual for additional information
[Section 4: Covered Services & Prior Authorization Requirements](#)

Medical Leave of Absence (MLOA) – 20 days Maximum

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

BILLING AND CODING GUIDELINES

Providers must only use industry standard code sets and must use specific HCPCS and CPT codes when available.

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.

Ex: 01/01/20XX – 01/31/20XX units 31

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	-	120

Level of Payment	Description	Revenue Code / HCPCS Code
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 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 (i.e.: commodes, shower chairs, walkers, wheel chairs). Any specialized DME required for patients should be requested via prior authorization.

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
- MRI/CT Scan
- Orthotic or prosthetic equipment

- Physician extenders
- Professional charges for services rendered by physicians
- Radiation therapy/chemotherapy
- Specialized/customized DME (typical high-priced 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 wheel chairs
- Total parenteral nutrition (TPN)
- Transportation (ambulance or chair van) excluded only for the following services:
- Cardiac catheterizations
- Chemotherapy services
- Computerized axial tomography
- Dialysis
- Magnetic resonance imaging
- Ambulatory surgery involving use of operating room
- Emergency services
- Radiation therapy
- Angiography
- Lymphatic and venous procedures
- Ultrasound
- Ventilator
- Authorized IV Insertion by contracted providers.
- Wound Vacuums

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 and 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:

[Commonwealth Care Alliance Resources for Providers](#)

Medicare Claims Processing Manual 100-04 30.1

130 CMR 456.000

[2019 SNF Consolidated Billing Update Part A](#)

[2019 SNF Consolidated Billing Update Part B](#)

POLICY TIMELINE DETAILS

1. Approved July 2019
2. December 2020 approval date updated