

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

**Policy Number:** BIP164.K  
**Effective Date:** March 1, 2024

[Instructions for Use](#)

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<b>Related Benefit Interpretation Policy</b>
<ul style="list-style-type: none"> <li><a href="#">Habilitative Services</a></li> </ul>
<b>Related Medical Management Guideline</b>
<ul style="list-style-type: none"> <li><a href="#">Home Health, Skilled, 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 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 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	State(s) Affected	Summary of Changes
03/01/2024	All	<b>Supporting Information</b> <ul style="list-style-type: none"><li>Removed <i>Definitions</i> section</li><li>Archived previous policy version BIP164.J</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.