

Skilled Nursing Facility

Benefit Coverage

Skilled nursing facility services necessary for the treatment of illness or injury are covered subject to prior authorization by the IPA. In order to qualify for skilled nursing facility services, a patient shall have a medical condition, which requires visits by a physician every week and constantly available skilled nursing services. The following criteria will assist in determining appropriate placement:

1. Need for patient observation, evaluation of treatment plans, and updating of medical orders by the responsible physician.
2. Need for constantly available skilled nursing services. A patient may qualify for nursing home services if the patient has one or more of the following conditions:
 - a. A condition which requires therapeutic procedures (e.g., dressing of postsurgical wounds; decubiti or leg ulcers; tracheotomy care, or nasal catheter maintenance; indwelling catheter in conjunction with other conditions; gastrostomy feeding; colostomy care for initial or debilitated patients; and bladder and bowel training for incontinent patients).
 - b. A condition which requires patient skilled nursing observation (e.g., observation of blood pressure, pulse and respiration as indicated by diagnosis or medication; observation of skin conditions such as decubiti, edema, color and turgor; and measurement of intake and output as indicated by diagnosis or medication).
 - c. The patient requires medications which cannot be self-administered and requires skilled nursing services for administration of the medication (e.g., injections administered during more than one nursing shift; medications prescribed on an as needed basis, dependent on the nature of the drug and the diagnosis; use of restricted or dangerous drugs requiring close nursing supervision; and use of new medications requiring close observation during initial stabilization for selected patients).
 - d. A physical functional limitation which prevents the patient from accessing outside health care service such as bed-bound patients, quadriplegics or other severe paralysis cases, and patients who are unable to feed themselves.

Skilled Nursing Facility (continued)

Benefit Coverage (continued)

3. The general criteria identified above are not intended to be either all-inclusive or mutually exclusive. They should be applied as a total package in evaluation of an approved admission. Please refer to California Code of Regulations, Title 10, Section 2699.6700, subdivision (a)(13)(A)(B) & (C) for complete regulations governing skilled nursing facilities.

Skilled nursing facility services includes room and board, nursing and related care services and commonly used items of equipment, supplies and services used for medical and nursing benefit of patients.

This benefit shall be limited to a 125 day maximum per benefit year.

Benefit Exclusion

Routine custodial care, which does not require skilled nursing, is not a covered benefit.

Examples of Covered Benefits

1. Short term confinement in a skilled nursing facility for:
 - a. Cerebral Vascular Accident, where rehabilitation to reestablish functionality is necessary.
 - b. Total hip replacement with complications.
2. Skilled nursing care for decubitus ulcers (Stage III and IV), dressing of postsurgical wounds and leg ulcers depending on the severity of the lesions.
3. Respiratory therapy, physical, occupational and speech therapy are subject to limitations under Physical/Occupational/Speech Therapy benefits during hospitalization.

Examples of Non-Covered Benefits

1. Services not requiring skilled nursing:
 - a. Palliative skin care, including bathing and application of ointments.
 - b. Changing of dressings in non-infected post-operative or chronic conditions.
 - c. General assistance in dressing, eating and going to the toilet.
 - d. Routine custodial care, which can be done by a family member.