

Medicare Coverage of Skilled Nursing Facility Care

What is skilled nursing facility (SNF) care?

Skilled nursing facility (SNF) care is post-hospital care provided at a SNF. Skilled nursing care includes services such as administration of medications, tube feedings, and wound care. Keep in mind that SNFs can be part of nursing homes or hospitals.

Medicare Part A may cover your SNF care if:

- You were formally admitted as an inpatient to a hospital for at least three consecutive days
- You enter a Medicare-certified SNF within 30 days of leaving the hospital, and receive care for the same condition that you were treated for during your hospital stay
- And, you need skilled nursing care seven days per week or skilled therapy services at least five days per week

The day you become an inpatient counts toward your three-day inpatient stay to qualify for Medicare-covered SNF care. However, the day you are discharged from the hospital does not count toward your qualifying days. Also remember that time spent receiving emergency room care or under observation status does not count toward the three-day hospital inpatient requirement for SNF coverage.

If you meet all the above requirements, Medicare should cover the SNF care you need to improve your condition, maintain your ability to function, or prevent your health from getting worse.

Speak to your doctor or hospital discharge planner if you need help finding a SNF that meets your needs. Ask them to find Medicare-certified SNFs in your area that will address your medical needs. If you are in a Medicare Advantage Plan, contact your plan to find out which SNFs are in their network.

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What services does Medicare cover and what are the costs?

During a Medicare-covered SNF stay, Medicare Part A covers:

- A semi-private room and meals
- Skilled nursing care provided by nursing staff
- Therapy, including physical therapy, speech therapy, and occupational therapy
- Medical social services and dietary counseling
- Medications
- Medical equipment and supplies
- Ambulance transportation to the nearest provider of needed services, when other modes of transportation would endanger your health

If you have Original Medicare, your benefit period begins when you are admitted to a hospital as an inpatient, or to a SNF. It ends when you have been out of a SNF or hospital for at least 60 days in a row. Part A covers the full cost of your first 20 days in a SNF in a benefit period. For days 21-100, Part A covers part of the cost and you pay a daily coinsurance.

If you have a Medicare Advantage Plan, your plan must cover the same services that Medicare does, but may do so with different costs and coverage restrictions.

What are the changes to SNF coverage in response to COVID-19?

At this time, Medicare has suspended the three-day qualifying hospital stay requirement if you experience dislocations or are otherwise affected by the coronavirus public health emergency. According to Medicare, this includes but is not limited to people with Medicare who:

- Need to be transferred to a SNF, for example due to nursing home evacuations
- Need SNF care as a result of the current public health emergency, regardless of whether they were previously in the hospital.

Medicare has also changed other SNF coverage requirements. Typically, Part A covers up to 100 days of SNF care each benefit period. If you cannot start a new benefit period because of the public health emergency, you can get another 100 days of covered SNF care without having to begin a new benefit period.