

Skilled Nursing Facility Payment Policy

Applies to the following Tufts Health Plan products:

- Tufts Health Plan Commercial (including Tufts Health Freedom Plan)¹
- Tufts Medicare Preferred HMO (a Medicare Advantage product)
- Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)

The following payment policy applies to Tufts Health Plan contracting skilled nursing facilities. For information on Tufts Medicare Preferred HMO, [click here](#); for information on Tufts Health Plan Senior Care Options (SCO), [click here](#).

In addition to the specific information contained in this policy, providers must adhere to the information outlined in the [Professional Services and Facilities Payment Policy](#).

Note: Audit and disclaimer information is located at the end of this document.

POLICY

Tufts Health Plan covers medically necessary skilled nursing facility (SNF) services, in accordance with the member's benefits.

Custodial Care

Tufts Health Plan does not provide coverage for custodial care. However, therapy services for members that reside in a SNF may be covered if the member meets medical necessity criteria.

GENERAL BENEFIT INFORMATION

Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services by logging on to the secure Provider [website](#) or by contacting [Commercial Provider Services](#).

AUTHORIZATION/NOTIFICATION REQUIREMENTS

As a condition of payment, Tufts Health Plan requires inpatient notification for any member who is being admitted to a SNF, regardless of whether Tufts Health Plan is the primary or secondary insurer.

Inpatient notification must be obtained via electronic submission on the secure Provider [website](#) or by faxing a completed [Inpatient Notification Form](#), along with supporting clinical documentation, to the Precertification Operations Department.

Note: No other forms will be accepted. Incomplete forms will be returned to the submitting provider for completion and resubmission. Processing the request will be delayed until all required information is returned to Tufts Health Plan.

The facility must notify Tufts Health Plan prior to an elective admission to obtain an inpatient notification number, following the submission processes outlined in the Referrals, Authorizations and Notifications chapter of the [Commercial Provider Manual](#). Urgent/emergency admissions must be reported by 5 p.m. on the next business day following admission.

Tufts Health Plan determines the appropriateness for admission and the level of care (LOC) with the facility based on the clinical information presented at the time of admission and appropriate criteria. Tufts Health Plan performs ongoing review of the member's clinical information in order to determine the member's continued status and LOC. Any disagreements with the member's LOC should be discussed directly with the Tufts Health Plan inpatient manager (IM).

¹ Commercial products include HMO, POS, PPO, Tufts Health Freedom Plan, and CareLinkSM when Tufts Health Plan is the primary administrator.

Note: Each time there is a change in the member’s LOC, a new inpatient notification number will be assigned as if it were a new admission. Therefore, each LOC will have a distinct inpatient notification number.

Refer to the [SNF Level of Care Guidelines](#) for clarification and descriptions of each LOC.

Services Excluded From the Per Diem

Services excluded from the per diem must be authorized as medically necessary by Tufts Health Plan and be obtained from a contracting provider. Any nonemergency service that is not authorized or provided by a Tufts Health Plan provider will be the responsibility of the ordering facility. Refer to the [SNF Level of Care Guidelines](#) for a list of services excluded from the per diem.

Custodial Care

Tufts Health Plan must be notified of all custodial admissions following the notification processes outlined above.

BILLING INSTRUCTIONS

Tufts Health Plan follows AMA CPT/HCPCS coding guidelines. Refer to current industry standard coding guidelines for a complete list of procedure codes, modifiers and their usage. Refer to the [Professional Services and Facilities Payment Policy](#) for more information.

- Any services excluded from the per diem should be billed to Tufts Health Plan directly by the contracting provider
- Submit separate claims for each inpatient notification number or distinct LOC.

The following LOC/service descriptions must be billed with the corresponding revenue code(s). The LOC billed must match the LOC and length of stay that was authorized.

Level of Care	Service Description	Revenue Code
Level 1A	Skilled evaluation	0190
Level 1/1B	Skilled nursing and/or skilled rehabilitation	0191
Level 2	Subacute nursing and/or subacute rehabilitation	0192
Level 3	Subacute nursing and/or subacute rehabilitation - ventilation program	0193

COMPENSATION/REIMBURSEMENT INFORMATION

Providers are compensated in accordance with the financial exhibits of their provider agreements. The SNF will be compensated the contracted per diem rate for the authorized LOC(s), starting on the day of admission and ending on the evening before the day of discharge.

ADDITIONAL RESOURCES

- [DRG Inpatient Facility Payment Policy](#)
- [Inpatient Rehabilitation and Long-Term Acute Care Facility Payment Policy](#)
- [Non-DRG Inpatient Facility Payment Policy](#)

DOCUMENT HISTORY

- March 2019: Policy reviewed by committee; clarified inpatient notification time frames and requirements for admissions; added existing compensation/reimbursement information
- June 2018: Template updates
- September 2017: Policy reviewed by committee; clarified authorization language
- June 2017: Process clarified for DME supplies ordered by SNFs
- January 2017: Template updates
- September 2015: Template conversion, template updates
- July 2015: Added information about submitting authorization requests for therapy services for commercial members in custodial care, added ventilator program, template updates
- April 2015: Template updates
- December 2014: Added Revenue Codes 0681-0684, 0689, 1000-1002 accepted when submitted electronically without a corresponding CPT and/or HCPCS procedure code
- November 2014: Policy reviewed, added link to Tufts Health Plan Senior Care Options SNF/TCU payment policy, template updates
- May 2013: Template conversion
- April 2012: Template updates

- November 2011: Template updates, no content changes
- May 2010: Added weekend/holiday admission information under Authorization Requirements section
- March 2009: Added documentation request process for custodial care
- February 2008: Revised general benefit information with self-service channels information

AUDIT AND DISCLAIMER INFORMATION

Tufts Health Plan reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance. For more information about Tufts Health Plan's [audit policies](#), refer to the Provider website.

This policy provides information on Tufts Health Plan claims adjudication processes. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization and utilization management requirements (when applicable), adherence to plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment. Claims for services subject to authorization may be reviewed for accuracy and compliance with payment policies.

This policy applies to the Tufts Health Plan products, as identified in the checkboxes on the first page, and to CareLinkSM for providers in Massachusetts and Rhode Island service areas. Providers in the New Hampshire service area are subject to Cigna's provider agreements with respect to CareLink members. This policy does not apply to the Private Health Care Systems (PHCS) network (also known as Multiplan). Tufts Health Plan reserves the right to amend a payment policy at its discretion.