

Skilled Nursing Facility (SNF) Payment Policy

Applies to the following CarePartners of Connecticut products:

- CareAdvantage Preferred
- CarePartners Access

The following payment policy applies to contracted skilled nursing facilities (SNFs) who render services to members of the CarePartners of Connecticut plans selected above. Under certain circumstances, members may be authorized by the applicable care manager (CM) for services outside their network.

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

Policy

CarePartners of Connecticut covers medically necessary SNF services, in accordance with the member's benefits.

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 [portal](#) or by contacting CarePartners of Connecticut Provider Services at 888-341-1508.

Custodial Care

CarePartners of Connecticut does not provide coverage for custodial care unless it is provided in conjunction with skilled nursing care and/or skilled rehabilitation services.

Referral/Prior Authorization/Notification Requirements

Certain procedures, items and/or services may require referral and/or prior authorization. While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you must confirm that prior authorization has been obtained. For more information, refer to the Referral, Prior Authorization and Notification chapter of the CarePartners of Connecticut [Provider Manual](#).

As a condition of payment, CarePartners of Connecticut requires inpatient notification for any member who is being admitted to a SNF.

Inpatient notification must be obtained by faxing a completed [Inpatient Notification Form](#), along with supporting clinical documentation, to the Precertification Operations Department at 857-304-6410.

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 CarePartners of Connecticut.

The facility must notify CarePartners of Connecticut by 5 p.m. on the next business day following admission to obtain an inpatient notification number, following the submission processes outlined in the CarePartners of Connecticut Provider Manual.

CarePartners of Connecticut determines the appropriateness for admission and the level of care (LOC) with the facility based on clinical information presented at the time of admission and appropriate criteria. CarePartners of Connecticut 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 CarePartners of Connecticut Provider Services.

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 coordinated with CarePartners of Connecticut and be obtained from a contracting provider. Any nonemergency service that is not coordinated or provided by a CarePartners of Connecticut provider will be the responsibility of the ordering facility. Coverage requests for services that are not agreed to are subject to the organization determination process described at 42 CFR422.566 et seq.

Custodial Care

The facility must notify CarePartners of Connecticut of all custodial admissions. Providers may contact CarePartners of Connecticut Provider Services at 888-341-1508 to request documentation of noncoverage custodial care in order to facilitate billing to other potential sources of payment.

Billing Instructions

Unless otherwise stated, CarePartners of Connecticut follows industry-standard coding guidelines. Refer to current industry-standard coding guidelines for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers, and their usage. Providers may only bill the procedure code(s) in accordance with the applicable financial exhibits of their provider agreements and applicable fee schedules.

Use of labs not participating in the member's applicable network(s) may have the unintended consequence of subjecting the member to unnecessary services not ordered by the treating provider or other unreasonable financial exposure. In such circumstances, CarePartners of Connecticut may hold the ordering provider accountable for any inappropriate behavior on the part of the nonparticipating lab that has been selected.

- Any services excluded from the per diem should be billed to CarePartners of Connecticut directly by the contracting provider
- Submit separate claims for each inpatient notification number or distinct LOC
- **Same-day transfers:** include condition code 40 on the claim if the member is transferred to another participating facility before midnight on the same day as the initial admission, in accordance with [CMS](#) requirements.

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 agreed to.

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

Outpatient Therapy Services Covered Under Part B

Skilled therapy services are covered for members in custodial care under the member's Medicare Part B benefit. Physical (PT), occupational (OT) and speech therapy (ST) services may be billed by the facility only with the following procedure codes, as described in the provider agreement, and only when notification has been submitted to the CarePartners of Connecticut care management department.

Procedure Code	Description
92507	ST treatment
92521	Evaluation of speech fluency
92522	Evaluation of speech sound production
92523	Evaluation of speech sound production with evaluation of language comprehension and expression
92524	Behavioral and qualitative analysis of voice and resonance
92610	Evaluation of oral and pharyngeal swallowing function
97161	Physical therapy evaluation: low complexity
97162	Physical therapy evaluation: moderate complexity
97163	Physical therapy evaluation: high complexity
97164	Re-evaluation of physical therapy established plan of care
97165	Occupational therapy evaluation, low complexity
97166	Occupational therapy evaluation, moderate complexity
97167	Occupational therapy evaluation, high complexity
97168	Re-evaluation of occupational therapy established plan of care

Procedure Code	Description
G0151	PT Treatment, 15 minutes
G0152	OT Treatment, 15 minutes

Compensation/Reimbursement Information

Providers are compensated according to the applicable contracted rates and applicable fee schedules.

Additional Resources

- Inpatient Facility Payment Policy
- Inpatient Rehabilitation and Long-Term Acute Care Facility Payment Policy
- Physical, Occupational, and Speech Therapy Payment Policy

Document History

- July 2024: Annual policy review; added additional Resources section; administrative edits
- October 2023: Annual policy review; administrative updates
- July 2022: Annual policy review; no changes
- July 2021: Annual policy review; no changes
- December 2020: Added applicable CarePartners Access PPO content, effective for dates of service on or after January 1, 2021
- November 2020: Added condition code 40 billing requirement for members being transferred to another facility, in accordance with CMS requirements
- January 2020: Eliminate referral requirements for in-network providers effective January 1, 2020
- March 2019: Policy reviewed by committee; clarified inpatient notification time frames and requirements for admissions
- January 2019: Policy created

Audit and Disclaimer Information

CarePartners of Connecticut 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, CarePartners of Connecticut will expect the provider/facility to refund all payments related to noncompliance. For more information about CarePartners of Connecticut's [audit policies](#), refer to the CarePartners of Connecticut public Provider website.

This policy provides information on CarePartners of Connecticut 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 CarePartners of Connecticut products identified by the checkboxes on page one. CarePartners of Connecticut reserves the right to amend a payment policy at its discretion.