

Skilled Nursing Facilities

Policy

A Skilled Nursing Facility is a state-licensed facility, or unit, which is licensed by the state to provide skilled nursing care and related services for patients who require medical and skilled nursing care or skilled rehabilitation services for the treatment of an injury, disability, or illness. Mass General Brigham Health Plan reimburses medically necessary inpatient skilled nursing facility services provided by a contracted, licensed skilled nursing facility (SNF) within the applicable benefit limit.

Reimbursement

Providers are reimbursed according to the plan's network provider reimbursement or contracted rates. Claims are subject to payment edits that are updated at regular intervals.

Mass General Brigham Health Plan reimbursement is based on the line of business, unless otherwise specified within the medical policies; please follow the guidelines based on membership type. Covered services are defined by the member's benefit plan. The manner in which covered services are reimbursed is determined by the Mass General Brigham Health Plan payment policy and by the provider's agreement with Mass General Brigham Health Plan. Member liability amounts may include but are not limited to: copayments; deductible(s); and/or co-insurance; and will be applied dependent upon the member's benefit plan.

Various services and procedures require referral and/or prior authorization. Referral and prior authorization requirement information can be located [here](#).

Please reference procedure codes from the current CPT, HCPCS Level II, and ICD-10-CM manuals, as recommended by the American Medical Association (AMA), the Centers for Medicare & Medicaid Services (CMS), and the American Hospital Association. CMS and the AMA revise HIPAA medical codes on a pre-determined basis, including changes to CPT, HCPCS, Revenue and ICD-10 codes and definitions.

Refer to the CMS or CPT guidelines for requisite modifier usage when reporting services. The absence or presence of a modifier may result in differential claim payment or denial.

Mass General Brigham Health Plan reviews claims to determine eligibility for payment. Services considered incidental, mutually exclusive, integral to the primary service rendered, or part of a global

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allowance, are not eligible for separate reimbursement. Please refer to [Coding Provider Payment Guidelines](#) for more information.

All claims are subject to audit services and medical records may be requested from the provider.

Note: Each time there is a change in the member's LOC, a new inpatient authorization number will be assigned as if it were a new admission. Therefore, each LOC will have a distinct inpatient authorization number.

Refer to the [Extended Care Facility Medical Policy](#) descriptions of each LOC.

Definitions:

Skilled Care Skilled Care: A skilled service is a service that must be provided by a registered nurse, licensed practical nurse (under the supervision of a registered nurse), licensed physical therapist, occupational therapist, speech-language pathologist or a licensed physical therapy assistant and licensed occupational therapy assistant (under the supervision of a licensed therapist) in order to be safe and effective.

Skilled Nursing Facility (SNF): is a facility, or unit, which is licensed by the state to provide skilled nursing care and related services for patients who require medical and skilled nursing care or skilled rehabilitation services for the treatment of an injury, disability, or illness.

Skilled Nursing Facility (SNF) Level of Care:

- The member must require skilled nursing at least daily, or skilled therapy 1-2 hours per day at least 5 days per week for well-defined goal-oriented treatment.
- Skilled services must be performed by or under the direction/supervision of a registered nurse or therapist.
- For rehabilitation intervention, there must be factors present in the member's condition that indicate the member's potential for functional improvement and the ability to actively participate in the rehabilitation plan of care. A member who requires therapy solely to maintain function is not considered an appropriate SNF level of care patient.
- Community care is either not available or not appropriate to meet the individual's skilled therapy needs.

Please reference coverage guidelines for level of care criteria and definitions within the [Extended Care Facility Medical Policy](#)

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Revenue Codes

Revenue Code	Description
0191	Skilled nursing and/or skilled rehabilitation
0192	Subacute nursing and/or subacute rehabilitation
0193	Subacute nursing and/or subacute rehabilitation - ventilation program
0169	Other Room and Board (MassHealth Administratively Necessary Days Only)

Related Policies

[Extended Care Facility](#)

[General Coding and Billing](#)

[Prior Authorization, Notification and Referral Guidelines](#)

[Definition of Skilled Care](#)

References

American Medical Association, *CPT current year, Professional Edition*

American Medical Association, *HCPCS Level II, current year, Professional Edition*

[Commonwealth of Massachusetts MassHealth Provider Manual Series: Nursing Facility Manual](#)

[MassHealth Standard Payments to Nursing Facilities](#)

[CMS Medicare Benefit Policy Manual, Chapter 8 - Coverage of Extended Care \(SNF\) Services Under Hospital Insurance](#)

Publication History

Topic: Skilled Nursing Facilities	Owner: Network Management
<i>June 12, 2020</i>	<i>Original documentation</i>
<i>December 1, 2020</i>	<i>Removed Per Diem Exclusion</i>
<i>December 24, 2020</i>	<i>Removed Per Diem Exclusion</i>
<i>January 1, 2023</i>	<i>Document rebrand; updated references</i>
<i>January 1, 2024</i>	<i>Annual review, no policy change</i>

This document is designed for informational purposes only. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization/notification and utilization management guidelines when applicable, adherence to plan policies and procedures, claims editing logic, and provider contractual agreement. In the event of a conflict between this payment guideline and the provider's agreement, the terms and conditions of the provider's agreement shall prevail. Payment policies are intended to assist providers in obtaining Mass General Brigham Health Plan ' payment information. Payment policy determines the rationale by which a submitted claim for service is processed and paid. Payment policy formulation takes into consideration a variety of factors including: the terms of the participating providers 'contract(s); scope of benefits included in a given member's benefit plan; clinical rationale, industry-standard procedure code edits, and industry-standard coding conventions.

Mass General Brigham Health Plan includes Mass General Brigham Health Plan, Inc., and Mass General Brigham Health Plan Insurance Company.