

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

Providers should contact the plan for all prior authorization admissions to a SNF. Concurrent review will require authorization to determine if the member meets all of the medical criteria for continued skilled services. Services not meeting criteria will be denied as not medically necessary. Skilled nursing facilities must meet all of the network requirements to be a participating provider in the BCBSRI provider network.

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

RELATED POLICIES

Skilled Nursing Facilities: Network Requirements for Participating Providers

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

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