Skilled Nursing Facility Level of Payment Guidelines for Tufts Medicare Preferred HMO Members

For level of payment guidelines for Tufts Health Plan Senior Care Options members, click here.

LEVEL 1A – SKILLED EVALUATION

This level of payment is for all 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, including, but not limited to:
  - Member/caregiver teaching and education (e.g., simple wound care, transfer techniques)
  - IV fluids only
- Skilled assessment, including, but 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, including IV
- Medical/surgical supplies
- Oxygen and supplies
- DME (to be used by the member while at the facility, including, but not limited to overlay air mattresses, PAP therapy 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

**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 REHABILITATION

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 and 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, and/or 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
- 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 REHABILITATION  

REVENUE CODE 0192

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 2 or more combined therapies (PT, OT, ST, and/or 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

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 comorbidities
  - 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, and/or 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 PCP as well as the assigned Tufts Health Plan clinical management coordinator/care manager (CM). Refer to the Tufts Medicare Preferred HMO Care Management List to determine the appropriate CM.
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 PCP.
- 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 members that are not approved are subject to the Organization Determination process described at 42 CFR 422.566 et seq.
- The SNF will be compensated the contracted per diem rate starting on the day of admission and ending on the evening before day of discharge (the SNF will not bill for day of discharge).
- Level of care will be determined by the CM or delegated care manager (DCM) and must be based on the aggregate medical needs of the member, reflecting the needed intensity of nursing services, rehabilitation and pharmacy administration.
- The CM/DCM must have access to and knowledge of weekly meetings and family meetings.
- The CM/DCM 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 CM/DCM 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 CM/DCM and the member’s PCP within seven days of discharge (or the member’s post-discharge visit with the PCP, whichever is sooner).
- The facility must deliver a valid Notice of Medicare Noncoverage (NOMNC) no later than two days prior to the last covered day, as required by 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. An authorization is not a guarantee of payment. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.