

Blue Cross and Blue Shield of Illinois Provider Manual

Extended Care Facility

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Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

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Verification of benefits and /or approval of services after prior authorization or predetermination are not a guarantee of payment of benefits. Payment of benefits is subject to several factors, including, but not limited to, eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, copayments, coinsurance and deductibles, supporting medical documentation and other terms, conditions, limitations and exclusions set forth in the member's policy certificate and/or benefits booklet and/or summary plan description as well as any pre-existing conditions waiting period, if any.

Extended Care Facility

An Extended Care Facility (ECF), also called a Skilled Nursing Facility (SNF), is an institution or distinct part of an institution that has a transfer agreement with one or more hospitals. An ECF is primarily engaged in providing comprehensive post-acute hospital and inpatient rehabilitative care, and is licensed by the designated government agency to provide such services. The definition of an ECF does not include institutions that provide only minimal, custodial, ambulatory or part-time care services, or institutions that primarily provide for the care and treatment of mental illness, pulmonary tuberculosis or chemical dependency.

Definitions

Blue Cross Participating or Plan SNF

A SNF has a contractual agreement with Blue Cross and Blue Shield of Illinois (BCBSIL) to provide services to a covered person at the time services are rendered. SNFs are those licensed by the appropriate state and government authorities to provide skilled care in accordance with the guidelines established by Medicare.

Examples of SNF services that may be eligible

The facility must verify coverage for each admission and obtain benefits for that subscriber's plan by submitting an electronic eligibility and benefits request through the preferred third party vendor portal, or by calling the BCBSIL Provider Telecommunications Center (PTC) at 800-972-8088.

- Semi-private room
- General nursing services
- Allowance for private room equal to semi-private room rate
- Use of special treatment rooms
- Laboratory tests
- Oxygen and oxygen administration
- Physical therapy
- Inhalation therapy
- Electrocardiograms
- Electroencephalograms
- X-rays (unless not covered by the certificate)
- Physician visits when available under the Blue Shield benefit
- Speech therapy
- Functional occupational therapy (helps restore functions of the upper body)
- Other medically necessary services when prescribed by the attending physician

Exclusions

- Transfers from the hospital to the SNF made solely for evaluation, observation or convenience
- Diagnostic or therapeutic procedures not related to the condition for which the original hospital service was provided
- Treatment for which a member receives or is eligible for care under Worker's Compensation or Federal Employer's liability laws
- Items provided solely for comfort
- Private duty nursing, blood plasma and special appliances

Custodial Care Services

Benefits are not available for custodial care services under most benefit plans. Custodial care services do not require the technical skills or professional training of medical and/or nursing personnel in order to be safely and effectively performed. Custodial care services include, but are not limited to:

- Assistance with activities of daily living (bathing, personal hygiene, feeding, meal preparation)
- Administration of oral medications
- Assistance with ambulation or walking
- Assistance with supportive or maintenance physical therapy
- Care due to incontinence
- Turning and positioning in bed
- Acting as a companion or sitter
- Nurse's aide services
- Ventilator management

Custodial care also means the provision of inpatient services and supplies to a covered person who is not receiving skilled nursing services on a continuous basis. The covered person is not under a specific therapeutic program which has a reasonable expectancy of effecting improvement in the covered person's condition within a reasonable period of time, and which can only be safely and effectively administered to an inpatient in the health care facility involved.

Member Eligibility

The types of services that are covered by employee benefit contracts vary considerably. Therefore, providers should always check member eligibility and benefits before rendering services.

Prior Authorization Requirements

Most benefit plans require prior authorization and approval for admission to an ECF/SNF. Specific timeframes for notification vary according to employer benefit requirements. Providers may complete prior authorization/pre-certification electronically through the Availity® Authorizations tool (HIPAA-standard 278 transaction). For additional details, refer to the [Availity Authorizations page](#) in the Education and Reference Center/Provider Tools section of our provider website. Providers also may call the BCBSIL at 800-572-3089 to obtain information via the automated Interactive Voice Response (IVR) phone system.

Refer to the [Utilization Management page](#) located on the BCBSIL Provider website for additional information.

Verification of benefits and /or approval of services after prior authorization or predetermination are not a guarantee of payment of benefits. Payment of benefits is subject to several factors, including, but not limited to, eligibility at the time of service, payment of premiums/contributions, amounts allowable for services, copayments, coinsurance and deductibles, supporting medical documentation and other terms, conditions, limitations and exclusions set forth in the member's policy certificate and/or benefits booklet and/or summary plan description as well as any pre-existing conditions waiting period, if any.

HMO Illinois®, Blue Advantage HMOSM, Blue Precision HMOSM, BlueCare DirectSM, and Blue FocusCareSM Prior Authorization

All services for these HMO members must have Medical Group/Independent Practice Associations (MG/IPA) approval. The Primary Care Physician (PCP) must authorize all referrals to facilities or specialists and must refer the member to an ECF within the independently contracted HMO network.

An ECF that wishes to participate contractually as an HMO provider must have achieved Joint Commission or Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation (or must have achieved other appropriate accreditation). This requirement is necessary in order for the HMO to maintain National Committee for Quality Assurance (NCQA) accreditation.

ECF Billing Examples

Billing Example 1: Blue Cross Primary

**Form Locator 4
Type of Bill (TOB)**

211 – Skilled Nursing Facility admit through discharge.

**Form Locator 36
Occurrence Span Code/Dates**

Use Occurrence Span Code 70 and indicate the qualifying hospital stay dates.

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Billing Example 1: Blue Cross Primary

1 General Skilled Nursing 123 Main Street Anytown, IL 60000-5999 312-123-4567										2 General Skilled Nursing P.O. Box 123 Anytown, IL 60000-5999										3a PAT. CNTL. # 3577 b. MED. REC. # 123456789					4 TYPE OF BILL 211																
8 PATIENT NAME a Doe, Jane										9 PATIENT ADDRESS a 456 Main Street										5 FE D. TAX NO. 45123456					6 STATEMENT FROM COVERS PERIOD THRU 030119 031819																
b Anytown										c IL					d 60000					e 5999																					
10 BIRTHDATE 10201956		11 SEX F		12 DATE 011319		13 HR 09		14 TYPE 2		15 SRC 4		16 DHR 02		17 STAT		18		19		20		21		22		23		24		25		26		27		28		29 ACDT STATE		30	
31 OCCURRENCE DATE 11 011519		32 CODE 35		33 OCCURRENCE DATE 030219		34 CODE		35 OCCURRENCE DATE		36 CODE		37 OCCURRENCE DATE		38 CODE		39 OCCURRENCE DATE		40 CODE		41 OCCURRENCE DATE		42 CODE		43 OCCURRENCE DATE		44 CODE		45 OCCURRENCE DATE		46 CODE		47 OCCURRENCE DATE		48 CODE		49 OCCURRENCE DATE		50 CODE			
38 Discharge hours required										39 CODE					40 VALUE CODES AMOUNT					41 CODE					42 VALUE CODES AMOUNT					43 CODE					44 VALUE CODES AMOUNT						
42 RE V. CD.		43 DESCRIPTION										44 HCPCS /RATE /HIPPS CODE					45 SE RV. DATE					46 SE RV. UNITS					47 TOTAL CHARGES					48 NON-COVERED CHARGES					49				
1 120		Room/Board/Semi																				18					7200 00														
2 250		Pharmacy																				1					350 00														
3 270		Med-Surg Supplies																				1					110 00														
4 420		Physical Therapy										97116										1					150 00														
5 424		Physical Therapy/Eval										97162										1					200 00														
6 001		Total																									8010 00														
PAGE 1 OF 1										CREATION DATE 032019					TOTALS					8010 00																					
50 PAYER NAME Blue Cross 121										51 HEALTH PLAN ID					52 REL INFO Y					53 ASG BEN Y					54 PRIOR PAYMENTS					55 EST. AMOUNT DUE					56 NPI 0912345678						
58 INSURED'S NAME Doe, Jane										59 P. REL 18					60 INSURED'S UNIQUE ID XOP123456789					61 GROUP NAME XYZ Company					62 INSURANCE GROUP NO. P0000																
63 TREATMENT AUTHORIZATION CODES										64 DOCUMENT CONTROL NUMBER					65 EMPLOYER NAME																										
66 DX J15.9		R53.81		B		C		D		E		F		G		H		68																							
69 ADMIT DX		70 PATIENT REASON DX		a		b		c		71 PPS CODE		72 ECI		a		b		73																							
74 PRINCIPAL PROCEDURE CODE		a. OTHER PROCEDURE CODE		b. OTHER PROCEDURE CODE		c. OTHER PROCEDURE CODE		75		76 ATTENDING NPI 1234567890		QUAL		77 OPERATING NPI		QUAL		78 OTHER NPI		QUAL		79 OTHER NPI		QUAL		LAST Black		FI RST Michael		LAST		FI RST		LAST		FI RST					
80 REMARKS										81 CC a					b					c					d																

Billing Example 2: Medicare Primary, Blue Cross Supplemental

The billing example on the next page demonstrates the method used when billing for a SNF interim first claim when Medicare is primary. For additional details, providers should reference the UB-04 Data Specifications Manual.

Form Locator 4 Type of Bill (TOB)	212 – Skilled Nursing – interim first claim billing.
Form Locator 36 Occurrence Span Code/Dates	Use Occurrence Span Code 70 and the date for the minimum 3-day inpatient hospital stay qualifying patient for Medicare payment.
Form Locator 39 Value Codes/Amount	Use Value Code 09 and the Medicare coinsurance amount in the first calendar year.
Est. Amount Due	Use Medicare coinsurance amount due as in form locator 39.
Form Locator 62 Insurance Group No.	Enter the insurance group number.

Institutional claims may be submitted electronically via the ANSI 837I transaction. Information on electronic Claim Submission is available in the Claims and Eligibility section of the BCBSIL Provider website. Providers may also contact the Electronic Commerce Center at 800-746-4614 for assistance.

Billing Example 2: Medicare Primary, Blue Cross Supplemental

1 General Skilled Nursing 123 Main Street Anytown, IL 60000-5999 312-123-4567										2 General Skilled Nursing P.O. Box 123 Anytown, IL 60000-5999										3a PAT. CNTL. # 03577 b. MED. REC. # 1234 5 FE D. TAX. NO.					4 TYPE OF BILL 212 6 STATEMENT PERIOD FROM 060119 THROUGH 063019																								
8 PATIENT NAME a Doe, Jane										9 PATIENT ADDRESS a 456 Main Street										b Anytown					c IL d 60000 e 5999																								
10 BIRTHDATE		11 SEX		12 DATE		ADMISSION 13 HR		14 TYPE		15 SRC		16 DHR		17 STAT		18		19		20		21		CONDITION 22		23		24		25		26		27		28		29 ACDT STATE		30									
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35 060119		44 060119		45 060219		11 050219		70 050219		053119								a 09		1675 00																													
42 RE V. CD.		43 DESCRIPTION										44 HCPCS /RATE /HIPPS CODE					45 SE RV. DATE					46 SE RV. UNITS					47 TOTAL CHARGES					48 NON-CO VERED CHARGES					49												
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4 0120		Room and Board										250.00										30					7500 00																						
5 250		Pharmacy																				1					353 00																						
6 260		IV Therapy																				3					489 00																						
7 270		Medical Supplies																				1					27 62																						
8 300		Lab Services																				1					190 00																						
9 420		Physical Therapy																				24					3600 00																						
10 430		Occupational Therapy																				16					1600 00																						
11 440		Speech/Language Therapy																				6					900 00																						
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A Medicare										14XXXX																				XXXX XX																			
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C																																																	
58 INSURED 'S NAME										59 P. REL					60 INSURED 'S UNIQUE ID										61 GROUP NAME										62 INSURANCE GROUP NO.														
A Doe, Jane										18					123456789A																																		
B Doe, John										01					XOS123456789																				69901														
C																																																	
63 TREA TMENT AUTHORIZA TION CODES										64 DOCUMENT CONTR OL NUMBER										65 EMPL OYER NAME																													
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c. OTHER PROCEDURE CODE		DATE		d. OTHER PROCEDURE CODE		DATE		e. OTHER PROCEDURE CODE		DATE				LAST Black		FI RST Michael		QUAL																															
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UB-04 CMS-1450

APPROVED OMB NO. 0938-0997

NUBC National Uniform Billing Committee

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

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