Blue Cross Blue Shield Blue Care Network of Michigan

Nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association

# Post-acute care requirements

## Information for providers

**For Blue Cross commercial, Medicare Plus Blue℠, BCN commercial and BCN Advantage℠**

Revised January 2026

*In this document*



## Overview

The information in this document applies to the following members who are being considered for admission to post-acute care (a skilled nursing facility, an inpatient rehabilitation facility or a long-term acute care hospital):

- **For all dates of service:** Blue Cross Blue Shield of Michigan and Blue Care Network commercial
- **For dates of service on or before Jan. 4, 2026:** Medicare Plus Blue and BCN Advantage

**New starting Jan. 5, 2026, for Medicare Plus Blue and BCN Advantage members:**

- For dates of service **on or after** Jan. 4, prior authorization requests are managed by WellSky®. For additional information, see the document titled Post-acute care services for Medicare Advantage members: Frequently asked questions for providers.
- For retroactive authorization requests with dates of service before Jan. 5, submit the request through the e-referral system. We'll accept retroactive requests through Jan. 4, 2027. If you have questions, send them to UMMedicarePACCA@bcbsm.com.

## How to submit post-acute care prior authorization requests

The steps to submit prior authorization requests vary based on the line of business.

| Lines of business | What to do |
|---|---|
| • Blue Cross commercial<br>• BCN commercial | Complete the appropriate form and follow the instructions on the form to submit it:<br>• SNF/acute IPR assessment form<br>• LTACH assessment form — Before placement in a long-term acute care setting can be considered, Blue Cross commercial and BCN commercial require that the member be assessed by three skilled nursing facilities affiliated with Blue Cross or BCN. For more information, see the "LTACH requests must include three SNF assessment" section on page 5. |
| • Medicare Plus Blue<br>• BCN Advantage | **For post-acute care stays that started on or before Jan. 4, 2026**<br>If you have access to our provider portal, Availity Essentials™, and the e-referral system, submit the request through the e-referral system. For additional information, refer to the e-referral User Guide. See Section IV: Referrals and authorizations; look for the subsection titled "Submit an outpatient authorization request."<br>Out-of-state providers who don't have access to Availity Essentials should complete the appropriate form and follow the instructions on the form to submit it:<br>• SNF/acute IPR assessment form<br>• LTACH assessment form |

If you don't have access to Availity Essentials or to the e-referral system, see the Register for Web Tools page on **bcbsm.com**.

For guidelines on how to attach documentation to requests in the e-referral system, refer to the e-referral User Guide. Look in the "Submit an inpatient authorization" section for how to "Create New (communication)."

When the e-referral system is unavailable, follow the instructions in the document titled e-referral system maintenance times and what to do.

## How to request a continued stay

The process to request a continued stay — also known as an extension of stay or concurrent review — varies depending on whether you have access to the e-referral system.

| Do you have access to e-referral? | What to do |
|---|---|
| Yes | To request a continued stay:<br>1. Locate the authorization in the e-referral system.<br>2. Click the *Edit* button on the right side of the details page.<br>3. Scroll to the Confinement Extension(s) section.<br>4. Click the *Create New* button.<br>5. Extend the date in the To Date field.<br>6. Adjust the number of days in the Units field.<br>7. Complete the appropriate form and attach it and any other supporting documentation to the Case communication field:<br>○ SNF/acute IPR assessment form<br>○ LTACH assessment form<br>8. Click *Submit*. |
| No | To request a continued stay or extension of stay, complete the appropriate form and follow the instructions on the form to submit it:<br>• SNF/acute IPR assessment form<br>• LTACH assessment form |

## How to access the assessment forms

You can find the post-acute care assessment forms in the following locations:

- On the For Providers: Forms and Documents page at **bcbsm.com/providers**
- On the Post-Acute Care page at **authorizations.bcbsm.com**
- On our Provider Resources website, which is accessible through our provider portal (availity.com*). Click the *Forms* menu and then click *Assessment*.

## How to request a peer-to-peer review

For details about peer-to-peer reviews, see the document titled How to request a peer-to-peer review with a Blue Cross or BCN medical director.

Notes:

- For commercial members, peer-to-peer reviews occur after a denial is issued.
- For Medicare Plus Blue and BCN Advantage members, **peer-to-peer reviews must occur before a denial is issued**. See the document linked above for additional information.

## How to appeal an adverse determination

For information about appealing utilization management decisions for inpatient prior authorization requests, see:

| Line of business | Document |
|---|---|
| Blue Cross commercial | 1. Log in to our provider portal (availity.com*).<br>2. Click *Payer Spaces* on the menu bar and then click the BCBSM and BCN logo.<br>3. Click the *Resources* tab.<br>4. Click *Provider Manuals.*<br>5. Click *Blue Cross Commercial*.<br>6. Click the *Appeals and Problem Resolution (PDF)* under Billing.<br>7. See the section *Appealing prior authorization decisions*. |
| Medicare Plus Blue† | **For stays that started on or before Jan. 4, 2026**<br>In the Medicare Plus Blue PPO Provider Manual, see the section titled *Appealing Medicare Plus Blue's Decision*. |
| BCN commercial | In the Utilization Management chapter of the *BCN Provider Manual*, see the section titled *Appealing utilization management decisions.* |
| BCN Advantage† | **For stays that started on or before Jan. 4, 2026**<br>In the BCN Advantage chapter of the *BCN Provider Manual*, see the section titled *BCN Advantage provider appeals.* |

†If the denial is related to a *Notice of Medicare Noncoverage*, or *NOMNC*, for continued stays, submit the appeal to the appropriate quality improvement organization, or QIO. The *NOMNC* includes the name of the QIO and detailed instructions about how to appeal. For discontinuation of care, Blue Cross or BCN will send the *Notice of Medicare Non-Coverage* and *Detailed Explanation of Non-Coverage* forms.

## Utilization Management staff availability

Utilization Management staff availability varies based on the line of business:

| Lines of business | Utilization management staff availability |
|---|---|
| • Blue Cross commercial<br>• BCN commercial | • Normal business hours are Monday through Saturday 8 a.m. to 5 p.m. (Eastern time).<br>• The on-call nurse is available to assist with post-acute care admissions on Sundays and holidays and at other times outside of normal business hours. Follow the instructions in the "How to submit post-acute care prior authorization requests" section on page 2. Then call the after-hours urgent phone line at 1-800-851-3904. |
| • Medicare Plus Blue<br>• BCN Advantage | **For stays that started on or before Jan. 4, 2026**<br>Normal business hours are seven days a week (including holidays) from 8 a.m. to 5 p.m. (Eastern time).<br>For **urgent** requests outside of normal business hours, follow this process:<br>1. For urgent requests outside of normal business hours and on holidays, email UMMedicarePACCA@bcbsm.com. A nurse will contact you within one hour of receiving the email.<br>2. If you don't receive a response to the email within one hour, call the after-hours urgent phone line at 1-800-851-3904. |

## Information for commercial members only

The information in this section applies only to Blue Cross commercial and BCN commercial members.

### LTACH requests must include three SNF assessment

Before placement in a long-term acute care setting can be considered, Blue Cross commercial and BCN commercial require that the member be assessed by three skilled nursing facilities affiliated with Blue Cross or BCN, two of which must be facilities identified by Blue Cross or BCN as accepting members who require higher levels of care such as ventilators.

A determination must be made by these three facilities that they cannot provide the level of care the member needs. For information on higher-acuity skilled nursing facilities capable of doing these assessments, providers should call Blue Cross or BCN at:

- For Blue Cross: 1-877-399-1673
- For BCN: 1-800-392-2512

Notes:

- If the member was placed on a ventilator during an inpatient admission and failed to wean during the inpatient stay, the member can be assessed for appropriateness for the long-term acute level of care by applying the criteria for long-term acute care rather than the criteria for skilled nursing care.
- This requirement doesn't apply to Medicare Plus Blue or BCN Advantage members.

## Information for Medicare Advantage members only

**The information in this section applies only to post-acute care stays that started on or before Jan. 4, 2026.**

The information in this section applies only to Medicare Plus Blue and BCN Advantage members.

### SNF interrupted stays

**This information applies only to Medicare Plus Blue and BCN Advantage members for stays that started on or before Jan. 4, 2026.**

Per Centers for Medicare & Medicaid Services guidance, a skilled nursing facility interrupted stay occurs when a patient is discharged from a SNF and is readmitted to **the same SNF** within three consecutive calendar days. When this occurs:

- The readmission or subsequent stay is considered a continuation of the previous stay.
- One claim must be submitted for both stays.
- The completion of new patient assessments is optional.
- The variable per diem isn't reset.

For more information, see the "Interrupted Stay Policy" section of the Medicare Learning Network® document titled SNF PPS: Patient Driven Payment Model*.

**How authorizations work for SNF interrupted stays**
Note: This information applies only to Medicare Plus Blue and BCN Advantage members.

If a patient who is receiving skilled services leaves a SNF for the emergency department, for an observation stay or for an acute-care hospital inpatient stay, Blue Cross or BCN will do the following:

- We'll use the **original** prior authorization number if the member returns to the same SNF within one of the follow time frames:
  - Within three consecutive calendar days

  - Before two midnights have passed

- We'll create a **new** authorization number if the member returns to the same SNF within one of the following time frames:
  - After more than three consecutive calendar days
  - After two or more midnights have passed

**How to submit claims for SNF interrupted stays**
Note: This information applies only to Medicare Plus Blue and BCN Advantage members.

When submitting claims for SNF interrupted stays:

- You must submit only one claim for both stays.
- Submitting authorization numbers on Medicare Plus Blue and BCN Advantage claims for post-acute care stays is **optional**. If you choose to include an authorization number on the claim, include the prior authorization number for the initial SNF stay.

Note: This doesn't apply to Blue Cross commercial or BCN commercial members.

## What to include on claims for skilled nursing facility services

**This information applies only to Medicare Plus Blue and BCN Advantage members for stays that started on or before Jan. 4, 2026.**

Be sure to include Centers for Medicare & Medicaid Services-generated PDPM code on claims for skilled nursing facility services. We'll continue to perform post-payment audits for PDPM codes and other billing requirements.

## The *NOMNC* and *DENC* forms

**This information applies only to Medicare Plus Blue and BCN Advantage members for stays that started on or before Jan. 4, 2026.**

Note: This information applies only to Medicare Plus Blue and BCN Advantage members.

For information about when and how to complete the *Notice of Medicare Non-Coverage,* or *NOMNC,* form and the *Detailed Explanation of Non-Coverage*, or *DENC*, form see the document titled Post-acute care: NOMNC and DENC forms — Guidance and instructions when the prior authorization is managed by Blue Cross or BCN.

*Clicking this link means that you're leaving the Blue Cross Blue Shield of Michigan and Blue Care Network website. While we recommend this site, we're not responsible for its content.

Availity® is an independent company that contracts with Blue Cross Blue Shield of Michigan and Blue Care Network to offer provider portal and electronic data interchange services.

Tango and WellSky® are independent companies that review member health care services for appropriateness and medical necessity on behalf of Blue Cross Blue Shield of Michigan and Blue Care Network.