

Wyoming Nursing Facility Extraordinary Care Criteria



Recipients who have an MDS Activities of Daily Living Sum score of ten (10) or more and require special care or clinically complex care as recognized under the Medicare RUG III classification system for those conditions which have been prior authorized by the Department.

Conditions considered under extraordinary client criteria include:

- ✓ Automatic Qualification:
 - Ventilator Dependence

- ✓ The following qualifying diagnoses must have additional criteria met:
 - Cerebral Palsy (ICD 9 343)
 - Morbid Obesity (ICD 9 278.01)
 - Multiple Sclerosis (ICD 9 340)
 - Quadriplegia (ICD 9 344.00, 344.01, 344.02, 344.03, 344.04, or 344.09)
 - Must have one of the following:
 - Ventilator dependence
 - Tracheostomy
 - Coma
 - Seizures
 - Disease process involving five (5) or more functional areas of visual, motor, sensory, cognitive, coordination and/or bowel and bladder (Multiple Sclerosis only)
 - Spastic Quadriplegia (Cerebral Palsy only)

AND

- Must have three of the following:
 - Skin care could include Stage 3 or 4 ulcer/ turning every two hours
 - Foley incontinence care could include urinary tract infections/ diarrhea/constipation/bowel and bladder training
 - Tube feedings/aphasia could include dehydration/weight loss/aspiration pneumonia

- Physical therapy could include wound care/range of motion exercises.
- Special equipment used only by this resident that is clearly above and beyond what is covered in the per diem rate.
- Other conditions where special care or clinically complex care are required will be evaluated on a case by case basis by the Department.
- Criteria are subject to change

Provider Documentation Required:

- New Requests- Completed packet (following) and required documentation and cost review
- Continued Stay Review-completed Continued Stay form and required documentation
- Annual Cost review for extraordinary care client rates will be done in conjunction with October 1 rate effective date reviews.

Continued stay reviews – utilization review at 15 days, 30 days, 90 days and yearly thereafter. If medical evaluation shows difference or change in services needed; notify APS at 1-888-545-1710.

If client has a change in services needed, provider can submit new cost information for consideration of rate adjustment. Incremental revenue of negotiated rate is offset against applicable cost report. Notify Myers & Stauffer of change for modification to reimbursement. 1-800-336-7721.

***Change in Policy beginning 10/01/09: Please include all costs for residents under extraordinary care negotiated rate; cost reports will be adjusted during rate setting.