



Healthy Blue



Provider Bulletin

January 2021

Skilled Nursing Facility Billing Guide

Skilled nursing facilities (SNFs) are in-patient rehabilitation and medical treatment centers staffed with trained medical professionals. They provide the medically necessary services of licensed nurses, physical and occupational therapists, speech pathologists, and audiologists. The following guide provides descriptions of how to bill with levels of care (LOC) for Healthy Blue members in SNFs. This guide is not to be used to determine medical necessity for admission. The State of Nebraska determines the member's LOC. Healthy Blue will use its criteria to determine if the services provided at that LOC constitute a **skilled nursing** or **rehabilitative** service. Services considered to be custodial, regardless of assigned level of care, should be submitted to Nebraska Medicaid fee-for-service for consideration of payment.

Prior authorization

Providers must obtain prior authorizations for skilled nursing services rendered to a Healthy Blue member. Providers can request authorizations through the secure online provider website, by fax (**1-800-964-3627**) or by telephone (**1-833-388-1406**).

The following information is generally requested for all authorizations:

- Member name
- Member ID number
- Provider ID and National Provider Identifier (NPI) number or name of the treating physician
- Facility ID and NPI number or name where services will be rendered (when appropriate)
- Provider and/or facility fax number
- Date(s) of service
- Diagnosis and diagnostic codes
- CPT[®]/revenue codes
- LOC
- Relevant clinical information to support medical necessity of request, specifically the presence of a daily skilled intervention

Member LOC

Member LOC for Healthy Blue can change frequently and is assigned by the State of Nebraska. The LOC assignment depends on criteria outlined in NAC471-12.006 of the *Nebraska Department of Health and Human Services Nursing Facility Regulations*:

https://www.nebraska.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-471/Chapter-12.pdf.

Facilities will be notified of a member's LOC assignment by the State of Nebraska in accordance with NAC471-12.006.02(D).

The LOC billed must match the authorized LOC and length of stay. It is a provider's responsibility to verify and appropriately bill a Healthy Blue member's LOC. If a change in LOC is identified during the span of service being billed to Healthy Blue, it is critical that the provider notify Healthy Blue so the prior authorization can be updated. Provider claims for SNF services should correspond with the LOC assigned to the member on an

<https://provider.healthybluene.com>

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authorization. Failure to update Healthy Blue related to an updated member LOC will result in inaccurate claims payments or denials.

Provider payments

Each applicable Nebraska Medicaid SNF provider is assigned a reimbursement rate per LOC by the Nebraska Division of Medicaid and Long-Term Care. The State of Nebraska periodically updates these rates and communicates the updates directly to the provider. Providers are paid in accordance with this fee schedule unless alternative contracting terms have been established. Healthy Blue does receive updated fee schedules directly from the State of Nebraska; these updates are typically delivered sometime after the provider receives their notice. Providers may work directly with their Healthy Blue Provider Relations representative to verify the rates have been received and updated. In the event that the SNF LOC or fee schedules are updated retroactively, the provider will be required to submit corrected claims to receive the corresponding updated rates.

Healthy Blue follows the same billing process as the State of Nebraska Medicaid program. Providers billing SNF services for Healthy Blue members may refer to the Nebraska Department of Health and Human Services *UB-04* billing instructions for guidance on how to complete the claim form:

<http://dhhs.ne.gov/Documents/471-000-71.pdf>.

When billing Healthy Blue for SNF services, there is one exception to the Nebraska Department of Health and Human Services *UB-04* billing instructions that providers will need to keep in mind. Almost all revenue codes correspond to LOC, but there are three that do not. **Please note highlighted LOC and revenue codes in the table located in the Appendix of this billing guide.**

Highlights:

- Healthy Blue member LOC is assigned by the State of Nebraska.
- Healthy Blue covers medically necessary non-custodial services delivered to our members. All custodial services should be referred to Nebraska Division of Medicaid and Long-Term Care.
- Providers should always obtain a prior authorization for SNF services.
- The prior authorization should reflect the level of care being requested. If there is not yet an established LOC at the time of the initial authorization request, the provider will need to update the request for authorization once one is established to ensure accurate claims payment.
- Providers should bill claims consistently with the level of care that was authorized and span the dates of service accordingly to reflect any changes that may occur during the SNF stay.
- Provider failure to check LOC changes or request specific LOC in prior authorization may result in claim denial or lower reimbursement than expected.
- Prior authorization is not a guarantee of payment.

Appendix

Figure 1. LOC and Revenue Codes Table

LOC from State (NE) Rate Sheet	New Rev Code Crosswalk
110	110
111	111
112	112
113	113
114	114
115	115
120	120
121	121
122	122
123	123
130	130
131	131
132	132
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152	152
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161	116
162	117
163	118
170	170
171	171
172	172
180	180
182	182
183	183
All Other R&B	