

Skilled Nursing Facility (SNF)

Benefit Coverage

Two types of services are covered under the Skilled Nursing Facility (SNF) Services benefit:

- Medically necessary skilled nursing services are covered when authorized and provided in a skilled nursing facility.
- Medically necessary hospice services are covered when authorized and provided in a facility for Individual and Family Plan (IFP) members in the latter stages of a terminal illness as determined by a plan physician. See the *HMO Benefit Guideline for Hospice Care*.

A total of 100 days per calendar year is covered for these services. (Note: For Blue Shield HMO group members, hospice services provided by a participating hospice agency do not count toward the 100 days per calendar year maximum for Skilled Nursing Facility services. See the *HMO Benefit Guideline for Hospice Care*.)

A skilled nursing facility (SNF) is defined as a facility licensed by the California State Department of Public Health as a “Skilled Nursing Facility” or similar institution licensed under the laws of any other state territory, or foreign country.

Copayment

See the member’s *Evidence of Coverage (EOC)* and *Summary of Benefits and Coverage* for member copayments.

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Benefit Exclusions

- Services for or incident to services rendered in the home or hospitalization or confinement in a health facility primarily for custodial, maintenance or domiciliary care, rest, or to control or change a person's environment.
- Convenience items such as telephones, TVs, guest trays, and personal comfort items.
- Services for or incident to hospitalization or confinement in a pain management center to treat or cure chronic pain.
- Services in connection with private duty nursing, except as medically necessary and authorized.
- Services for psychiatric hospitalization, psychiatric professional services delivered in conjunction with hospitalization, inpatient psychotherapy, or psychological testing.
- SNF coverage for custodial and domiciliary care, homemaker services, personal and comfort items, and private duty nursing.
- Confinement in a SNF that does not require daily skilled nursing observation or treatment.
- Confinement in a SNF for social services reasons.
- Lost dental appliances, routine dental services, oral surgery services (for example extractions of teeth), dental cleanings, broken dental appliances, and any dental palliative treatments.
- Any dental services provided by itinerant dentists and dental hygienists who visit the SNF on an "on-call" basis or have a regular schedule in the SNF.

Benefit Limitations

Inpatient skilled nursing facility services are covered up to 100 days per calendar year. Skilled nursing facility services and hospice services (for IFP members only) rendered in a facility both apply toward the 100 day per calendar year benefit.

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Exceptions

Rehabilitation services rendered in a SNF apply toward the Rehabilitation benefit.

Examples of Covered Services

- Intense and complex care needs that require skilled nursing facility care.
- Wound management that requires dressing changes with prescription medication such as for decubitus ulcers (Stage III and IV) requiring aseptic techniques twice daily or more often.

Examples of Non-Covered Services

- SNF care primarily for administration of routine oral medications, eye drops, and ointments.
- SNF care primarily for general maintenance care of colostomy or ileostomy.
- SNF care primarily for assistance in dressing, eating, and going to the toilet and other activities of daily living.

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References

Evidence of Coverage

IFP Evidence of Coverage and Health Service Agreement

HMO Benefit Guidelines for:

Hospice

Mental Health and Substance Use Disorder

Blue Shield HMO IPA/Medical Group Procedures Manual