



Medicare Skilled Nursing Facility Coverage In Light of the “Improvement Standard” Myth

Coverage Criteria

3-Day Inpatient Hospital Stay

- You must have a qualifying three-day inpatient (as opposed to outpatient) hospital stay. Medicare Advantage plans might not have this requirement.
- Generally, a transfer to a skilled nursing facility must be made within 30 days of leaving the hospital.

Physician’s Order

- Your care at the skilled nursing facility must have been ordered by a physician and must relate to a condition for which you received inpatient hospital services or that arose at the skilled nursing facility while being treated for a condition for which you received inpatient hospital services.
- As a practical matter, the care must only be available on an inpatient basis at a skilled nursing facility.

Daily Skilled Care

- You must require and receive skilled nursing seven days a week, skilled therapy five days a week, or a combination of both skilled nursing and therapy services seven days a week.
- Skilled care means that services must be provided by, or under the supervision of, qualified personnel in order to be safe and effective.

No Improvement Standard

- Medicare coverage “does not turn on the presence or absence of a beneficiary’s potential for improvement, but rather on the beneficiary’s need for skilled care. Skilled care may be necessary to improve a patient’s condition, to maintain a patient’s current condition, or to prevent or slow further deterioration of the patient’s condition.” [CMS Transmittal 179, Pub 100-02, 1/14/2014](#).

100-Day Benefit Period

- Your maximum benefit period is 100 days. It is possible to have more than one benefit period during the calendar year.
- You are entitled [to notice and to file an appeal](#) when your Medicare-covered skilled nursing facility care is being terminated prior to end of your benefit period.