Medicare Coverage for Skilled Nursing Facility Care

**Improvement is Not Required**

### Coverage Criteria

- **3-Day Inpatient Hospital Stay**
  - In traditional Medicare, the individual must have a qualifying three-day *inpatient* hospital stay (as opposed to observation, or other outpatient stay). Note: Medicare Advantage plans often do not have this requirement.
  - Usually, a transfer to a skilled nursing facility must be made within 30 days of leaving the hospital.

- **Order from Physician or Health Care Provider**
  - The care at the skilled nursing facility must have been ordered by a physician or other authorized health care practitioner and must relate to a condition for which the individual received inpatient hospital services or that arose at the skilled nursing facility while being treated for a condition for which the individual 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**
  - The individual 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 services that must be provided by, or under the supervision of, qualified personnel in order to be safe and effective.

- **Improvement Is Not Required**
  - 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.” *(Jimmo v. Sebelius* (D. VT. 2013); CMS Transmittal 179, Pub 100-02, 1/14/2014; See, *Important Message About Jimmo*, CMS.gov)*

- **100-Day Benefit Period**
  - The maximum benefit period is 100 days. It is possible to have more than one benefit period during the calendar year. (Note: Some Medicare Advantage plans purport to provide more days, but may not do so in practice.)
  - Individuals are entitled to notice and to appeal when Medicare-covered skilled nursing facility care is being terminated before the end of the benefit period.

For more information, visit [www.MedicareAdvocacy.org](http://www.MedicareAdvocacy.org)