

**EFFECTIVE DATE:** 10|01|2025

**POLICY LAST REVIEWED:** 08|20|2025

## 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.

Effective 10/1/2025, for Fully-Funded Commercial Products only, prior authorization requests may not be needed when the requesting physician is a BCBSRI Contracted Primary Care Provider. See below for a list of specialties. Prior authorization continues to be needed for all other Commercial Products, including Self-Funded and Medicare Advantage Plans.

The following specialties, that are credentialed as a primary care provider, are included in this exemption:

- Internal Medicine
- Pediatric Medicine
- Family Practice
- Obstetrics and Gynecology
- Doctor of Osteopathic Medicine
- NP (Nurse Practitioner)/PCP (Primary Care Physician or Provider)
- PA (Physician Assistant)

### Medicare Advantage Plans

Effective March 15, 2025, a post-acute care vendor has been delegated to perform utilization management services for admission, concurrent, and retrospective requests according to this policy, except for members who are attributed to a Prospect Primary Care Provider.

## **POLICY STATEMENT**

### **Medicare Advantage Plans and Commercial Products**

SNF is covered for all Blue Cross & Blue Shield of Rhode Island (BCBSRI) products when the medical criteria are met.

Medicare may change coverage or criteria. All changes are effective when Medicare determines them to be so and are applicable to Medicare Advantage Plan members and will supersede this policy.

## **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: January/September 2025

Provider Update, March 2024

Provider Update, April 2023

Provider Update, May 2022

Provider Update, May 2021

## **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

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