Medical Coverage Policy | Skilled Nursing Facilities: Admission and Concurrent Review

EFFECTIVE DATE: 09|01|2015
POLICY LAST REVIEWED: 01|17|2024

OVERVIEW

This policy documents the utilization review process for admission and continued care in a skilled nursing facility (SNF).

MEDICAL CRITERIA

Medicare Advantage Plans and Commercial Products

Care in a SNF is covered if all the following four factors are met:

- The patient requires skilled nursing services or skilled rehabilitation services, i.e., services that must be performed by or under the supervision of professional or technical personnel; are ordered by a physician and the services are rendered for a condition for which the patient received inpatient hospital services or for a condition that arose while receiving care in a SNF for a condition for which he received inpatient hospital services;
- The patient requires these skilled services on a daily basis; and
- As a practical matter, considering economy and efficiency, the daily skilled services can be provided only on an inpatient basis in a SNF.
- 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.

PRIOR AUTHORIZATION

Prior authorization is required for Medicare Advantage Plans and recommended for Commercial Products.

POLICY STATEMENT

Medicare Advantage Plans and Commercial Products

Admission Review

The provider ordering the SNF admission will be responsible for requesting prior authorization. In most cases, this will be the attending physician at the hospital from which the patient is being discharged.

To initiate prior authorization review from the hospital, please coordinate with the BCBSRI onsite nurse reviewer. For ordering providers initiating prior authorization review from an office or other subacute setting, please contact our Utilization Management Department at (401) 272-5670 - option 4 or fax your request to (401) 459-1623 and include the supporting medical documentation.

If the request for SNF admission does not meet the criteria, the ordering provider and member will receive a denial notice that follows the standard utilization review process. If authorization is not obtained prior to admission, the claim for SNF services will deny as provider liability.

Concurrent Review

The SNF will be responsible for contacting BCBSRI for concurrent review for approved, admitted patients. To initiate authorization review for additional SNF days, please contact our Utilization Management

Department at (401) 272-5670 - option 4, or fax your request to (401) 459-1623 and include the supporting medical documentation.

BCBSRI will follow the Notice of Medicare Non-Coverage (NOMNC) rules and regulations Medicare Advantage Plan members.

COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage or Subscriber Agreement for the applicable skilled nursing benefits/coverage.

BACKGROUND

Not applicable

CODING

Not applicable

RELATED POLICIES

Not applicable

PUBLISHED

Provider Update, March 2024
Provider Update, April 2023
Provider Update, May 2022
Provider Update, May 2021
Provider Update, April 2020
Provider Update, June 2019

REFERENCES

1.Centers for Medicare and Medicaid Services, Medicare Benefit policy manual, Chapter 8-Coverage of Extended Care (SNF) Services Under Hospital Insurance. https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/bp102c08pdf.pdf
2. Centers for Medicare and Medicaid Services, Medicare Benefit Policy Manual: Chapter 8-Coverage of Extended Care (SNF) Services Under Hospital Insurance. Section 30- Skilled Nursing Facility Level of Care - General
3.InterQual Criteria for Skilled Nursing Facility