

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



EFFECTIVE DATE: 09/01/2015
POLICY LAST UPDATED: 07/01/2015

OVERVIEW

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

MEDICAL CRITERIA

BCBSRI will utilize Interqual and/or CMS criteria for medical necessity review.

PRIOR AUTHORIZATION

Prior authorization is required for BlueCHiP for Medicare and recommended for Commercial Products.

POLICY STATEMENT

BlueCHiP for Medicare 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, ext. 3012, or fax your request to (401) 272-8885 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, ext. 3012, or fax your request to (401) 272-8885 and include the supporting medical documentation.

BCBSRI will follow the Notice of Medicare Non-Coverage (NOMNC) rules and regulations for Blue CHiP for Medicare members.

COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for the applicable services not medically necessary/benefits skilled nursing/coverage.

BACKGROUND

Not applicable

CODING

None

PUBLISHED

Provider Update, July 2015

Provider Update, July 2013

REFERENCES

Medicare Benefit policy manual

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c08.pdf>

Interqual Criteria for Skilled Nursing Facility

CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS

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