

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

**Policy Number:** BIP164.L

**Effective Date:** February 1, 2025

[Instructions for Use](#)

Table of Contents	Page
<a href="#">Federal/State Mandated Regulations</a> .....	1
<a href="#">State Market Plan Enhancements</a> .....	1
<a href="#">Covered Benefits</a> .....	1
<a href="#">Not Covered</a> .....	1
<a href="#">Policy History/Revision Information</a> .....	1
<a href="#">Instructions for Use</a> .....	2

Related Benefit Interpretation Policy
<ul style="list-style-type: none"> <li><a href="#">Habilitative Services</a></li> </ul>
Related Medical Policy
<ul style="list-style-type: none"> <li><a href="#">Home Health, Skilled, and Custodial Care Services (for Commercial Only)</a></li> </ul>

## Federal/State Mandated Regulations

None

## State Market Plan Enhancements

**Notes:**

- Days spent out of a skilled nursing facility (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.
- In order to receive SNF benefit coverage, the member must either be out of the 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.

## 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 specific number of SNF days covered. Benefits shall not exceed the limits set forth in the Schedule of Benefits.

Refer to the Medical Policy titled [Home Health, Skilled, and Custodial Care Services \(for Commercial Only\)](#).

## Not Covered

Refer to the Medical Policy titled [Home Health, Skilled, and Custodial Care Services \(for Commercial Only\)](#).

## Policy History/Revision Information

Date	State(s) Affected	Summary of Changes
02/01/2025	All	<ul style="list-style-type: none"> <li>Routine review; no change to coverage guidelines</li> <li>Archived previous policy version BIP164.K</li> </ul>

## 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.