

Skilled Nursing Facility (SNF) Services

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IMPORTANT REMINDER

The Medicare Advantage Medical Policy manual is not intended to override the member Evidence of Coverage (EOC), which defines the insured's benefits, nor is it intended to dictate how providers are to practice medicine. Physicians and other health care providers are expected to exercise their medical judgment in providing the most appropriate care for the individual member.

The Medicare Advantage Medical Policies are designed to provide guidance regarding the decision-making process for the coverage or non-coverage of services or procedures in accordance with the member EOC and the Centers of Medicare and Medicaid Services (CMS) policies, when available. In the event of a conflict, applicable CMS policy or EOC language will take precedence over the Medicare Advantage Medical Policy. In the absence of CMS guidance for a requested service or procedure, the health plan may apply their Medical Policy Manual or MCG™ criteria, both of which are developed with an objective, evidence-based process using scientific evidence, current generally accepted standards of medical practice, and authoritative clinical practice guidelines.

Medicare and EOCs exclude from coverage, among other things, services or procedures considered to be investigational, cosmetic, or not medically necessary, and in some cases, providers may bill members for these non-covered services or procedures. Providers are encouraged to inform members in advance when they may be financially responsible for the cost of non-covered or excluded services.

DESCRIPTION

A skilled nursing facility, or SNF, is “a nursing facility with the staff and equipment to give skilled nursing care and/or skilled rehabilitation services and other related health services.”^[1]

MEDICARE ADVANTAGE POLICY CRITERIA

Note: This policy does not apply to inpatient rehabilitation facility (IRF) admissions. The Medicare Advantage Medical Policy, M-UM03, addresses IRF admissions and IRF length of stay reviews (see Cross References).

CMS Coverage Manuals*

Medicare Benefit Policy Manual, Pub. No. 100-02:
Chapter 8 - Coverage of Extended Care (SNF) Services Under
Hospital Insurance

See Section 30 in the following link:

[§30 - Skilled Nursing Facility Level of Care - General](#)

POLICY GUIDELINES

REQUIRED DOCUMENTATION

The information below **must** be submitted for review to determine whether policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome:

- The medical record should include components such as, but not limited to, the following:
 - The history and physical exam pertinent to the patient's care, as well as the therapeutic goals set for the individual member;
 - The skilled services anticipated to be provided (prior to admission) and the skilled services provided during the course of the SNF stay (after admission);
 - The patient's response to the skilled services provided during the course of the admission;
 - The plan for future care based on the rationale of prior results.
 - A detailed rationale that explains the need for the skilled service in light of the patient's overall medical condition and experiences, as well as the complexity of the service to be performed;
 - Any other pertinent characteristics of the beneficiary.

CROSS REFERENCES

[Home Health \(HH\) Services](#), Utilization Management, Policy No. M-02

[Inpatient Rehabilitation Facility \(IRF\) Services](#), Utilization Management, Policy No. M-03

REFERENCES

1. Medicare [Glossary](#) definition for Skilled Nursing Facility (SNF)

CODING

Codes	Number	Description
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CPT	N/A	
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HCPCS	N/A	
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***IMPORTANT NOTE:** Medicare Advantage medical policies use the most current Medicare references available at the time the policy was developed. Links to Medicare references will take viewers to external websites outside of the health plan's web control as these sites are not maintained by the health plan.