

Skilled Nursing Facility Level of Care Guidelines

Applies to the following Tufts Health Plan products:

- Tufts Health Plan Commercial (including Tufts Health Freedom Plan)¹
- Tufts Medicare Preferred HMO (a Medicare Advantage product)
- Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)

The following provides descriptions of levels of care (LOC) available for members in skilled nursing facilities (SNF) and is not to be used to determine medical necessity for admission. Tufts Health Plan utilizes nationally recognized medical necessity criteria to determine the appropriateness for admission and the level of care (LOC) with the facility based on the clinical information presented at the time of admission.

Any disagreements with the member's LOC should be discussed directly with the Tufts Health Plan inpatient manager (IM) or care manager (CM).

Providers should only bill the revenue codes as outlined in their provider agreements and in the applicable SNF payment policies for [Commercial](#), [Tufts Medicare Preferred HMO](#) and [Tufts Health Plan SCO](#).

Note: The LOC billed must match the authorized LOC and length of stay.

LEVEL 1A – SKILLED EVALUATION

REVENUE CODE 0190

This level of care is for all members who require a skilled evaluation **only** and is limited to a maximum of five days. An assessment of the member's continued need for skilled care (e.g., Levels 1B or L2) must be made by the end of the third day of the stay. If the assessment determines the member does not meet skilled criteria, the member must receive a [Notice of Medicare Noncoverage \(NOMNC\)](#) 48 hours prior to the first day of noncoverage, in accordance with CMS regulations.

If a member does meet skilled criteria, the level of payment must be adjusted to reflect the appropriate skilled need (e.g., 1B or L2) by the fifth day of the stay.

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 (e.g., vital signs, weight, wound therapy, 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)

Per Diem 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

¹ Commercial products include HMO, POS, PPO, Tufts Health Freedom Plan, and CareLinkSM when Tufts Health Plan is the primary administrator.

- PT/OT/ST evaluation only
- Basic diagnostic tests (completed at the facility)
- Portable x-ray services

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 1/1B - SKILLED NURSING AND/OR REHABILITATION REVENUE CODE 0191

This level of care 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 1-2 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 treatments
- Respiratory therapy
- Basic diagnostic tests (completed at the facility)
- Portable x-ray services

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 care 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 2-3 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

Per Diem 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

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**REVENUE CODE 0193**

This level of care 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 2-3 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 greater than 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.

Per Diem Inclusions

Per diems include, but are not limited to:

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| <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> 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 |
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Per Diem Exclusions

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| <ul style="list-style-type: none"> • Physician coverage • Psychiatric evaluations, psychotherapy and psychopharmacology services • CAPD/hemodialysis • Customized wheelchairs • Devices and equipment needed for home placement and use only | <ul style="list-style-type: none"> • 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) |
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LEVEL 4 - EVALUATION AND STABILIZATION**REVENUE CODE 0194**

Situations may arise that require a period of evaluation and stabilization in order to prevent an avoidable hospitalization with an opportunity to “treat in place.” Contact the Tuft Health Plan SCO CM, who will collaborate with the clinical team to identify the member needs and determine the appropriate level of care and subsequent payment level.

- Facilities are required to notify the member’s CM when a change in condition is noted and evaluation and treatment of the condition can be provided at the facility in lieu of hospitalization
- If member’s condition and needs meet criteria for skilled level of care or Part B services, the facility will contact the Tufts health Plan CM to coordinate care
- If it is determined that the member requires a skilled level of care, the facility is required to submit Inpatient notification to the Precertification Operations Department.

INSTITUTIONAL LONG TERM CARE**REVENUE CODE 0100**

This level of payment is appropriate for Tufts Health Plan SCO members who require institutional long-term care.

Per Diem Inclusions

Per diems include, but are not limited to:

- Room and board (including enteral feedings)
- Medical/surgical supplies
- Oxygen and supplies
- DME (to be used by the member while at the facility), except specific exclusions as noted below
- Medical social work

Per Diem Exclusions

- Laboratory services
- All medications
- Physician coverage
- Psychiatric evaluations, psychotherapy and psychopharmacology services
- CAPD/hemodialysis
- Devices and equipment needed for home placement and use only
- Ambulance transportation
- Respiratory therapy
- PT/OT/ST evaluation and treatments
- Total parental nutrition (TPN)
- Wound vacuum
- Customized orthotics, prosthetics and orthopedic devices made for individual use
- Basic diagnostic tests (completed at the facility)
- Portable x-ray services
- Special adaptive mobility systems, after the facility has paid for the first \$500 of the purchase

BED HOLD - HOSPITAL LEAVE DAY**REVENUE CODE 0185**

Utilized to secure a bed hold when a Tufts Health Plan SCO member in institutional long-term care requires a medical leave of absence (MLOA) to a hospital.

Requirements

- SNFs are required to notify the CM when an institutional long term care member begins a medical leave of absence, such as a transfer from the SNF to a hospital setting
- SNFs are required to follow MassHealth regulations and guidance related to hospital leave days. Exceptions will be considered, and should be discussed with the CM first, on a case-by-case basis
- When the member is admitted back to the facility, the facility will coordinate the transition with the CM and the appropriate LOC

Note: if the decision is made to readmit the member at a skilled LOC, the facility is required to submit an [Inpatient Notification Form](#) to the Precertification Operations Department.

BED HOLD - THERAPEUTIC LEAVE DAY**REVENUE CODE 0183**

Utilized to secure a bed hold when a Tufts Health Plan SCO member in institutional long-term care member is temporarily absent from the facility for a nonmedical leave of absence (NMLOA).

Requirements

- Nursing facilities are required to notify the CM when an institutional long term care member begins a nonmedical leave of absence
- Nursing facilities are required to follow MassHealth regulations and guidance related to nonmedical leave days. Exceptions will be considered, and should be discussed with the CM first, on a case-by-case basis
- The facility will communicate with the CM when the member returns to the facility or when the member has not returned by the scheduled date of return.

RESPIRE SERVICES**REVENUE CODE H0045**

Utilized when the Tufts Health Plan SCO CM identifies the need to support a member living in the community with caregiver support. This service provides the caregiver with short-term support or relief for a time limited period.

Requirements

- The Tufts Health Plan SCO CM will coordinate all respite admissions
- The facility will notify the Tufts Health Plan SCO CM prior to admission and/or during any change in status

- The facility will obtain prior authorization from the Plan before the inpatient respite admission and also submit an [Inpatient Notification Form](#) to Tufts Health Plan by 5 p.m. on the business day following admission. Refer to the [Senior Products Provider Manual](#) for more information about prior authorization and inpatient notification requirements and processes
- SNFs are required to follow any Medicare/MassHealth regulations and guidance with regards to admissions to SNFs.

Per Diem Inclusions

Per diems include, but are not limited to:

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| <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> 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 |
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Per Diem Exclusions

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|---|---|
| <ul style="list-style-type: none"> • Physician coverage • Psychiatric evaluations, psychotherapy and psychopharmacology services • CAPD/hemodialysis • Customized wheelchairs • Devices and equipment needed for home placement and use only | <ul style="list-style-type: none"> • 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) |
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OTHER REQUIREMENTS FOR SKILLED ADMISSIONS

- All items and services must be related to the member's diagnosis and treatment and ordered by the PCP.
- The CM/DCM must have access to and knowledge of weekly meetings and family meetings, 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, and 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 must 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).
- PT, OT and/or ST will be routinely provided 6-7 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 a provider/facility did not comply with this payment policy, Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance. For more information about Tufts Health Plan's [audit policies](#), refer to the Provider website.

This policy provides information on Tufts Health Plan claims adjudication processes. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication 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 requirements (when applicable), 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.

This policy applies to the Tufts Health Plan products, as identified in the checkboxes on the first page, and to CareLinkSM for providers in Massachusetts and Rhode Island service areas. Providers in the New Hampshire service area are subject to Cigna's provider agreements with respect to CareLink members.

This policy does not apply to the Private Health Care Systems (PHCS) network (also known as Multiplan). Tufts Health Plan reserves the right to amend a payment policy at its discretion.