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
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Submit additional clinical documentation to support LTACH payment methodology for Medicare Advantage members

In some cases, Blue Cross Blue Shield of Michigan and Blue Care Network receive claims for stays in long-term acute care hospitals (LTACHs) before we receive claims for the preceding acute care hospital stays. The absence of an acute care hospital claim prevents us from verifying Medicare LTACH site-neutral payment exclusion criteria, which may affect our ability to apply the appropriate payment methodology.

Effective immediately and in accordance with 42 CFR § 412.522, Application of the Site Neutral Payment Rate*, healthcare providers must submit clinical documentation that demonstrates whether LTACH admissions qualify for the standard LTACH payment rather than the site-neutral payment. This documentation should be included when submitting prior authorization requests to WellSky®.

Our goal is to ascribe the appropriate payment methodology to the claim. You can help us by including this information during the authorization process. This reduces the potential for payment delays and minimizes the need for subsequent claim adjustments.

Clinical documentation to submit when requesting prior authorization

When submitting the prior authorization request, submit clinical documents that support one or both of the following:

- The LTACH admission was immediately preceded by a discharge from a subsection acute care hospital
- The patient meets one of the following criteria from the preceding hospital stay:

Criterion	Requirements
Intensive care unit, or ICU	The patient spent at least three days in an intensive care unit. Note: The patient doesn't need to be discharged directly from the ICU to meet this criterion.
Ventilator	The patient received at least 96 hours of ventilator services. Documentation should support the ventilator service duration and, when appropriate, include ICD-10-PCS procedure code 5A1955Z.

Here are examples of documentation that supports the above criteria:

- Acute care hospital discharge summary
- ICU stay documentation
- Ventilator treatment records
- Transfer documentation

- Relevant clinical records from the preceding acute care admission

Additional information

For details about our Medicare Advantage prior authorization program for post-acute care stays, see the Post-acute care services for Medicare Advantage members: Frequently asked questions for providers document.

Thank you for your cooperation in supporting timely, accurate claims processing.

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