Commercial and Tufts Medicare Preferred HMO SNF Level of Payment Guidelines

For Tufts Health Plan Senior Care Options, refer to the Tufts Health Plan SCO SNF Level of Payment Guidelines.

**LEVEL 1A - SKILLED EVALUATION**

**REVENUE CODE 190**

**Description of Level 1A**
This level of payment is for all Tufts Health Plan Commercial and Tufts Medicare Preferred HMO members who require a skilled evaluation only.

**Skilled Nursing Services**
Skilled nursing available 24 hours/day
Restorative care
Nursing interventions/treatments 1-2 times/24 hours, which include, but are not limited to:
- Member/caregiver teaching/education (e.g., simple wound care, transfer techniques)
- IV fluids only
- Skilled assessment, which include, but are not limited to:
  - Vital signs
  - Weights
  - Wound
  - Medication effectiveness

**Skilled Rehabilitation Services**
Evaluation only (must be completed within 24 hours of admission)
Plan of care for restorative care (restorative aide or certified nursing assistant)

**Inclusions**
Per diems include, but are not limited to:
- Skilled nursing care
- Room and board (including enteral feedings)
- Laboratory services
- All medications
- Medical/surgical supplies
- Oxygen and supplies
- DME (to be used by the member while at the facility, which include, but are not limited to, overlay air mattresses, Pap and bariatric equipment)
- Medical social work
- PT/OT/ST evaluation only
- Basic diagnostic tests (completed at the facility)
- Portable x-ray services

**Exclusions**
Per diem exclusions:
- Physician coverage
- Psychiatric evaluations, psychotherapy and psychopharmacology services
- CAPD/hemodialysis
- Customized wheelchairs
- Devices and equipment needed for home placement and use only
- Ambulance transportation
- Respiratory therapy
- PT/OT/ST treatments
- Total parental nutrition (TPN)
- Wound vacuum
- Customized orthotics, prosthetics and orthopedic devices made for individual use.

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1 Limited to Tufts Medicare Preferred HMO members for new admissions or readmissions
Examples of Diagnoses, Surgeries and Procedures

- Management and evaluation of care plan
- Medically unstable with changes in medication or treatment plan, requiring a daily skilled nursing observation/monitoring/treatment

LEVEL 1B - SKILLED NURSING AND/OR SKILLED REHABILITATION REVENUE CODE 191

Description of Level 1B
This level of payment is for members who require skilled care daily for a minimum of 6 days/week.

Skilled Nursing Services
Skilled nursing services provided for at least 2 hours/day up to 4 hours/day

Restorative care
Nursing interventions/treatments 2-4 times/24 hours, which include, but are not limited to:
- Member/caregiver teaching/education (e.g., medication adherence, ADLs, chronic condition management)
- Wound management requiring complex dressing and/or equipment
- Single IV medications 1-2 times/24 hours
- Bowel and bladder training
- Assessment and management of chronic diseases and co-morbidities
- Respiratory treatments (e.g., nebulizer and/or other respiratory treatments).

Skilled Rehabilitation Services
Skilled rehabilitation services provided for at least 1 hour up to 2 hours/day of one or more combined therapies (PT, OT, ST, RT), 6-7 days/week.

For medically-complex members who cannot tolerate at least 1 hour/day of skilled rehabilitation services, a combination of restorative nursing care/rehabilitation services > 2 hours/day, 6 days/week to support overall care plan.

Restorative care may be used to supplement and/or substitute for rehabilitation hours for members with short-term illness.

If skilled rehabilitation hours are less than the hours documented above, the member must qualify for this level based upon skilled nursing and restorative care needs.

Inclusions
Per diems include, but are not limited to:
- Skilled nursing care
- Room and board (including enteral feedings)
- Laboratory services
- All medications, including IV
- Medical/surgical supplies
- Oxygen and supplies
- DME (to be used by the member while at the facility, which include, but are not limited to, overlay air mattresses, Pap and bariatric equipment)
- Medical social work
- PT/OT/ST treatments
- Respiratory therapy
- Basic diagnostic tests (completed at the facility)
- Portable x-ray services

Exclusions
Per diem exclusions:
- Physician coverage
- Psychiatric evaluations, psychotherapy and psychopharmacology services
- CAPD/hemodialysis
- Customized wheelchairs
- Devices and equipment needed for home placement and use only
- Ambulance transportation
- Total parental nutrition (TPN)
- Wound vacuum
- Customized orthotics, prosthetics and orthopedic devices made for individual use
• High cost medication considered on a case-by-case basis

**Examples of Diagnoses, Surgeries and Procedures**
• Decompensation of functional status due to chronic illness (e.g., CHF, COPD) or surgery with medical comorbidities that preclude active participation in skilled therapy >2 hours/day
• Rehabilitation potential for clinical/functional improvement

**LEVEL 2 - SUBACUTE NURSING AND/OR SUBACUTE REHABILITATION  REVENUE CODE 192**

**Description of Level 2**
This level of payment is for members in need of complex nursing care or intense rehabilitation therapies.

**Skilled Nursing Services**
Skilled nursing services provided for more than 4 hours/day. Nursing interventions/treatments 4-6 times/24 hours, which include, but are not limited to:
• Member/caregiver teaching/education (e.g., new ostomy care, new diabetic with frequent insulin adjustments and teaching, chronic disease care)
• Wound management requiring complex dressing and equipment
• Single IV medications 3 times/24 hours or multiple IV medications
• Bowel and bladder treatment
• Assessment and management of chronic diseases and co-morbidities
• Respiratory treatments (e.g., nebulizer and/or other respiratory treatments)

**Skilled Rehabilitation Services**
Skilled rehabilitation services provided for at least 2 hours up to 3 hours/day of a minimum of two or more combined therapies (PT, OT, ST, RT), 6-7 days/week.

For medically complex members who cannot tolerate at least 1 hour/day of skilled rehabilitation services, a combination of restorative nursing care/rehabilitation services > 2 hours/day 6 days/week to support overall care plan.

Restorative care may be used to supplement and/or substitute for rehabilitation hours for members with short-term illness.

If skilled rehabilitation hours are less than the hours documented above, the member must qualify for this level based upon skilled nursing and restorative care needs.

**Inclusions**
Per diems include, but are not limited to:
• Skilled nursing care
• Room and board (including enteral feedings)
• Laboratory services
• All medications, including IV
• Medical/surgical supplies
• Oxygen and supplies
• DME (to be used by the member while at the facility, which include, but are not limited to, overlay air mattresses, Pap therapy and bariatric equipment)
• Medical social work
• PT/OT/ST treatments
• Respiratory therapy
• Basic diagnostic tests (completed at the facility)
• Portable x-ray services

**Exclusions**
Per diem exclusions:
• Physician coverage
• Psychiatric evaluations, psychotherapy and psychopharmacology services
• CAPD/hemodialysis
• Customized wheelchairs
• Devices and equipment needed for home placement and use only
• Ambulance transportation
• Total parental nutrition (TPN)
• Wound vacuum
Customized orthotics, prosthetics and orthopedic devices made for individual use
High cost medication considered on a case-by-case basis.

**Examples of Diagnoses, Surgeries and Procedures**

- New strokes (<30 days) with functional impairment requiring 2 or more disciplines
- New joint replacements able to tolerate minimum of 2.5 hours/day
- Members with high rehabilitation potential with expectation of discharge to community

### LEVEL 3 – VENTILATOR PROGRAM

**Description of Level 3**

This level of payment is for members who require ventilator management.

**Skilled Nursing Services**

Skilled nursing services provided for more than 4 hours/day.
Nursing interventions/treatments 4-6 times/24 hours, which include, but are not limited to:

- Member/caregiver teaching/education (e.g., new ostomy care, new diabetic with frequent insulin adjustments and teaching, chronic disease care)
- Wound management requiring complex dressing and equipment
- Single IV medications 3 times/24 hours or multiple IV medications
- Bowel and bladder treatment
- Assessment and management of chronic diseases and co-morbidities
- Respiratory treatments (e.g., nebulizer and/or other respiratory treatments)

**Skilled Rehabilitation Services**

Skilled rehabilitation services provided for at least 2 hours up to 3 hours/day of two or more combined therapies (PT, OT, ST, RT), 6-7 days/week.

For medically complex members who cannot tolerate at least 1 hour/day of skilled rehabilitation services, a combination of restorative nursing care/rehabilitation services > 2 hours/day 6 days/week to support overall care plan.

Restorative care may be used to supplement and/or substitute for rehabilitation hours for members with short-term illness.

If skilled rehabilitation hours are less than the hours documented above, the member must qualify for this level based upon skilled nursing and restorative care needs.

**Inclusions**

Per diems include, but are not limited to:

- Skilled nursing care
- Room and board (including enteral feedings)
- Laboratory services
- All medications, including IV
- Medical/surgical supplies
- Oxygen and supplies
- DME (to be used by the member while at the facility, which include, but are not limited to, overlay air mattresses, Pap therapy and bariatric equipment)
- Medical social work
- PT/OT/ST treatments
- Respiratory therapy
- Basic diagnostic tests (completed at the facility)
- Portable x-ray services

**Exclusions**

Per diem exclusions:

- Physician coverage
- Psychiatric evaluations, psychotherapy and psychopharmacology services
- CAPD/hemodialysis
- Customized wheelchairs
- Devices and equipment needed for home placement and use only
- Ambulance transportation
- Total parental nutrition (TPN)
- Wound vacuum
Customized orthotics, prosthetics and orthopedic devices made for individual use
High cost medication considered on a case-by-case basis.

OTHER REQUIREMENTS FOR SKILLED ADMISSIONS

- All exclusions from the per diem rate for DME must be pre-approved by the member’s primary care provider as well as the assigned Tufts Health Plan Clinical Management Coordinator/Care Manager (Note: DME must be purchased from approved Tufts Health Plan participating providers.)
- All items and services must be related to the member’s diagnosis and treatment and ordered by the primary care provider.
- With the exception of an emergency, the facility must obtain prior authorization and must utilize a Tufts Health Plan participating provider for any services excluded from the per diem. The cost of any nonemergency service not approved will be the responsibility of the ordering facility. Coverage requests for services for Tufts Health Plan Medicare Preferred members that are not approved are subject to the Organization Determination process described at 42 CFR422.566 et seq.
- The SNF will be reimbursed the contracted per diem rate starting on the day of admission and ending on the evening before day of discharge (SNF will not bill for day of discharge).
- Level of care will be determined by a Tufts Health Plan care manager or delegated group care manager and must be based on the aggregate medical needs of the member, reflecting the needed intensity of nursing services, rehabilitation and pharmacy administration.
- The Tufts Health Plan care manager/delegated care manager must have access to and knowledge of weekly meetings and family meetings.
- The Tufts Health Plan care manager/delegated care manager must have the opportunity to participate in care planning, review of cases with interdisciplinary team, and discharge planning goals, including collaboration on the need for home visits.
- The Tufts Health Plan care manager/delegated care manager must have the opportunity to develop systems that identify and report changes of condition of subacute and custodial members within 24 hours, or by the following business day.
- At the point of member discharge from the SNF, the provider will send a copy of the discharge summary to the Tufts Health Plan care manager/delegated care manager and the member’s primary care provider within seven days of discharge or member’s post-discharge visit with the primary care provider, whichever is sooner.
- For Tufts Medicare Preferred HMO members, the facility must deliver a valid Notice of Medicare Non-Coverage (NOMNC) no later than two days prior to the last covered day, as required by the Centers for Medicare and Medicaid Services (CMS).
- PT, OT and/or ST will be routinely provided six days per week or seven days per week, as necessary and in accordance with the terms of this agreement.

AUDIT AND DISCLAIMER INFORMATION

Tufts Health Plan reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that your office/facility did not comply with this payment policy, Tufts Health Plan will expect your office/facility to refund all payments related to non-compliance. For more information about Tufts Health Plan’s audit policies, refer to our website.

This policy provides information on Tufts Health Plan claims adjudication processing guidelines. As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management guidelines when applicable, and adherence to plan policies and procedures and claims editing logic.