**Skilled nursing facility**

Applies to:

Blue Cross Blue Shield Nebraska MA Core (HM0)
Blue Cross Blue Shield Nebraska MA Choice (HMO-POS)

BlueCross BlueShield Nebraska
An independent licensee of the Blue Cross and Blue Shield Association

## Skilled nursing facility

A skilled nursing facility provides skilled care such as nursing or rehabilitation services to individuals who can no longer care for themselves following an injury or illness. It can be a separate facility, or part of a hospital, or other health care facility.

## Original Medicare

Original Medicare benefits cover extended care services that are provided in a Medicare certified skilled nursing facility. There is a limit of 100 days for each benefit period. The benefit period is renewed when the beneficiary has not been in a skilled nursing facility for 60 days. There is no limit to the number of benefit periods a beneficiary can have.

The beneficiary must meet the following requirements to be eligible for coverage:

- The beneficiary must be an inpatient of a hospital for a medically necessary stay of at least three consecutive calendar days prior to discharge.
- The beneficiary must be transferred to the skilled nursing facility within 30 days after discharge from the hospital.
- In certain circumstances, the 30-day period may be extended if, at the time of hospital discharge, it is predictable that extended care services will be required subsequent to hospital care.

## MA Core (HMO) and MA Choice (HMO-POS) Enhanced Benefit

MA Core (HMO) and MA Choice (HMO-POS) are Medicare Advantage plans that provide at least the same level of benefit coverage as Original Medicare (Part A and Part B) and may provide enhanced benefits beyond the scope of Original Medicare within a single health care plan. This flexibility allows Blue Cross and Blue Shield of Nebraska to offer enriched plans by using Original Medicare as the base program and adding desired benefit options.

Coverage for services provided in a Medicare certified skilled nursing facility is provided to members under MA Core (HMO) and MA Choice (HMO-POS). The three-day hospital stay requirement under Original Medicare is waived for all MA Core (HMO) and MA Choice (HMO-POS) members. The member’s cost-sharing is determined by Blue Cross and Blue Shield of Nebraska.

## Conditions for Payment

The following table specifies payment conditions for skilled nursing facility coverage.

| Conditions for Payment | |
|---|---|
| Eligible Provider | Consistent with Original Medicare |
| Payable Location | Consistent with Original Medicare |
| Frequency | Medically necessary stay of at least three consecutive calendar days in an inpatient hospital is not required.<br><br>100 Days per benefit period |
| HCPCS Codes | Consistent with Original Medicare |
| Diagnosis Restrictions | |
| Age Restrictions | |

## Reimbursement

The provider will be paid the lesser of the allowed amount or the provider's charge, minus the member's cost-share. This represents payment in full and providers are not allowed to balance bill the member for the difference between the allowed amount and the charge.

## Member Cost-sharing

- NE  Medicare Advantage providers should collect the applicable cost-sharing from the member at the time of the service when possible. Cost-sharing refers to a flat-dollar copayment a percentage coinsurance or a deductible. Providers can only collect the appropriate NE Medicare Advantage cost-sharing amounts from the member.
- If the member elects to receive a non-covered service, he or she is responsible for the entire charge associated with the non-covered service.

To verify benefits and cost share, providers may call 888-505-2022.

## Billing Instructions for Providers

1. Bill services on the CMS 1500 (02/12) or UB-04 claim form.
2. Use the NE MA Core and/or MA Choice unique billing requirements.
3. Report CPT/HCPCS codes and diagnosis codes to the highest level of specificity.
4. Include your National Provider Identifier number on all claims.
5. Send your claims to your local BCBS plan.

## Revision History:

Policy Number: NEHMO 1007
Policy Created: 07/18/2016
Policy Effective: 01/01/2017