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Policies: Swing Bed Criteria and Pre-Admission Processes

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Policy: Swing Bed Criteria and Pre-Admission Processes

PURPOSE

Outline admission criteria and the pre-admission process to Swing Bed.

POLICY

1. No patient shall be denied admission on the basis of sex, race, religion, ancestry, national origin, age or handicap, as long as they meet skilled needs, and the **Name of Hospital** has the resources to meet the patient's needs.
2. All potential Swing Bed admissions will be reviewed in advance to ensure that they meet swing bed criteria and that patient needs can be met.
3. All potential Swing Bed admissions from **Name of Hospital** will be provided a choice of Swing Bed or skilled nursing post-acute providers.

DEFINITIONS

Daily Skilled Care (*Medicare Benefits Manual Chapter 8, 30.7*)

In determining whether the daily skilled care needed by an individual can, as a "practical matter," only be provided in a SNF on an inpatient basis, the A/B MAC (A) considers the individual's physical condition and the availability and feasibility of using more economical alternative facilities or services. As a "practical matter," daily skilled services can be provided only in a SNF if they are not available on an outpatient basis in the area in which the individual resides or transportation to the closest facility would be:

- *An excessive physical hardship;*
- *Less economical; or*
- *Less efficient or effective than an inpatient institutional setting.*

The availability of capable and willing family or the feasibility of obtaining other assistance for the patient at home should be considered. Even though needed daily skilled services might be available on an outpatient or home care basis, as a practical matter, the care can be furnished only in the SNF if home care would be ineffective because the patient would have insufficient assistance at home to reside there safely.

Skilled Nursing and/or Skilled Rehabilitation Services

(Medicare Benefits Manual Chapter 8, 30.2)

Skilled nursing and/or skilled rehabilitation services are those services, furnished pursuant to physician orders, that:

- *Require the skills of qualified technical or professional health personnel such as registered nurses, licensed practical (vocational) nurses, physical therapists, occupational therapists, and speech-language pathologists or audiologists; and*

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- *Must be provided directly by or under the general supervision of these skilled nursing or skilled rehabilitation personnel to assure the safety of the patient and to achieve the medically desired result.*
- *NOTE: "General supervision" requires initial direction and periodic inspection of the actual activity. However, the supervisor need not always be physically present or on the premises when the assistant is performing services. Skilled care may be necessary to improve a patient's current condition, to maintain the patient's current condition, or to prevent or slow further deterioration of the patient's condition.*

PROCEDURES

A. Admission Criteria

1. The patient must be medically stable.
2. Medicare Benefits Manual Chapter 8 includes the following general criteria which must **all be met** for care of a Medicare patient in a skilled nursing facility (swing bed) to be covered:
 - a. *The patient requires skilled nursing services or skilled rehabilitation services.*
 - b. *Skilled nursing or skilled rehabilitation services are ordered by a physician.*
 - c. *Services are for the treatment of condition for which the beneficiary was receiving inpatient hospital services (including services of an emergency hospital) or a condition which arose while in a Swing Bed or SNF for treatment of a condition for which the beneficiary was previously hospitalized. In this context, the applicable hospital condition need not have been the principal diagnosis that actually precipitated the beneficiary's admission to the hospital but could be any one of the conditions present during the qualifying patient stay.*
 - d. *Skilled nursing services or skilled rehabilitation services (or a combination of these services) must be needed and provided on a "daily basis," i.e., on essentially a 7-days-a week basis. A patient whose inpatient stay is based solely on the need for skilled rehabilitation services would meet the "daily basis" requirement when they need and receive those services on at least 5 days a week.*
 - e. *As a practical matter, considering economy and efficiency, the daily skilled services can be provided only on an inpatient basis in a skilled nursing facility.*
 - f. *The services delivered are reasonable and necessary for the treatment of a patient's illness or injury, i.e., are consistent with the nature and severity of the individual's illness or injury, the individual's particular medical needs, and accepted standards of medical practice. The services must also be reasonable in terms of duration and quantity.*

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3. Additional criteria included in the Medicare Benefits Manual Chapter 8 include:
- a. *The individual must have been an inpatient of a hospital for a medically necessary stay of at least three consecutive calendar days. The 3 consecutive calendar day stay requirement can be met by stays totaling 3 consecutive days in one or more hospitals. In determining whether the requirement has been met, the day of admission, but not the day of discharge, is counted as a hospital inpatient day. Time spent in observation or in the emergency room prior to (or in lieu of) an inpatient admission to the hospital does not count toward the 3-day qualifying inpatient hospital stay, as a person who appears at a hospital's emergency room seeking examination or treatment or is placed on observation has not been admitted to the hospital as an inpatient; instead, the person receives outpatient services.*
 - b. *The individual must have been transferred to a participating skilled nursing facility within 30 days after discharge from the hospital except as noted below:*
 - c. *A direct admission from home, long term care, or assisted living can also occur with physician hold / deferred covered treatment, with an elapsed period of more than 30-days under certain circumstances. Such is permitted only for swing bed admissions where the patient's condition makes it medically inappropriate to begin an active course of treatment immediately after hospital discharge, and it is medically predictable at the time of the hospital discharge that he or she will require covered care within a predetermined time period.*
 - d. *To be covered, the extended care services must have been for the treatment of a condition for which the beneficiary was receiving inpatient hospital services (including services of an emergency hospital) or a condition which arose while in the SNF for treatment of a condition for which the beneficiary was previously hospitalized. In this context, the applicable hospital condition need not have been the principal diagnosis that actually precipitated the beneficiary's admission to the hospital, but could be any one of the conditions present during the qualifying hospital stay*

B. Hospital Specific Admission Limitations

1. No patient with a primary psychiatric or mental retardation diagnosis will be admitted.
2. No patient will be admitted with the following needs as it is beyond the Swing Bed services offered at **Name of Hospital**
 - Drug and Alcohol Treatment / Rehabilitation
 - Ventilator Dependent or Ventilator Weaning
 - Patients who require a blood transfusion and are in an unstable condition
 - Patients requiring dialysis
 - Patients requiring radiation therapy
 - Patients requiring chemotherapy
 - Prisoners

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- Patients under the age of 18
 - Patients with no clear discharge plan
3. Patients with secondary psychiatric or mental retardation diagnosis shall be evaluated on a case-by-case basis to determine if their needs can be met.
 4. External referrals of patients with a communicable disease or diagnosis will be evaluated on the basis of diagnosis type, specific care requirements, availability of correct room to manage isolation if needed and as directed by the hospital's policy on communicable disease.
 5. External referrals will be considered for admission based on the program's capability to meet their medical and rehabilitation needs but also on bed availability.
 6. Care Management will determine if a Preadmission Screening and Resident Review (PASARR) has been completed for the patient and if so, will review the PASARR to ensure services can be provided.

C. Pre-Admission – In-Patients at *Name of Hospital*

1. Care Management or designee will review all potential admissions to determine if the patient meets admission criteria, if their needs can be met, and if there is a discharge plan.
2. The potential for Swing Bed will be identified, if possible, at the time of the acute care admission as part of discussions with the provider and the care management team.
3. Care Management will review the potential admission with appropriate disciplines, including the physician, nursing, rehabilitation, pharmacy, and dietary as appropriate, to ensure that patient needs can be met.
4. The physician will discuss and inform the patient and/or the patient's representative of the reason for Swing Bed admission, the expected length of stay, and goals for discharge. The conversation with the patient and/or the patient's representative will be documented in the medical record by the physician.
5. Before being admitted to Swing Bed, and if the patient meets the criteria for Swing Bed admission, the patient will be given a choice of skilled nursing options, including Skilled Nursing Facilities (SNF). To assist the patient or their representative in selecting a Post-Acute Care (PAC) provider, data on quality measures and resource use measures will be shared for all facilities within a **___mile radius of *Name of Hospital*** that offer skilled care including other swing bed programs. The data provided must be relevant and applicable to the patient's goals of care and treatment preferences. The information provided and the patient's choice will be documented in the medical record.
6. If at all possible, before being admitted to Swing Bed, Care Management will determine the patient's choice of an attending physician. (See Policy Choice of Physicians) If this does not

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occur prior to admission, and the patient ultimately chooses a physician other than the physician who admitted the patient to Swing Bed, care will be transferred as soon as possible to the new physician.

7. If the patient chooses to receive Swing Bed Care at **Name of Hospital**, Care Management will discuss admission with the patient or legal representative to ensure that they are aware of expectations and agree to the Swing Bed admission.
8. If the patient chooses to receive Swing Bed Care at **Name of Hospital**, Care Management will request payor authorization for any payor other than traditional Medicare or Medicaid.
9. If the patient chooses to receive Swing Bed Care at **Name of Hospital**, the provider will write a discharge order from acute and admission order to Swing Bed.

D. Pre-Admission – Patients admitted from another facility

1. Care Management or designee will review all potential admissions to determine if the patient meets admission criteria if their needs can be met and if there is a discharge plan.
2. Care Management will review the potential admission with appropriate disciplines, including the physician, nursing, rehabilitation, pharmacy, and dietary as appropriate, to ensure that patient needs can be met and that there is a discharge plan
3. If the patient meets the criteria for swing bed care, Care Management will determine if a physician with privileges at **Name of Hospital** will accept the patient. Care Management will discuss the potential admission with the physician, including admission goals, and expected length of stay if this has not already occurred. Note: The patient has a right to choose the attending physician (See *Policy Choice of Physicians*). If the patient ultimately chooses a physician other than the physician who initially accepted the patient, care will be transferred as soon as possible to the new physician.
4. Care Management will request payor authorization for any payor other than traditional Medicare or Medicaid.
5. If possible, Care Management will discuss admission with the patient or legal representative prior to admission to ensure that they are aware of expectations and agree to the Swing Bed admission.

REGULATORY REFERENCES

Appendix W - Survey Protocol, Regulations and Interpretive Guidelines for Critical Access Hospitals (CAHs) and Swing-Beds in CAHs (Rev. 200, 02-21-20) §483.20(b), §483.21(b), §485.642(a)(8),

Medicare Benefit Policy Manual Chapter 8 - Coverage of Extended Care (SNF) Services Under Hospital Insurance Table of Contents (Rev. 10880; Issued: 08-06-21)