Blue Cross Blue Shield Blue Care Network of Michigan
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Provider alert
Medicare Plus Blue℠ and BCN Advantage℠
Categories: Authorizations/referrals, Billing/claims/coding
Date posted: Oct. 26, 2022

Prior authorization and billing reminders for SNF interrupted stays for Medicare Advantage members

Per Centers for Medicare & Medicaid Services guidance, a skilled nursing facility interrupted stay occurs when a patient is discharged from a SNF and is readmitted to the same SNF within three consecutive days. When this occurs:

- The readmission or subsequent stay is considered a continuation of the previous stay.
- One claim must be submitted for both stays.
- The completion of new patient assessments is optional.
- The variable per diem isn't reset.

For more information, see the "Interrupted Stay Policy" section of the Medicare Learning Network® document titled SNF PPS: Patient Driven Payment Model*.

How naviHealth issues authorizations for SNF interrupted stays

naviHealth's authorization process is based on their medical necessity review process.

If a patient who is receiving skilled services leaves a SNF for the emergency department, for an observation stay or for an acute-care hospital inpatient stay and:

- Returns to the same SNF **before two midnights have passed**, naviHealth will use the original prior authorization number.
- Returns to the same SNF **after two or more midnights have passed**, naviHealth will create a new authorization number.

How to submit claims for SNF interrupted stays

Here's what you need to know about billing for SNF interrupted stays:

- You must submit only one claim for both stays.
- Submitting authorization numbers on Medicare Plus Blue and BCN Advantage claims for post-acute care stays is **optional**. If you choose to include an authorization number on the claim, include the prior authorization number for the initial SNF stay.
- If naviHealth assigns a different patient-driven payment model, or PDPM, code for the subsequent stay:

    1. Include a claim line for the original dates of service and PDPM code.
    2. Include a separate or new claim line for the subsequent dates of service and the second PDPM code.

Reminders:

- naviHealth authorizes the first four digits of the PDPM code based on the associated case mix groups, or CMGs. The provider is responsible for assigning the appropriate fifth digit.
- Providers are responsible for billing appropriately.
- Claims for unauthorized services and procedures are subject to denial.

Resources for CMS billing guidance

- Medicare Claims Processing Manual Chapter 6 - SNF Inpatient Part A Billing and SNF Consolidated Billing* — Section 120.2 - Interrupted Stay Policy
- Medicare Benefit Policy Manual Chapter 8 - Coverage of Extended Care (SNF) Services Under Hospital Insurance* — Section 30.1 - Administrative Level of Care Presumption

Additional information

For more information, see the document titled Post-acute care services: Frequently asked questions for providers. We're updating this document to include the information in this alert.

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naviHealth Inc. is an independent company that manages authorizations for post-acute care services for Blue Cross Blue Shield of Michigan and Blue Care Network members who have Medicare Advantage plans.