Skilled Nursing Facility

Policy

Harvard Pilgrim reimburses inpatient skilled nursing facility services provided by a contracted, licensed skilled nursing facility (SNF) within the applicable benefit limit.

Policy Definition

A *Skilled Nursing Facility* is a state-licensed facility that is primarily engaged in providing skilled nursing care and skilled rehabilitation services.

Prerequisite(s)

Applicable Harvard Pilgrim referral, notification and authorization policies and procedures apply. Refer to *Referral, Notification and Authorization* for more information.

HMO/POS/PPO

Prior authorization required for skilled nursing facility inpatient admissions, extended length of stay and change in level of care. (Refer to *Skilled Nursing Facility and Rehabilitation Facility Authorization* for specific requirements.)

Open Access HMO and POS

For *Open Access HMO and Open Access POS* products, no referral is required to see a contracted specialist.

Harvard Pilgrim Reimburses[1]

Level of Care Criteria for Admission

Harvard Pilgrim's utilization management or care management clinician uses InterQual® Criteria to determine the appropriate levels of care for SNF hospital services. The level of care is included in the authorization issued by the Harvard Pilgrim clinician and that authorization is used to process the facility claim.

HMO/POS/PPO

Inpatient skilled nursing care services at a single all-inclusive (per diem) rate as determined by the contracted rate and when notified and authorized within appropriate time frames.

- The per diem rate is generally considered payment in full for all services provided to the member.
- Refer to "Services Not Included in the Per Diem Rate" for a list of services reimbursed separately from the per diem rate.

Information Related to Durable Medical Equipment (DME)

- Non-disposable/single patient use DME provided as part of an individual member's SNF care and included in the per diem rate, should be sent home with the member upon discharge from the SNF. This includes but is not limited to; bed pans, emesis basins, splints, and tens.
- Non-disposable / multi-patient use DME provided as part of the individual member's SNF care that are owned or rented by the SNF should not be sent home with the member upon discharge from the SNF. These items are included in the per diem rate, and include but are not limited to, walkers, canes, and wheelchairs.
- If DME is purchased from a contracted DME provider, on behalf of an individual member receiving care within the SNF, those items must be sent home with the patient upon discharge from the SNF. These items include but are not limited to: customized orthotics, prosthetics, adaptive devices, and bariatric equipment.
- SNF agrees to not delay obtaining authorization and ordering any custom-type device that is medically necessary to promote discharge and rehabilitation of the member. This type of DME must be authorized by a Harvard Pilgrim clinician and ordered through a Harvard Pilgrim contracted DME provider. For questions about DME benefit eligibility, authorizations, contracted DME providers, or DME ordering, call Harvard Pilgrim's Provider Service Center at 1-800-708-4414.

Services Not Included in the Per Diem Rate — Prescription Pharmaceuticals

Select prescription pharmaceuticals may be reimbursed in addition to the per diem, in accordance with the terms outlined in the skilled nursing facility agreement. The pharmaceuticals must be provided to members during an authorized inpatient skilled admission and must be itemized on the UB-04 claim with the pharmacy invoice attached.

Refer to the excluded pharmaceuticals list in the Plan Provider Manual.

- Aldesleukin
- Alpha 1 Proteinase Inhibitor
- Ambisome
- Amphotericin B Lipsome
- Aranesp
- Avibactam
- Avonex
- Avycaz
- Betaseron
- Ceftazidime
- Cidofovir injection
- Cilastatin
- Ciprodex
- Ciprofloxacin
- Ciproflozacin
- Darbepoetin Alfa
- Dexamethasome
- Dificid
- Dulaglutide
- Emtricitabine
- Enbrel
- Enfuvirtide
- Epoetic Alfa
- Epogen
- Etanercept
- Fidaxomicin
- Filgrastim
- Foscarnet Sodium IV
- Foscavir IV
- Fulphila
- Fuzeon
- Gamastan
- Gammagard
- Gammaked
- Gamunex-C
- Goserelin Acetate
- Granix
- Hyper Hep B
- Ibrutinib
- Imbruvica
- Immune globulin
- Imipenum
- Ingrezza
- Interferon Beta 1A
- Interferon Beta 1B
- IVIG
- Leukine
- Linezolid oral
- Mekinist
- Micafugin Sodium IV
- Mitomycin
- Mitoxantrone
- Mutamycin
- Mycamine
- Nabi-HB
- Neulasta
- Neupogen injection
- Nivestym
- Novantrone
- Nuplazid
- Nyvepria
- Odefsey
- Oxacillin
- Ozempic
- Pegfilgrastim
- Pimavanserin
- Primaxin IV
- Procrit
- Prolastin C
- Proleukin
- Releuko
- Remdesivir
- Retacrit
- Ribavirin
- Rifaximin
- Rilpivirne
- Sargramostim
- SCIG
- Temodar IV
- Temozolomide IV
- Tenofovir Alafenamide
- Tofacitinib
- Trametinib
- Trulicity
- Udenyca
- Valbenazine
- Veklury
- Vfend oral
- Virazole
- Vistide
- Vorinconazole oral
- Xeljanz
- Xifaxan
- Zarzio
- Ziextenzo
- Zoladex
- Zyvox oral

Services Not Included in the Per Diem Rate

The following services will be reimbursed to the SNF separately from the per diem rate:

Outpatient therapy treatment:

- The SNF will be reimbursed the lower of the SNF's charge or the standard Harvard Pilgrim outpatient fee schedule.
- Reimbursement for appropriately notified or authorized outpatient therapy treatment, as applicable, is per visit and is not dependent upon the length of time of the visit.
- Only one visit per type of authorized therapy treatment is reimbursable per day.
- SNF can be reimbursed for one visit each of PT, OT and ST services provided on the same day.
- All other outpatient services will be denied.

The following services are excluded from the SNF per diem rate and may be billed by and reimbursed separately to a Harvard Pilgrim–contracted provider. (Harvard Pilgrim reimburses the provider.)

- Emergent Ambulance Services
- Non-Emergent Ambulance services (when prior authorized) *
- Attending physician services
- Bone growth stimulators
- Consulting physician services
- Custom compression stockings
- Customized motorized wheelchairs
- Customized orthotic devices or braces
- Diagnostic testing not performed on site (such as CAT scan, MRI, radiation therapy)
- Dialysis (hemodialysis and peritoneal dialysis)
- Inexsufflator
- Prosthetic devices
- Specialty beds, mattresses and surfaces (such as air-fluidized mattress)
- Ultra-violet lights
- Wheelchair car services

- Vaccines are separately reimbursed as an inpatient benefit. Refer to the Medicare Vaccine Fee Schedule (Medicare Claims Processing Manual, Section 20.4)

Applying the Contracted Rate

The admission date determines all skilled nursing facility reimbursement terms. When an admission bridges contracted effective dates, the contracted rate on the date of admission applies to the entire SNF stay. This applies to all negotiated rates.

Membership Dates

When a skilled nursing facility admission occurs prior to a member's effective date, Harvard Pilgrim begins reimbursement from the time membership is effective, the member's PCP or designee begins to direct the member's care and the skilled nursing facility notifies Harvard Pilgrim of the admission.

Harvard Pilgrim Does *Not* Reimburse

HMO/POS/PPO

- After Harvard Pilgrim membership terminates, even if the member is an inpatient in the skilled nursing facility on the date of membership termination
- Blood and blood products
- Custodial care (see below for denial documentation)
- Personal services (e.g., telephones, televisions, guest trays, etc.)
- Private duty nursing care unless medically necessary and recommended by the PCP and authorized by Harvard Pilgrim

Exclusions to this reimbursement policy may be covered under another reimbursement policy (e.g., DME).

Member Cost-Sharing

Services are subject to member out-of-pocket cost (e.g., copayment, coinsurance, deductible), as applicable.

Billing Guidelines and Documentation

Coding[2]

Code	Description	Comment
0250	Pharmacy	Pharmaceuticals that are excluded from the per diem rate

Other Information

- Bill inpatient SNF services as contractually defined.
  - Enter the number of days in Form Locator 46 of the paper UB-04 or segment SV2, data element SV205 with UN qualifier in SV204 of loop 2400 of the 837I.
- Bill all outpatient services with the appropriate revenue code and HCPCS or CPT code.
- Pharmaceuticals not included in per diem that are provided to a member during an authorized inpatient skilled admission must be itemized on the UB-04 claim with the pharmacy invoice attached.
- The SNF will be financially responsible for any excluded non-emergent transportation service that does not have prior authorization.

Interim Billing

- Include only charges that have not been previously billed.
- Bill using the "from date" to the "through date."
- Bill subsequent interim bills from the date after the "through date" on the previous bill.

Custodial Care Denial Documentation Process

- Claims for custodial care services will be denied as non-covered services, member liable.
- Alternate payer letters can be provided. SNFs must contact the designated Harvard Pilgrim nurse care manager in advance for review of services.

- Retrospective reviews cannot be done

Related Policies

Payment Policies

- Ambulance Transport
- Dialysis
- Durable Medical Equipment (DME)
- Inpatient Hospital Admissions
- General Coding and Claims Editing
- Interim Billing
- Laboratory & Pathology
- Physical, Occupational, & Speech Therapy
- Unlisted and Unspecified Procedure Codes
- Vaccine and Immunizations

Clinical/Authorization Policies

- Durable Medical Equipment (DME) Authorization
- Inpatient Acute Level of Care (Medical/Surgical)
- Medical Review Criteria Immune Globulin
- Outpatient Diagnostic Imaging

Referral, Notification & Authorization

- Authorization Policy

Billing & Reimbursement

- Claims Submission Guidelines

PUBLICATION HISTORY

11/01/01	original documentation
01/01/03	removed inpatient First Seniority terminated member reimbursement; levels of care criteria language updated
04/01/03	annual review; added reimbursement within benefit limit
10/01/04	annual review; clarification of how reimbursement is made when admission bridges contracted effective dates
10/31/05	annual review; clarified custodial care denial documentation process
07/31/07	annual review; clarified level of care descriptions and criteria for admission; updated items included and excluded from per diem rate, added DME info and prescription pharmaceuticals
01/31/08	annual review; replaced pharmacy reimbursed list
07/31/08	annual review, no edits
10/31/08	added Cellcept (Mycophenolate Mofetil) and Dalteparin Sodium to pharmacy exclusion list
07/15/09	annual review; removed Iveegam, Lamprene, Retrovir, Sporanex and Zovirax from prescription pharmaceutical list; removed KCl from wound vacuum
06/15/10	annual review, revision to prescription pharmaceutical list
06/15/11	annual review; revision to prescription pharmaceutical list; minor edits for clarity
11/15/11	removed “if provided by physician on staff” from services excluded in the SNF per diem rate
01/01/12	removed First Seniority Freedom information from header
06/15/12	annual review; revision to prescription pharmaceutical list, minor edits for clarity
06/15/13	annual review; revised prescription pharmaceutical list
06/15/14	annual review; added dialysis as a related policy; added *Connecticut Open Access HMO* referral information to Prerequisites
06/15/15	annual review; revised prescription pharmaceutical list, administrative edits, added Medical Review Criteria IVIG as related policy
06/15/16	annual review: revised prescription pharmaceutical list; removed scooters; administrative edits
06/15/17	annual review; updated prescription pharmaceutical list; created header to clarify services not included in the skilled nursing facility per diem rate; updated EDI information; added PT, OT, ST to related policies section; administrative edits
02/01/18	updated Open Access Product referral information under Prerequisites
07/02/18	annual review; revised prescription pharmaceutical list; added notation for Ambulance Services; added Skilled Nursing Facility and Subacute Care Medical Review Criteria as a Related Policy; removed reference to KCL wound vacuum

07/01/19	annual review; revised prescription pharmaceutical list; removed bullet regarding billing of custodial care that have not received an administrative denial
07/01/20	annual review; no changes
07/01/21	annual review; administrative edit; updated prescription pharmaceutical list
07/01/22	annual review; Updated criteria for admission description; Removed level of care descriptions; removed Imipenem cisplatin and Zyvox from prescription pharmaceuticals list; updated Custodial Care denial documentation section; added Skilled Nursing Facility & Subacute Care under related policies; administrative edits
09/29/23	annual review; updated prescription pharmaceuticals not included in per diem rate
07/01/24	annual review; administrative updates
07/01/25	annual review; updated Related Policies; updated Services Not Included in the Per Diem Rate — Prescription Pharmaceuticals; administrative edits

[1]This policy applies to the products of Harvard Pilgrim Health Care and its affiliates—Harvard Pilgrim Health Care of New England and HPHC Insurance Company—for services performed by contracted providers. Payment is based on member benefits and eligibility, medical necessity review, where applicable, and provider contractual agreement. Payment for covered services rendered by contracted providers will be reimbursed at the lesser of charges or the contracted rate. (Does not apply to inpatient per diem, DRG, or case rates.) HPHC reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated annually. Always use the most recent CPT and HCPCS coding guidelines.

[2]The table may not include all provider claim codes related to SNFs.