

Skilled Nursing Facility (SNF): Skilled Nursing Facility (SNF) Care

Policy Number: BIP163.L

Effective Date: March 1, 2024

[Instructions for Use](#)

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- Related Benefit Interpretation Policy**
 - [Habilitative Services](#)
- Related Medical Management Guideline**
 - [Skilled Care and Custodial Care Services](#)

Federal/State Mandated Regulations

None

State Market Plan Enhancements

Refer to the schedule of benefits for the number of days covered per benefit period.

A benefit period begins on the date the member is admitted to a hospital or skilled nursing facility at a skilled level of care. A benefit period ends on the date the member has not been an inpatient in a hospital or skilled nursing facility, receiving a skilled level of care, for 60 consecutive days. A new benefit period can begin only after any existing benefit period ends. A prior three-day stay in an acute care hospital is not required.

Note: Days spent out of a SNF when a member is transferred to an acute hospital setting are not counted toward the SNF day limits when the member is transferred back to a SNF.

Covered Benefits

Important Note: Covered benefits are listed in *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits* sections. Always refer to the *Federal/State Mandated Regulations* and *State Market Plan Enhancements* sections for additional covered services/benefits not listed in this section.

Note: Refer to the member's schedule of benefits (SOB)/evidence of coverage (EOC) for the specific number of SNF days covered. Benefits shall not exceed the limits set forth in the schedule of benefits.

Refer to the Medical Management Guideline titled [Home Health, Skilled, and Custodial Care Services](#)

Not Covered

Refer to the Medical Management Guideline titled [Home Health, Skilled, and Custodial Care Services](#).

Policy History/Revision Information

Date	Summary of Changes
03/01/2024	<p>State Market Plan Enhancements</p> <ul style="list-style-type: none">Removed notation indicating the member must either be out of the skilled nursing facility (SNF) for 60 consecutive days, or if the member remains in a SNF, then the member must not have received skilled nursing services or skilled rehabilitation care for 60 consecutive days in order to receive SNF benefit coverage <p>Supporting Information</p> <ul style="list-style-type: none">Removed <i>Definitions</i> sectionArchived previous policy version BIP163.K

Instructions for Use

Covered benefits are listed in three (3) sections: *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits*. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.