Medical Coverage Policy | Skilled Nursing Facilities, Concurrent Review for Continued Care Services



EFFECTIVE DATE: 5 | 01 | 2013

POLICY LAST UPDATED: 4|20|2015

OVERVIEW

Blue Cross & Blue Shield of Rhode Island (BCBSRI) has created this policy to document the utilization review process for continued care in a skilled nursing facility (SNF).

MEDICAL CRITERIA

Skilled care in a SNF is medically necessary if all of the following criteria are met:

- O 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;
- o The patient requires these skilled services on a daily basis;
- O As a practical matter, considering economy and efficiency, the daily skilled services can be provided only on an inpatient basis in a SNF;
- O The services must be reasonable and necessary for the treatment of a patient's illness or injury, i.e., be 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

Notification is required.

POLICY STATEMENT

BlueCHiP for Medicare and Commercial

Skilled nursing facilities should contact the plan for all admissions to a SNF. Concurrent review will begin after the third day of admission to determine if the member meets all of the medical criteria for continued skilled services. This is effective for all products. 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.

Notification to the plan of admission to the skilled nursing facility is required for BlueCHiP for Medicare and is recommended for all other BCBSRI products. Services in a skilled nursing facility are considered medically necessary when all of the above criteria are met.

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/coverage.

BACKGROUND

BCBSRI has created this policy to document the utilization review process for continued care in a skilled nursing facility.

CODING

None

RELATED POLICIES

Skilled Nursing Facilities: Network Requirements for Participating http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c08.pdf

PUBLISHED

Provider Update, July 2015 Provider Update, July 2013

REFERENCES

Medicare Benefit policy manual

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