

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

Policy Number: BIP164.I  
 Effective Date: February 1, 2022

[Instructions for Use](#)

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Related Benefit Interpretation Policy
<ul style="list-style-type: none"> <li><a href="#">Habilitative Services</a></li> </ul>
Related Medical Management Guideline
<ul style="list-style-type: none"> <li><a href="#">Skilled Care and Custodial Care Services</a></li> </ul>

## Federal/State Mandated Regulations

None

## State Market Plan Enhancements

Notes:

- 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.
- 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 SOB and 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 Management Guideline titled [Skilled Care and Custodial Care Services](#).

## Not Covered

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

## Definitions

**Skilled Nursing Facility:** A comprehensive free-standing rehabilitation facility or a specially designed unit within a hospital licensed by the state to provide Skilled Nursing Care.

**Skilled Nursing Services:** The services provided directly by or under the direct supervision of licensed nursing personnel, including the supportive care of a Home Health Aide.

**Subacute and Transitional Care:** Care provided to a Member as an inpatient of a Skilled Nursing Facility that is more intensive licensed Skilled Nursing Services than is provided to the majority of the patients in a Skilled Nursing Facility.

## Policy History/Revision Information

Date	State(s) Affected	Summary of Changes
02/01/2022	All	<ul style="list-style-type: none"><li>• Routine review; no change to benefit coverage guidelines</li><li>• Archived previous policy version BIP164.H</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.