

Department:	Medical Management	Original Approval:	11/05/1998
Policy #:	MM139	Last Approval:	03/01/2019
Title:	Skilled Nursing Facility, Comprehensive Outpatient Rehabilitation Facility		
Approved By:	UM Medical Subcommittee		

BACKGROUND

None.

DEFINITIONS

None.

INDICATIONS/CRITERIA

Medicaid Members	<i>Continue to criteria for approval below.</i>
Medicare Members	

GUIDELINES

For both CHPW Apple Health Members and Medicare Members, CHPW uses CMS guidelines for Skilled Nursing Facility (SNF) and Comprehensive Outpatient Rehabilitation Facilities (CORF). (Links checked 3/27/18).

Inpatient Rehabilitation Facility admission is covered in MM171 Inpatient Rehabilitation.

CRITERIA FOR SKILLED NURSING FACILITIES (Medicare and Apple Health Members)

Care in a SNF is covered if all of the following criteria are met:

1. The patient requires skilled nursing services or skilled rehabilitation services, i.e., services that must be performed by or under the supervision of professional or technical personnel; and are ordered by a physician and the services are rendered for a condition for which the patient received inpatient hospital services or for a condition that arose while receiving care in a SNF for a condition for which he received inpatient hospital services; and
2. The patient requires these skilled services on a daily basis; and
3. As a practical matter, considering economy and efficiency, the daily skilled services can be provided only on an inpatient basis in a SNF; and
4. The services delivered are reasonable and necessary for the treatment of a patient's illness or injury, i.e., are 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.

If any one of these four factors is not met, a stay in a SNF, even though it might include the delivery of some skilled services, is not covered. For example, payment for a SNF level of care could not be made if a patient needs an intermittent rather than daily skilled service.

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c08.pdf>

Medicare Benefit Policy Manual Chapter 8- Coverage of Extended Care (SNF) Services under Hospital Insurance (Rev. 211, 10-16-15)

Web link for CORF:

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c12.pdf>

SPECIAL CONSIDERATIONS

It is recommended that the FIM (Functional Independence Measure) score be included in the documentation provided along with the request for coverage or for extension of coverage at a Skilled Nursing Facility. This score should be performed by the facility within 72 hours of the patient admission and 72 hours prior to their discharge and request for extension of services.

This FIM scale is used to measure a patient's ability to function independently. It measures the degree of physical and cognitive disability based on 18 items across 6 domains: self-care, sphincter control, mobility, locomotion, communication and social cognition. The assessment is based on actual performance rather than subjective assessment.

Scores range from 18 to 126. Each item is scored on a scale of 1 to 7.

- Levels 1-2: indicate total dependence or requiring max assistance. Patient puts less than 25% effort to perform a task.
- Level 3: indicates moderate assistance. Patient puts forth 50% effort to perform a task.
- Level 4: indicates minimal assistance and requires no more help than touching. Patient puts 75% or more effort to perform the task
- Level 5: indicates stand by assistance or supervision/setup. Patient is able to perform the task independently but requires cues to do so.
- Level 6: indicates modified independence. Patient does not need help but requires an assistive device, patient takes more than a reasonable amount of time to perform the task or the task is performed in an unsafe manner.
- Level 7: indicates total independence. Patient does not need any help and is able to perform the task in a reasonable amount of time without assistive devices or aids.

Score of 6 or 7 is classified as independent because another person is not needed to complete the activity.

Items being tested:

Self-care:

1. Eating
2. Grooming
3. Bathing
4. Dressing, upper body
5. Dressing, lower body
6. Toileting

Sphincter control:

1. Bladder management
2. Bowel management

Mobility:

1. Transfers – bed/chair/wheelchair
2. Transfers – toilet
3. Transfers – bath/shower

Locomotion:

1. Walk/wheelchair
2. Stairs

Communication:

1. Comprehension
 2. Expression
- Social Cognition:
1. Social interaction
 2. Problem solving

LIMITATIONS/EXCLUSIONS

Please refer to a product line’s certificate of coverage for benefit limitations and exclusions for these services:

PRODUCT LINE	LINK TO CERTIFICATE OF COVERAGE
MEDICARE ADVANTAGE	http://healthfirst.chpw.org/for-members/resource-library/handbooks-and-guides
WASHINGTON APPLE HEALTH	http://chpw.org/our-plans/apple-health/
INTEGRATED MANAGED CARE	http://chpw.org/our-plans/apple-health/

Citations & References

CFR	
WAC	

RCW		
Contract Citation	<input checked="" type="checkbox"/> WAH	14.15 Skilled Nursing Facility Coordination
	<input checked="" type="checkbox"/> IMC	
	<input checked="" type="checkbox"/> MA	
Other Requirements		
NCQA Elements	UM 2	

Revision History

Revision Date	Revision Description	Revision Made By
11/05/1998	Approval	MMLT
12/03/2008	Approval	MMLT
12/08/2010	Approval	MMLT
12/14/2011	Approval	MMLT
11/28/2012	Approval	MMLT
03/11/2014	Approval	MMLT
04/08/2015	Approval	MMLT
04/01/2016	Links and citations updated; added AH FIMC benefit book link as separate line of business	Kate Brostoff MD
04/06/2016	Approval	MMLT
04/10/2017	Links and citations updated	LuAnn Chen, MD
04/12/2017	Approval	MMLT
03/26/2018	Changed from UM010	Cindy Bush
03/27/2018	Links and citations updated, minor edits	LuAnn Chen, MD
04/05/2018	Transferred to new template	Cindy Bush
04/10/2018	Approval	UM Medical Subcommittee
01/25/2019	Removed reference to Inpatient Rehabilitation Facility since this is covered in MM171.	LuAnn Chen, MD
02/28/2019	Added the summary from Medicare Chapter 8 criteria for SNF	LuAnn Chen, MD
03/01/2019	Approved	UM Medical Subcommittee