



BlueCross BlueShield
of Illinois

2025 Provider Manual – Extended Care Facility

Confidential

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

Extended Care Facility — Updated January 2025

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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, also called a Skilled Nursing Facility, 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 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 for benefits:

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.

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.

Non-HMO 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.

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

All services for these HMO members must have Medical Group/Independent Practice Associations approval. The Primary Care Physician 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 accreditation (or must have achieved other appropriate accreditation). This requirement is necessary in order for the HMO to maintain National Committee for Quality Assurance accreditation.

Claims Submission

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 ECCommerceServicesIL@bcbsil.com for assistance.

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