



Coverage of any medical intervention discussed in a WellFirst Health medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or policy and to applicable state and/or federal laws.

Skilled Nursing Facility

MP9310

Covered Service Yes

Prior Authorization Required: Yes

Additional Information: Notification of admission is required within 24 hours or the next business day. Swing bed admissions for commercial members are limited to a five (5) day length of stay

WellFirst Health Medical Policy:

SNF or Swing Bed General Criteria

- 1.0 **Admission** to a SNF or Swing bed **requires** prior authorization through the Health Services Division and is considered medically necessary if **ALL** of the following are met:
- 1.1 The member must require skilled rehabilitative services as defined in section 3.0 below **AND/OR** skilled nursing services as defined in section 5.0 below; **AND**
 - 1.2 Services must be provided under the supervision of a physician which require development and execution of a plan of care by licensed providers. These include physical or occupational therapists, skilled (registered or licensed practical) nurse, or speech and language pathologists; **AND**
 - 1.3 A plan of care should be created to improve the physical health of a member. Services must be directed toward an active treatment regimen for the member's specific health condition, serious illness, injury, or disease; and member must be able to actively participate and understand; **AND**
 - 1.4 Skilled services must be medically necessary at a frequency and intensity that requires an inpatient skilled nursing facility level of care and cannot be provided in a less-intensive setting (e.g. intermediate care facility, group home, office, outpatient, or home setting with intermittent skilled care); **AND**
 - 1.5 Skilled services are required at least five (5) days a week and for a minimum of **two (2)** hours per day; **AND**
 - 1.6 Skilled services must be expected to result in a significant and measurable improvement in the member's medical condition or functional capabilities to progress to a lower level of care in a predictable amount of time.

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2.0 **Continued Stay** at a SNF or Swing bed **requires** prior authorization through the Health Services Division and is considered medically necessary when criteria of 1.1 – 1.6 are met, in addition to the following criteria:

- 2.1 Documented progress toward achieving the treatment plan goals; **AND**
- 2.2 Documentation that the skilled care services that are being received cannot be done in member's place of residence or an outpatient setting.

Skilled Rehabilitative Therapies Criteria

3.0 Skilled Rehabilitative Therapies which may qualify for admission or continued stay at a SNF or Swing Bed are defined by **ALL** of the following:

- 3.1 The rehabilitative therapies are intended to treat a recent documented decline in functional status due to illness, injury, disease, or surgical procedures; **AND**
- 3.2 The member requires at least moderate assistance with **at least two (2)** of the following:
 - 3.2.1 Bed mobility
 - 3.2.2 Transfers (including slide board)
 - 3.2.3 Climbing multiple stairs to entrance of home;
 - 3.2.4 Ambulation for household distances (70 feet) and/or if non-ambulatory wheelchair use at household distances (70 feet)
- 3.3 There is the expectation that the member's functional capabilities will improve significantly in a predictable period of time.
- 3.4 The member must demonstrate measurable and significant gains in therapy and be evaluated on a minimum of a weekly basis and as determined by WellFirst Health. Serial progress notes, including objective documentation of the most recent functional status and measured progress toward goals must be provided.

4.0 If anticipated non-weight bearing status for several weeks (e.g. 6-8 weeks), as a result of a procedure, a short term skilled nursing facility for the purpose of learning transfers may be indicated based on **EITHER** of the following:

- 4.1 Member's upper body strength and conditioning
- 4.2 Member's ability to transfer

Skilled Nursing Services Criteria

5.0 Skilled Nursing Services which may qualify for admission or continued stay at a SNF or Swing Bed are defined by **ALL** of the following:



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- 5.1 Services can only be provided by a skilled (registered or licensed practical) nurse; **AND**
- 5.2 Services are required at a frequency and/or intensity that cannot be provided in the home setting through intermittent home health skilled nursing visits and custodial support; **AND**
- 5.3 Skilled nursing services exist when the member requires medically necessary skilled care on a continuing daily basis for the purpose of monitoring and evaluation of an unstable medical condition; **AND**
- 5.4 Skilled nursing services must meet **one or more** of the following, in addition to the criteria in 5.1 – 5.3: **AND**
 - 5.4.1 Intravenous (IV) or intramuscular (IM) injection of drugs: frequency of every eight (8) hours or more.
 - 5.4.1.1 Drugs that would normally be administered by a trained, non-licensed person are considered to be non-skilled
 - 5.4.2 Pain Management: IV or subcutaneous medication administration (oral pain medication administration is not considered a skilled nursing service)
 - 5.4.3 Evaluation of unstable oxygen saturations
 - 5.4.4 Total Parenteral Nutrition (TPN)
 - 5.4.5 Suctioning: frequent naso-pharyngeal and deep tracheal
 - 5.4.5.1 Superficial suctioning (oropharyngeal or suctioning within the cannula) is not considered a skilled nursing service
 - 5.4.6 Treatment of Stage III or IV pressure ulcer or complicated wound care:
 - 5.4.6.1 Multiple dressing changes within a 24-hour period
 - 5.4.6.2 Wound debridement which the member, family, or intermittent home care is unable to provide
 - 5.4.7 Ostomy care: within 14 days post-op with the presence of complications
 - 5.4.8 Frequent irrigation, replacement of urinary catheters, care of new/complex subrapubic catheter (coverage limited to 5 days)
 - 5.4.9 Training the member and/or caregiver as appropriate for services which are considered skilled nursing when the service cannot be provided at a lesser level of care (coverage is limited to 7 days)

Non-covered Services: SNF or Swing Bed Admission or Continued Stay:

6.0 A SNF admission or continued stay is **non-covered** for **ANY** of the following:

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- 6.1 Services do not require the skill of a qualified provider and/or the procedure may be carried out safely and effectively by an appropriately trained patient, family, or caregiver.
- 6.2 Member is ambulating or mobile for household distances (70 feet or more) with less than minimal assistance and the member is capable of performing activities of daily living with less than minimal assistance.
- 6.3 Maintenance Program
 - 6.3.1 Maintenance begins when the goals of a treatment plan have been achieved and/or when no further functional progress is apparent or expected to occur.
 - 6.3.2 Maintenance programs are **not** medically necessary for the following:
 - 6.3.2.1 To maintain the member's current level of function and prevent decline
 - 6.3.2.2 The member's condition is stable or predictable
 - 6.3.2.3 The plan of care does not require a skilled nurse or therapist
- 6.4 Non-skilled service examples include, but are not limited to:
 - 6.4.1 Restorative programs or services
 - 6.4.2 Routine monitoring (e.g. vital signs and/or blood sugars)
 - 6.4.3 Observation and monitoring when member is receiving routine non-skilled care.
 - 6.4.4 Routine administration of medication: oral, eye drops, or ointment
 - 6.4.5 Subcutaneous injection (e.g. insulin)
 - 6.4.6 Routine care of any of the following (including but not limited to): indwelling bladder catheter, established colostomy or ileostomy, tracheostomy site care, incontinence care, or oxygen therapy
 - 6.4.7 Tube and gastrostomy feedings
 - 6.4.8 Passive range of motion program
 - 6.4.9 Pressure ulcer care: Stage 1 or Stage 2
 - 6.4.10 Care of a confused or disorientated member who is under an established medication regimen
 - 6.4.11 Custodial care services which have the primary purpose of assistance with activities of daily living (ADL's). Examples may include, but are not limited to, assistance with the following:

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- Ambulation
- Bathing, dressing, eating
- Getting out of bed
- Incontinence care
- Preparing special diets
- Respite care
- Skin care
- 24-hour supervision for safety or falls
- Taking medication
- Exercises to improve strength, the loss of which is not attributable to an underlying illness

	Committee/Source	Date(s)
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