



## Kaiser Foundation Health Plan of Washington

### *Clinical Review Criteria* Inpatient Skilled Nursing Facility

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### Criteria

#### For Medicare Members

On initial review, Kaiser Permanente will use the Recovery Facility Care guidelines (MCG\*) for inpatient skilled nursing facility, but if criteria are not met, then the [Medicare Benefit Policy Manual \(chapter 8, section 30\) for inpatient skilled nursing facility coverage](#) must be used. For access to the MCG Clinical Guidelines criteria, please see the MCG Guideline Index through the provider portal under Quick Access.

#### For Non-Medicare Members

To meet Skilled Nursing facility coverage eligibility requirements, **ALL of the following** 3 factors must be met:

##### Admission:

- A. Must meet **One** or more of the following to qualify for admission to Skilled Nursing Service, Skilled Rehab Service or both:
  1. **Requires Skilled Nursing** of RN, LPN, PT, OT, or SLP: Inherent complexity of service is such that it can be performed safely and/or effectively only by, or under, general supervision of licensed professionals and cannot be provided by non-skilled personnel. Requires skilled services on a daily basis. Patients functional or medical complexity are such that outcome would be compromised with less than daily skilled services. Multiple skilled nursing services are required daily 7d/wk. **Skilled Nursing Services** must meet **ONE or more** of the following:
    - a. Injections: IV, IM, SQ (new &/or complex needs, not typically for insulin)
    - b. Intravenous: fluids, meds, or line flushes
    - c. Nebulizers: oxygen eval saturations when unstable, complex
    - d. Enteral feedings new or enteral pt with recent change in medical condition requiring monitoring
    - e. Care of new colostomy or teaching ostomy care associated with complication
    - f. Frequent suctioning, trach, &/or vent needs
    - g. Frequent irrigation, replacement of urinary catheters; care of new/complex suprapubic catheter
    - h. Treatment Stage III/IV pressure ulcers; widespread skin disorder or complex wounds requiring RN/LPN wound treatment
    - i. Nursing evaluation of unstable & complex medical condition, e.g. recovery from septicemia, coma, severe respiratory disease, uncontrolled pain
    - j. Nursing rehab teaching, e.g. bowel & bladder training, adaptive aspects of care.
  2. **Skilled Rehab Services:** Requires rehab teaching, training, or monitoring. Complexity and sophistication of treatment is such that the specialized skills of a therapist are needed. Pt is significantly below baseline level of function and is able to learn and retain new information and skills. **Note:** Rehab services are not required for deconditioning/ temporary reduction in function which could reasonably be expected to spontaneously improve as pt gradually resumes activities. Repetitious exercises to improve gait or maintain strength and endurance and assistive walking are appropriately provided by supportive personnel and do not meet skilled rehab criteria.  
Must meet **ALL of the following** below for **Skilled Rehab Services**:
    - a. Requires establishment and ongoing assessment of a complex rehab treatment plan such as gait training in patients with neurological, muscular or skeletal abnormality, use of new assistive device, compensatory strategies, cg training, monitoring of activity tolerance with vital signs or O2 checks.

- b. Patient requires more than minimal or light physical assist for basic ADLs and mobility (based on evidence that patients needing only minimal assist do comparably well with Home Health therapy and do not need daily rehab)
- c. Does not require one or two more hospital days to arrange home care plan. If pt requires only one or two more hospital days to arrange home care plan, then would not require inpt SNF daily rehab or nursing.
- 3. Patients receiving **elective total joint replacements** often need additional caregiving assistance that can be provided by non-professional staff and intermittent therapy services (not daily). In the event a total joint replacement patient is referred to SNF for daily therapy, **you must** check functional mobility levels; patients requiring minimal assistance or less (<25% assist) generally do not require daily therapy by a licensed therapist. Some patients have post-operative pain or nausea which may impede progress initially. For those patients, an additional day or two in the hospital may avoid a SNF stay. Elective Total Joint patients must meet **one** of the following:
  - a. Patient requires moderate or greater level of assistance with overall mobility. (This does not mean that there is just one area where patient needs moderate assistance. i.e.: min A with t/f and gait, but Mod A with supine<>sit would not indicate a daily need.)
  - b. Patient is functioning at minimal assist with mobility- review with NHS/ CRUS MD to determine if patient has need for daily therapy at this high functional level.
- B. **Requires inpatient SNF level of care** - Complexity and frequency of needs for skilled services require inpt setting; requires multiple skilled treatments daily (can be combination of nursing & rehab) or need for daily skilled services exceeds care available at lesser levels such as home with Home Health.
- C. **SNF inpatient services are reasonable and medically necessary** (i.e. consistent with the nature and severity of the individual's illness or injury, the individual's particular medical needs, and accepted standards of medical practice. The services must also be reasonable in terms of duration and quantity.)

### For continued stay and discharge

Kaiser Permanente has elected to use MCG\* Recovery Facility Care Guidelines for inpatient skilled nursing facility coverage medical necessity determinations.

**\*MCG are proprietary and cannot be published and/or distributed.** However, on an individual member basis, Kaiser Permanente can share a copy of the specific criteria document used to make a utilization management decision. If one of your patients is being reviewed by our Nursing Home Services department, you may request a copy of the criteria that is being used to make the coverage determination. Call Nursing Home Services for more information regarding the case under review.

The following information was used in the development of this document and is provided as background only. It is provided for historical purposes and does not necessarily reflect the most current published literature. When significant new articles are published that impact treatment option, Kaiser Permanente will review as needed. This information is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

## Background

Skilled nursing facility services are frequently required to transition patients from the hospital setting to home. At times these services must be delivered in a skilled nursing facility because of patient care needs and clinical condition. When the member has coverage for this care the skilled nursing facility admission criteria must be met for eligibility. Members who require this level of care but do not have coverage must pay for the service themselves. Because the majority of members requiring this service have Medicare coverage, Medicare criteria were used as a guide in the development of the Kaiser Permanente criteria.

## Evidence and Source Documents

Medicare criteria

## Applicable Codes

### POS 26

**\*Note:** Codes may not be all-inclusive. Deleted codes and codes not in effect at the time of service may not be covered.

**\*\*To verify authorization requirements for a specific code by plan type, please use the [Pre-authorization Code Check](#).**

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08/11/1998	07/13/2009 <sup>MDCRPC</sup> , 07/06/2010 <sup>MDCRPC</sup> , 05/03/2011 <sup>MDCRPC</sup> , 03/06/2012 <sup>MDCRPC</sup> , 01/08/2013 <sup>MDCRPC</sup> , 11/05/2013 <sup>MPC</sup> , 09/02/2014 <sup>MPC</sup> , 02/03/2015 <sup>MPC</sup> , 07/07/2015 <sup>MPC</sup> , 05/03/2016 <sup>MPC</sup> , 03/07/2017 <sup>MPC</sup> , 01/09/2018 <sup>MPC</sup> , 12/04/2018 <sup>MPC</sup> , 12/03/2019 <sup>MPC</sup> , 12/01/2020 <sup>MPC</sup> , 12/07/2021 <sup>MPC</sup> , 12/06/2022 <sup>MPC</sup> , 12/09/2023 <sup>MPC</sup> , 11/05/2024 <sup>MPC</sup>	02/03/2015

<sup>MDCRPC</sup> Medical Director Clinical Review and Policy Committee

<sup>MPC</sup> Medical Policy Committee

Revision History	Description