

## Complete clinical documentation is required for Medicare Advantage post-acute care stay requests

As a reminder, prior authorization is required for post-acute care services for Medicare Plus Blue and BCN Advantage members. This includes requests for stays at skilled nursing facilities, inpatient rehabilitation facilities and long-term acute care hospitals.

To ensure that members receive the right care at the right time and in the right location, health care providers must:

- Submit prior authorization requests for post-acute care to Blue Cross Blue Shield of Michigan or Blue Care Network through the e-referral system.
- For each request, attach complete clinical documentation that demonstrates that the request meets Centers for Medicare & Medicaid Services and InterQual<sup>®</sup> criteria for the requested level of care and/or continued stay.

As we continue to ensure that criteria are met for each prior authorization request, providers may find that more requests for post-acute care services pend for clinical review.

### Notes:

- For more information about clinical criteria, see the [Medicare Advantage Prior Authorization](#) page on **bcbsm.com**.
- Blue Cross and BCN have been managing prior authorization requests for post-acute care stays for our Medicare Advantage members since Oct. 1, 2024.

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