

Clinical Policy: Skilled Nursing Facility Leveling

Reference Number: LA.CP.MP.206

Implications

Coding

Date of Last Revision: 05/22

Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description

Criteria for skilled nursing facility (SNF) levels of care, to be used *in conjunction with* general SNF placement criteria in InterQual®.

Note: For post-acute care leveling (used for plans without InterQual criteria), see LA.CP.MP.213 Post-Acute Care.

Policy/Criteria

- I. **It is the policy of Louisiana Healthcare Connections that the following skilled nursing facility levels of care, for facilities contracted for levels 1-4, are medically necessary when the applicable criteria are met in A-C:**
 - A. **Patient status meets all of the following:**
 1. **Medically stable with medical or surgical comorbidities manageable and not requiring acute medical attention;**
 2. **Requires care that is directly related and reasonable for the presenting condition and/or illness;**
 3. **There is expected improvement from medical and/or rehab intervention (or end-stage disease) within a reasonable and predictable period of time;**
 4. **Those who require rehabilitative services must exhibit a decline in physical function (compared to prior level of function) in order for rehab services to be considered medically appropriate. Prior level of function can include: independent, modified independent in the community, supervised or minimum assistance in the community with caregiver support, or long-term resident.**
 - B. **Program requirements meet all of the following:**
 1. **Assessment and oversight by a medical practitioner such as a doctor, nurse practitioner (NP) or physician assistant (PA) required > 1 time per week;**
 2. **Interdisciplinary and goal oriented treatment by professional nursing, social worker, or case manager, and/or rehab therapists with specialized training, education and/or certification;**
 3. **Treatment plan developed within 2 days of admission;**
 4. **Daily documentation of treatment and response to interventions with progress toward meeting goals documented at least weekly or more frequently;**
 5. **Medical specialty consultative service, pharmacy and diagnostic services available.**
 - C. **Skilled nursing facility level of care meets one of the following:**

1. Level of Care 1 (Rev Code 191) - Skilled Nursing Services Requirements: Skilled nursing up to 4 hours per day, 7 days per week, or skilled therapy 1-2 hours per day, at least 5 days per week;
Examples of conditions and treatments appropriate to Level 1 include, but are not limited to: nebulizer treatments; stable tracheostomy maintenance and suctioning, tube feedings or percutaneous endoscopic gastrostomy (PEG) tubes; simple wound care for healing surgical wounds, cellulitis not requiring debridement, or more than two dressing changes or topical antibiotic treatments per day; intramuscular or subcutaneous injections and in and out catheterizations.
 2. Level of Care 2 (Rev Code 192)- Comprehensive Care Services Requirements: Skilled nursing at least 4 hours per day, 7 days per week, or skilled therapy for at least 2 hours per day, at least 5 days per week.
Examples of conditions and treatments appropriate to Level 2 include, but are not limited to: negative pressure wound therapy; open wounds and up to Stage III decubiti; new tracheotomy requiring suctioning and site care, but not ventilator dependent; IV therapy for hydration; oxygen use and treatments for multiple medical complexities.
 3. Level of Care 3 Complex (Rev Code 193) - Medical/Surgical Sub-Acute Care Services Requirements: Skilled nursing for more than 4 hours per day, 7 days per week, and skilled therapy for at least 3 hours per day, at least 5 days per week;
Examples of conditions and treatments appropriate to Level 3 include, but are not limited to: combination IV antibiotic therapy; initiation or adjustment of parenteral anticoagulant therapy; orthopedic cases; total parenteral nutrition (TPN) administration; spinal or pelvic fractures; completed transient ischemic attack (TIA)/cerebrovascular accident (CVA) care; congestive heart failure requiring IV medication; urosepsis, respiratory disease requiring high flow oxygen treatment, arterial blood gas oximetry, tracheostomy tube changes and postural drainage and percussion.
 4. Level of Care 4 (Rev Code 194) – Intensive Care Services Requirements, both of the following:
 - a. Skilled nursing for more than 4 hours per day, 7 days per week;
 - b. Patient requires Level 4 – Intensive Care Services due to one of the following high acuity needs:
 - i. Catastrophic multiple traumas;
 - ii. Severe head injury or CVA;
 - iii. Stabilized spinal cord injury;
 - iv. Weanable and non-weanable ventilator dependent patients.
- II. It is the policy of Louisiana Healthcare Connections that the following skilled nursing facility levels of care, for facilities contracted for levels 1-5, are medically necessary when the criteria in A-C are met:

- A. Patient status meets all of the following:
1. Medically stable with medical or surgical comorbidities manageable and not requiring acute medical attention;
 2. Requires care that is directly related and reasonable for the presenting condition and/or illness;
 3. There is expected improvement from medical and/or rehab intervention (or end-stage disease) within a reasonable and predictable period of time;
 4. Those who require rehabilitative services must exhibit a decline in physical function (compared to prior level of function) in order for rehab services to be considered medically appropriate. Prior level of function can include: independent, modified independent in the community, supervised or minimum assistance in the community with caregiver support, or long-term resident.
- B. Program requirements meet all of the following:
1. Assessment and oversight by a medical practitioner such as a doctor, nurse practitioner (NP) or physician assistant (PA) required > 1 time per week;
 2. Interdisciplinary and goal oriented treatment by professional nursing, social worker, or case manager, and/or rehab therapists with specialized training, education and/or certification;
 3. Treatment plan developed within 2 days of admission;
 4. Daily documentation of treatment and response to interventions with progress toward meeting goals documented at least weekly or more frequently;
 5. Medical specialty consultative service, pharmacy and diagnostic services available.
- C. Skilled nursing facility level of care meets one of the following:
1. Level of Care 1 (Rev Code 191) – Skilled Nursing Services Requirements: Skilled nursing up to 4 hours per day, 7 days per week, or skilled therapy 1-2 hours per day, at least 5 days per week.

Examples of conditions and treatments appropriate to Level 1 include, but are not limited to: nebulizer treatments; stable tracheostomy maintenance and suctioning, tube feedings or PEG tubes; simple wound care for healing surgical wounds, or cellulitis not requiring debridement, or more than two dressing changes or topical antibiotic treatments per day; intramuscular or subcutaneous injections and in and out catheterizations.
 2. Level of Care 2 (Rev Code 192) – Comprehensive Care Services Requirements: Skilled nursing at least 4 hours per day, 7 days per week, or skilled therapy for at least 2 hours per day, at least 5 days per week.

Examples of conditions and treatments appropriate to Level 2 include, but are not limited to: negative pressure wound therapy; open wounds and up to Stage III ducubiti; new tracheotomy requiring suctioning and site care, but not ventilator dependent; IV therapy for hydration; oxygen use and treatments for multiple medical complexities.

3. Level of Care 3 (Rev Code 193) – Medical/Surgical Services Requirements: Skilled nursing for more than 4 hours per day, 7 days per week, and skilled therapy for at least 3 hours per day, at least 5 days per week;

Examples of conditions and treatments appropriate to Level 3 include, but are not limited to: combination IV antibiotic therapy; initiation or adjustment of parenteral anticoagulant therapy; orthopedic cases; TPN administration; spinal or pelvic fractures; completed TIA/CVA care; congestive heart failure requiring IV medication; urosepsis, respiratory disease requiring high flow oxygen treatment, arterial blood gas oximetry, tracheostomy tube changes and postural drainage and percussion.

4. Level of Care 4 (Rev Code 194) – Medically Complex Services Requirements: Skilled nursing more than 4 hours per day, 7 days per week, and skilled therapy 3 hours per day, at least 5 days per week;

Examples of conditions and treatments appropriate to Level 4 include, but are not limited to: bedside dialysis, severe cerebrovascular accident, severe head injury, stabilized spinal cord injuries, etc.

5. Level of Care 5 (Rev Code 199) – Intensive Care Services Requirements: Skilled nursing required for more than 4 hours per day, 7 days per week.

Examples of conditions and treatments appropriate to Level 5 include, but are not limited to: more medically complex conditions, including but not limited to: high cost drugs, Guillian Barre syndrome, ventilator dependent patients, catastrophic multiple trauma, severe head injury, etc.

Background

Skilled Nursing Facility (SNF)⁶

A skilled nursing facility (SNF) is an institution (or part of an institution) licensed under state laws and whose primary focus is to provide skilled nursing care and related services for residents requiring medical or nursing care. A SNF may also be a place of rehabilitation services for injured, disabled, or sick members/enrollees. The following information is a synopsis from the Medicare Benefit Policy Manual:

Skilled nursing and/or skilled rehabilitation services are services, furnished in accordance physician orders, that:

- A. 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,
- B. 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.

In order for a nursing service to be considered a “skilled service” it must be a service that it can only be safely and effectively performed by, or under the supervision of, a registered nurse or, when provided by regulation, a licensed practical nurse.

A condition that would not ordinarily require skilled nursing services may still require skilled nursing under certain circumstances. In such instances, skilled nursing care is necessary only when:

- A. The particular patient’s special medical complications require the skills of a registered nurse or, when provided by regulation, a licensed practical nurse to perform a type of service that would otherwise be considered non-skilled; OR,
- B. The needed services are of such complexity that the skills of a registered nurse or, when provided by regulation, a licensed practical nurse are required to furnish the services.

A service is not considered a skilled nursing service merely because it is performed by or under the direct supervision of a nurse.

Coding Implications

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<u>CPT®*</u> <u>Codes</u>	<u>Description</u>
<u>99304</u>	<u>Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity.</u>
<u>99305</u>	<u>Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity.</u>
<u>99306</u>	<u>Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity.</u>
<u>99307</u>	<u>Subsequent nursing facility care, per day for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making.</u>

<u>CPT®*</u> <u>Codes</u>	<u>Description</u>
<u>99308</u>	<u>Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity.</u>
<u>99309</u>	<u>Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity.</u>
<u>99310</u>	<u>Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of high complexity.</u>
<u>99315</u>	<u>Nursing facility discharge day management; 30 minutes or less</u>
<u>99316</u>	<u>Nursing facility discharge day management; more than 30 minutes</u>
<u>99318</u>	<u>Evaluation and management of patient involving an annual nursing facility assessment, which requires these 3 key components: A detailed interval history; A comprehensive examination; and medical decision making that is of low to moderate complexity.</u>
<u>92507</u>	<u>Individual Treatment of speech, language, voice, communication, and/or auditory processing disorder</u>
<u>92508</u>	<u>Group, 2 or more - Treatment of speech, language, voice, communication, and/or auditory processing disorder</u>
<u>92521</u>	<u>Evaluation of speech fluency (eg, stuttering, cluttering)</u>
<u>92522</u>	<u>Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);</u>
<u>92523</u>	<u>Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)</u>
<u>92524</u>	<u>Behavioral and qualitative analysis of voice and resonance</u>
<u>92526</u>	<u>Treatment of swallowing dysfunction and/or oral function for feeding</u>
<u>92597</u>	<u>Evaluation for use and or fitting of voice prosthetic device to supplement oral speech</u>
<u>92609</u>	<u>Therapeutic services for the use of speech-generating device including programming and modification</u>
<u>97161</u>	<u>Physical therapy evaluation: low complexity</u>
<u>97162</u>	<u>Physical therapy evaluation: moderate complexity</u>
<u>97163</u>	<u>Physical therapy evaluation: high complexity</u>
<u>97164</u>	<u>Re-evaluation of physical therapy established plan of care</u>
<u>97165</u>	<u>Occupational therapy evaluation, low complexity</u>
<u>97166</u>	<u>Occupational therapy evaluation, moderate complexity</u>
<u>97167</u>	<u>Occupational therapy evaluation, high complexity</u>
<u>97168</u>	<u>Re-evaluation of occupational therapy established plan of care</u>

CPT® Codes	Description
<u>97532</u>	<u>Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes</u>
<u>97533</u>	<u>Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one to one) patient contact by the provider, each 15 minutes</u>
<u>97535</u>	<u>Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes</u>
<u>97537</u>	<u>Community/work integration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact by provider, each 15 minutes</u>
<u>97542</u>	<u>Wheelchair management (eg, assessment, fitting, training), each 15 minutes</u>
<u>97760</u>	<u>Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk, each 15 minutes</u>
<u>97761</u>	<u>Prosthetic training, upper and/or lower extremity(s), each 15 minutes</u>
<u>97762</u>	<u>Checkout for orthotic/prosthetic use, established patient, each 15 minutes</u>

<u>Reviews, Revisions, and Approvals</u>	<u>Revision Date</u>	<u>Approval Date</u>
<u>Rebranded from corporate policy</u>	<u>5/22</u>	

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Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information.

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CLINICAL POLICY
Skilled Nursing Facility Leveling



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