

Policy Title:	Skilled Nursing Facility Payment Policy	
Effective Date:	07/01/2016	
Review Date:	07/01/2017	
Revision Date:	08/11/2016	
Purpose:	This policy will define Neighborhood Health Plan of Rhode Island's (Neighborhood) policy on submitting claims for skilled nursing facilities, which must be submitted on a CMS 1450 (UB04) form.	
Scope:	This policy applies to the following plans:	
	<ul style="list-style-type: none"> • RIte Care • Children with Special Health Care Needs • Substitute Care • Rhody Health Partners (RHP) 	<ul style="list-style-type: none"> • UNITY/Rhody Health Options (RHO) • INTEGRITY Medicare-Medicaid • Health Benefit Exchange (HBE) • ACA Adult Expansion (RHE)
Table of Contents:	<ol style="list-style-type: none"> 1. Authorization Requirements 2. Medical Necessity Criteria 3. General Benefits Information 4. Member Responsibility 5. Billing Guidelines 6. Disclaimer 	

1. Authorization Requirements

All admissions, as ordered by a network physician, must meet medical necessity criteria and require prior authorization.

For the most accurate prior authorization requirements please reference the guide below.
[Prior Authorization Reference Guide](#)

2. Medical Necessity Criteria

MCAP – available upon request

3. General Benefit Information

Definition: Skilled nursing facility/nursing facility care services are rendered to a member who is an inpatient of a skilled nursing facility or nursing facility and may include: skilled nursing and/or rehabilitation care and/or custodial care, room and board, therapies (physical, occupational, speech), medical social services, pharmaceuticals, durable medical equipment, additional nursing and personal care and other necessary routine services.

Coverage Includes:

Skilled nursing facility/nursing facility care services are covered for members while inpatient at a skilled nursing facility during an approved admission. Skilled level of care (levels 1-4) are covered for all lines of business, however, custodial level of care is covered for RHP or RHE members only as described below.

Admission must be to an in-network skilled nursing facility/nursing facility unless the network does not have the appropriate skilled nursing facility/nursing facility services for an individual member.

Coverage limits:

RHP, RHE members have a benefit limitation of up to 30 consecutive days in a skilled nursing facility or nursing facility at a skilled or custodial level of care, but will stay on the plan until the last day of the month in which the 30th day occurs. RHP, RHE members who have stays longer than 30 days are disenrolled from RHP, RHE.

UNITY and INTEGRITY coverage includes all skilled and custodial levels of care when ordered by a health plan physician up to 365 days a year.

Rite Care coverage includes all skilled levels of care when ordered by a health plan physician.

Exclusions:

Extended Family Planning (EFP) members have a restricted benefit package which does not include SNF services.

RHP, RHE members have a benefit limitation of 30 consecutive hospice days in a skilled nursing facility or nursing facility, but will stay on the plan until the last day of the month in which the 30th day occurs. RHP, RHE members who have stays longer than 30 days are disenrolled from RHP, RHE.

For Health Benefit Exchange members, custodial care, rest care, day care, or non-skilled care in any facility is not covered. This includes care in convalescent homes, nursing homes, homes for the aged, halfway houses, or other residential facilities.

An individual residing in a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF) whose condition precludes transportation by the facility automobile to and from physician's office, medical laboratory, hospitals, etc., may be transported subject to the following restrictions:

- Non-emergency medical transportation services should only be utilized when the patient cannot be transported by any other means through the facility and when the required medical service cannot be provided within the facility. It is the responsibility of the facility to ensure

that the patient is transported by alternative means whenever possible.

- Non-emergency transportation services should not be utilized to transport patients to receive services that can be provided within the facility; e.g., portable x-ray services can be provided in a facility setting.
- Emergency medical transportation services should only be provided when a patient is severely ill or injured and transportation by any other means would endanger the individual's health.¹

4. Member Responsibility

Member Responsibility: Copayments, deductible, patient share and/or coinsurance may apply, depending upon the member's benefit plan. It is recommended not to bill the member for deductible, patient share and/or coinsurance until the claim has processed so the appropriate member responsibility can be determined.

Patient Share: Applies to UNITY and INTEGRITY Plans Only.

Skilled Care

UNITY- Patient share will be deducted until the member's share amount has been exhausted.

INTEGRITY-

- Days 21-100, patient share will be applied at the Medicare coinsurance rate until the member's patient share amount has been exhausted.
- Days 101+, Patient share will be deducted until the member's share amount has been exhausted.

Custodial Care

UNITY and INTEGRITY-

- Patient share will be deducted from day one until the member's share amount has been exhausted.
- If a member is admitted for skilled care without a qualifying 3 day hospital stay patient share will be deducted from day one until the member's share amount has been exhausted.

5. Billing Guidelines

It is the provider's responsibility to:

- Submit the correct CPT, HCPCS procedure code(s) and diagnosis codes
- Submit the most updated industry standard codes
- Submit a modifier, when applicable, with the corresponding CPT and/or HCPCS procedure code(s)
- Refer to [CMS](#) guidelines for appropriate modifiers.

¹ [EOHHS Medical Transportation Policy Rev. 3/1/2012](#)

As a courtesy, Neighborhood offers the following guidelines for claim submission:

Bill Types	211-228
-------------------	---------

Custodial Care	Revenue Code
Custodial Room and Board	0100
Custodial Room and Board with Ventilation Bed-Rehabilitation	0128
Custodial Room and Board with Ventilation Bed-Other	0129

Levels of Skilled Nursing Facility Care	Revenue Code
Level I	0191
Level II	0192
Level III	0193
Level IV	0194

Custodial Care Professional Services

Skilled therapy services will be reimbursed separately for INTEGRITY members in custodial care.

Physical Therapy (PT), Occupational Therapy (OT) and Speech Therapy (ST) services can be billed by the facility on a separate claim by using TOB 22X.

All supplies and other services must be obtained from Neighborhood's contracting providers who will bill Neighborhood directly.

6. Disclaimer Information

This policy provides information on Neighborhood Health Plan of Rhode Island's claims adjudication processing guidelines. As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management guidelines when applicable, adherence to plan policies and procedures and claims editing logic.