

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

**Policy Number:** BIP163.M

**Effective Date:** February 1, 2025

[Instructions for Use](#)

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| Related Benefit Interpretation Policy   |
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| <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

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 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.

## 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 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       | Summary of Changes   |
|------------|--|
| 02/01/2025 | <ul style="list-style-type: none"><li data-bbox="337 207 971 235">• Routine review; no change to coverage guidelines</li><li data-bbox="337 237 878 264">• Archived previous policy version BIP163.L</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.