

## Medical Policy

SKILLED NURSING FACILITY SERVICES	
MEDICAL POLICY NUMBER	MED_Clin_Ops-019
CURRENT VERSION EFFECTIVE DATE	1/01/2024
APPLICABLE PRODUCT AND MARKET	Individual Family Plan: All Small Group: All Medicare Advantage: All*

Brand New Day/Central Health Medicare Plan develops policies and makes coverage determinations using credible scientific evidence including but not limited to MCG™ Health Guidelines, the ASAM Criteria™, and other third party sources, such as peer-reviewed medical literature generally recognized by the relevant medical community, physician specialty society recommendations, and expert opinion as relevant to supplement those sources. Brand New Day/Central Health Medicare Plan Medical Policies, MCG™ Guidelines, and the ASAM Criteria™ are not intended to be used without the independent clinical judgment of a qualified health care provider considering the individual circumstances of each member's case. The treating health care providers are solely responsible for diagnosis, treatment, and medical advice. Members may contact Brand New Day/Central Health Medicare Plan Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Brand New Day/Central Health Medicare Plan Medical Policy may contact the Health Plan. Brand New Day/Central Health Medicare Plan policies and practices are compliant with federal and state requirements, including mental health parity laws.

If there is a difference between this policy and the member specific plan document, the member benefit plan document will govern. For Medicare Advantage members, Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), govern. Refer to the CMS website at <http://www.cms.gov> for additional information.

Brand New Day/Central Health Medicare Plan medical policies address technology assessment of new and emerging treatments, devices, drugs, etc. They are developed to assist in administering plan benefits and do not constitute an offer of coverage nor medical advice. Brand New Day/Central Health Medicare Plan medical policies contain only a partial, general description of plan or program benefits and do not constitute a contract. Brand New Day/Central Health Medicare Plan does not provide health care services and, therefore, cannot guarantee any results or outcomes. Treating providers are solely responsible for medical advice and treatment of members. Our medical policies are updated based on changes in the evidence and healthcare coding and therefore are subject to change without notice. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). MCG™ and Care Guidelines® are trademarks of MCG Health, LLC (MCG).

### PURPOSE

The purpose of this policy is to define medical necessity criteria for skilled nursing facility services.

### POLICY/CRITERIA

Full clinical review of all Skilled Nursing Facility (SNF) admissions is required to determine medical necessity.

*Refer to MCG criteria for medical necessity review of SNF admissions for specific conditions.*

### Criteria for SNF Level of Care

Initial admission and continued SNF care may be appropriate for the provision of skilled rehabilitative therapies when **ALL** of the following criteria are met:

1. The member requires skilled rehabilitative therapy at least daily
2. The services must be performed by a qualified physical/occupational/speech therapist
3. The rehabilitative therapies are intended to treat a recent documented decline in functional status due to illness, injury, disease, or surgical procedure

## Medical Policy

4. There is an expectation that the member's functional capabilities will improve significantly in a reasonable and predictable period of time
5. The member must demonstrate measurable and significant gains in therapy as evaluated on a weekly basis. Serial weekly progress notes, including objective documentation on a week-to-week basis of the most recent functional status and measured progress toward goals must be provided.

### Exclusions

Continued stay in a skilled nursing facility may be considered NOT medically necessary when:

1. Skilled services can be managed at a lower level of care.
2. Services are for a custodial level of care or for a maintenance program when no further functional progress has been made within a reasonable period of time, nor is expected.
3. Patient is not willing or able to participate in a therapeutic treatment program.

### BACKGROUND

Skilled nursing facilities (SNF) provide individualized and skilled nursing care and related services for patients recovering from illness or injury. These services may include rehabilitation services (e.g., physical therapy, occupational therapy, speech therapy) for individuals with a variety of clinical conditions (e.g. neurological, complex medical, amputations, strokes, musculoskeletal, etc.) Patients who require short-term SNF care may be unable to safely care for themselves at home. The goal of SNF care is to provide the appropriate therapeutic and rehabilitative services to support independence and discharge to the most appropriate and least intensive living environment.

### DEFINITIONS

**Skilled Nursing Facility (SNF):** a type of nursing home recognized by Medicare and Medicaid as meeting long term health needs for individuals who have the potential to function independently after a limited period of time and care.

## Medical Policy

### CODING

The following list(s) of procedure is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply 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. Other Policies and Guidelines may apply.

Applicable CPT® codes:

Nursing Facility Services:

99304	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.
99305	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.
99306	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.
99307	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.
99308	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.
99309	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.
99310	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.
99315	Nursing facility discharge day management; 30 minutes or less
99316	Nursing facility discharge day management; more than 30 minutes 99318 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

## Medical Policy

### Special Circumstances to Waive Prior Authorization Requirements:

Brand New Day/Central Health Medicare Plan Clinical Leadership may choose to waive the authorization and medical necessity review requirements outlined above for out-of-network or non-contracted providers in certain circumstances and situations (for example, COVID-19 high incidence area, State of Emergency Declarations in service markets, etc.). Exceptions will be communicated to providers via the Brand New Day/Central Health Medicare Plan website or upon submission of an authorization service request.

Any exception to this policy will be made based upon the professional judgement of Brand New Day/Central Health Medicare Plan clinical team and/or federal or state requirements, directions, or orders.

Providers must continue to submit a notification of admission to the Brand New Day/Central Health Medicare Plan Utilization Management team to assist in facilitating any additional benefit and/or service needs.

### POLICY HISTORY

This policy has been approved by the approval body listed below or has received other necessary approval pursuant to Brand New Day/Central Health Medicare Plan policies on clinical criteria and policy development.

Approval Body		Utilization Management Committee	
Version History	Approval Date	Effective Date	Action
V1	2/11/2020	2/11/2020	New Policy
V2	12/20/2020	12/20/2020	Small Group added as applicable product
V3	3/5/2021	3/5/2021	Addition of Special Circumstance language, added language regarding the codes listed in the policy
V4	2/25/2022	2/25/2022	Annual review
V5	6/16/2022	10/1/2022	Updated to remove seven-day automatic approval for transfer to INN SNF
V6	6/16/2022	03-01-2023	Adopted by MA UM Committee (no policy revisions made)
V7		01-01-2024	Updated to Brand New Day/Central Health Medicare Plan (no policy revisions made)