

**Marketplace National Regional Benefit Interpretation Document**

Benefit Name	SKILLED NURSING FACILITY (SNF): SKILLED NURSING FACILITY (SNF) CARE
Applicable State	California, Florida, Idaho, Illinois, Kentucky, Michigan, Mississippi, New Mexico, Ohio, South Carolina, Texas, Utah, Washington, Wisconsin
Benefit Definition	<p>This policy addresses skilled nursing facility (SNF) care, private duty nursing and long term acute care.</p> <p>Covered benefits are listed in three (3) Sections - A, B and C. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.</p> <p><b>Essential Health Benefits for Individual and Small Group (NOT EHB for MS, but Covered)</b></p> <p>For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs (such as maternity benefits), the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this guideline, it is important to refer to the member specific benefit document to determine benefit coverage.</p> <div style="border: 1px solid black; padding: 2px; margin: 10px 0;"><b>A. FEDERAL/STATE MANDATED REGULATIONS</b></div> <p><b>WISCONSIN:</b> <a href="#">WI 632.895(3)</a></p> <div style="border: 1px solid black; padding: 2px; margin: 10px 0;"><b>B. STATE MARKET PLAN ENHANCEMENTS</b></div>

Days spent out of a SNF when a member is transferred to an acute hospital setting are not counted toward the SNF day limits when the member is transferred back to a SNF (Clinical)

SNF days would count toward benefit max, if we are paying for bed hold days while member is in acute facility (Clinical)

### C. COVERED BENEFITS

**IMPORTANT NOTE:** Covered benefits are listed in Sections A, B and C. Always refer to Sections A and B for additional covered benefits not listed in this Section.

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

### SKILLED NURSING FACILITY

#### CALIFORNIA:

Molina covers 100 days per benefit period at a Skilled Nursing Facility (SNF) for a Member when the SNF is a Participating Provider and the services are Prior Authorized before they begin. Covered SNF services include:

- Room and board
- Physician and nursing services
- Medications and injections

A benefit period begins on the date the Member is admitted to a hospital or SNF at a skilled level of care and ends on the date the Member has not been an inpatient in a hospital or SNF, receiving a skilled level of care, for 60 consecutive days. A new benefit period can begin only after any existing benefit period ends. A prior 3-day stay in an acute care hospital is not required to commence a benefit period.

#### FLORIDA:

**Skilled Nursing Facility:** Molina covers 60 days per Plan year at a Skilled Nursing Facility (SNF) for a Member when the SNF is a Participating Provider and the services are Prior Authorized before they begin. Covered SNF services include:

- Room and board
- Physician and nursing services
- Medications and injections

#### IDAHO:

**Skilled Nursing Facility (limit 30 days):** Molina covers 30 days per calendar year at a skilled nursing facility (SNF) for a Member when the SNF is a Participating

Provider, and the services are Prior Authorized before they begin. Covered SNF services include:

- Room and board
- Physician and nursing services
- Medications and injections

**ILLINOIS:**

**Skilled Nursing Facility:** Molina covers Skilled Nursing Facility (SNF) for a Member when the SNF is a Participating Provider, and the services are Prior Authorized before they begin. Covered SNF services include:

- Room and board
- Physician and nursing services
- Medications and injections
- Surgical dressings or supplies

No benefits will be provided for admissions to a Skilled Nursing Facility which are for the convenience of the patient or Physician or because care in the home is not available or the home is unsuitable for such care.

**KENTUCKY:**

**Skilled Nursing Facility:** Passport covers 90 days per Plan year at a Skilled Nursing Facility (SNF) for a Member when the SNF is a Participating Provider and the services are Prior Authorized before they begin. Covered SNF services include:

- Room and board
- Physician and nursing services
- Medications and injections

Passport also covers private duty nursing if such services are certified by the Member's PCP initially and every two weeks thereafter, or more frequently if required by Passport for Medical Necessity review. There is a limit of 250 visits per calendar year for such private duty nursing services in the home. Services must be billed by a Home Healthcare Participating Provider agency.

**MICHIGAN:**

**Skilled Nursing Facility:** Molina covers 45 days per plan year at a Skilled Nursing Facility (SNF) for a Member when the SNF is a Participating Provider and the services are Prior Authorized before they begin. Covered SNF services include:

- Room and board
- Physician and nursing services
- Medications and injections

**MISSISSIPPI:**

**Skilled Nursing Facility:**

Molina covers 30 days per plan year at a Skilled Nursing Facility (SNF) for a Member when the SNF is a Participating Provider and the services are Prior Authorized before they begin. Covered SNF services include:

- Room and board
- Physician and nursing services
- Medications and injections

**NEW MEXICO:**

**Skilled Nursing Facility:** Molina covers 60 days per calendar year at a skilled nursing facility (SNF) for a Member when the SNF is a Participating Provider, and the services are Prior Authorized before they begin. Covered SNF services include:

- Room and board
- Physician and nursing services
- Medications and injections

**OHIO:**

**Skilled Nursing Facility:** Molina covers 90 days per plan year at a Skilled Nursing Facility (SNF) for a Member when the SNF is a Participating Provider, and the services are Prior Authorized before they begin. Covered SNF services include:

- Room and board
- Physician and nursing services
- Medications and injections

Molina also covers private duty nursing if such services are certified by the Member's PCP initially and every two weeks thereafter, or more frequently if required by Molina for Medical Necessity review. There is a limit of 90 visits per calendar year for such private duty nursing services in the home. Members must have Prior Authorization for home healthcare services after the first 6 visits for outpatient and home settings. Services must be billed by a Home Healthcare Participating Provider agency.

**SOUTH CAROLINA:**

**Skilled Nursing Facility:** Molina covers 60 days per plan year at a skilled nursing facility (SNF) for a Member when the SNF is a Participating Provider and the services are Prior Authorized before they begin. Covered SNF services include:

- Room and board
- Physician and nursing services
- Medications and injections

**TEXAS:**

**Skilled Nursing Facility:** Molina covers 25 days per plan year at a Skilled Nursing Facility (SNF) for a Member when the SNF is a Participating Provider, and the services are Prior Authorized before they begin. Covered SNF services include:

- Room and board
- Physician and nursing services
- Medications and injections

**Private Duty Nursing Services** are Covered Services only when provided through the Home Care Services benefit

**UTAH:**

**Skilled Nursing Facility:** Molina covers 30 days per calendar year at a skilled nursing facility (SNF) for a Member when the SNF is a Participating Provider and the services are Prior Authorized before they begin. Covered SNF services include:

- Room and board
- Physician and nursing services
- Medications and injections

Molina covers up to 60 days of Medically Necessary care at a long-term care facility following Hospitalization if You resided in that Long-Term Care Facility immediately prior to the Hospitalization, and all of the following are met:

- The Member’s PCP determines that the Member’s medical care needs can be met at the requested facility.
- The requested facility has all applicable licenses and certifications and is not under a stop placement order that prevents readmission.
- The requested facility agrees to accept payment for Covered Services at the rate Molina pays to similar facilities that are Participating Providers.
- The requested Facility agrees to abide by the standards, terms, and conditions Molina requires for similar facilities that are Participating Providers for (i) utilization review, quality assurance, and peer review; and (ii) management and administrative procedures, including data and financial reporting

A “Long-Term Care Facility” or “Facility” for the purpose of this benefit is a nursing facility licensed under Chapter 18.51 of the Revised Code of Utah, a continuing care retirement community defined under Section 70.38.025 of the Revised Code of Utah, or an assisted living facility licensed under Chapter 18.20 of the Revised Code of Utah. The Member or their authorized representative, must obtain Prior Authorization for these services. Inpatient Hospital/Facility Services Coinsurance Cost Sharing will apply.

**WASHINGTON:**

**Skilled Nursing Facility:** Molina covers 60 days per calendar year in a skilled nursing facility (SNF) for a Member when the SNF is a Participating Provider and the services are Prior Authorized before they begin. Covered SNF services include:

- Room and board
- Physician and nursing services
- Medications and injections

**Long-Term Care (Following Hospitalization):** Molina covers up to 60 days of Medically Necessary care at a Long-Term Care Facility following hospitalization if the Member resided in that Long-Term Care Facility immediately prior to the hospitalization, and all of the following are met:

- The Member's Primary Care Provider determines that medical care needs can be met at the requested Facility. The requested Facility has all applicable licenses and certifications and is not under a stop placement order that prevents the Member's readmission.
- The requested Facility agrees to accept payment for Covered Services at the rate
- Molina pays to similar Facilities that are Participating Providers
- The requested Facility agrees to abide by the standards, terms, and conditions Molina requires for similar Facilities that are Participating Providers for (i) utilization review, quality assurance, and peer review; and (ii) management and administrative procedures, including data and financial reporting

A "Long-Term Care Facility" or "Facility" for the purpose of this benefit is a nursing facility licensed under Chapter 18.51 of the Revised Code of Washington, a continuing care retirement community defined under Section 70.38.025 of the Revised Code of Washington, or an assisted living facility licensed under Chapter 18.20 of the Revised Code of Washington.

The Member or their authorized representative must obtain Prior Authorization for these services. Inpatient hospital/Facility Services Coinsurance Cost Share will apply.

**WISCONSIN:**

**Skilled Nursing Facility:** Molina covers 30 days per confinement at a skilled nursing facility (SNF) for a Member when the SNF is a Participating Provider, and the services are Prior Authorized before they begin. Covered SNF services include:

- Room and board
- Physician and nursing services
- Medications and injections

**ALL STATES:**

Walking, getting in and out of bed, bathing, dressing, feeding, toileting, and taking medicine) are covered daily living activities under Skilled Nursing

**MORE INFORMATION:**

Refer to Benefit Interpretation Policies titled [Home Health](#)

**D. NOT COVERED**

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

**CUSTODIAL CARE**

**CALIFORNIA, FLORIDA, ILLINOIS, MICHIGAN, MISSISSIPPI, NEW MEXICO, OHIO, SOUTH CAROLINA, TEXAS, UTAH, WASHINGTON, WISCONSIN:**

**Custodial Care:** Assistance with activities of daily living are not covered. This exclusion does not apply to assistance with activities of daily living provided as part of covered hospice, skilled nursing facility, or inpatient hospital care.

**(FOR CALIFORNIA:** This exclusion does not apply to medically necessary treatment of a mental health or substance use disorder.)

Molina does not cover Custodial Care. However, these examples are covered under Skilled Nursing benefit. For example: Walking, getting in and out of bed, bathing, dressing, feeding, toileting, and taking medicine) are covered daily living activities under Skilled Nursing.

**IDAHO:**

**Long-Term Care and Custodial Nursing Care:** Molina does not cover long-term care or custodial nursing care. Assistance with activities of daily living is not covered. This exclusion does not apply to assistance with activities of daily living provided as part of covered hospice, Skilled Nursing Facility, or inpatient hospital care.

**KENTUCKY:**

**Custodial Care:** Passport does not cover Custodial Care. However, these examples are covered under Skilled Nursing benefit. For example: Walking, getting in and out of bed, bathing, dressing, feeding, toileting, and taking medicine) are covered daily living activities under Skilled Nursing.

**INTERMEDIATE CARE**

**ALL STATES:**



**Intermediate Care:** Care in a licensed intermediate care facility is not covered. This exclusion does not apply to services covered under the “Covered Services” section of this policy.

This exclusion does not apply to services covered under Durable Medical Equipment, Home Healthcare, Skilled Nursing Facility Care and Hospice Care Benefit Policies.

## **LONG TERM SERVICES AND SUPPORT (LTSS)**

### **ALL STATES:**

**Long Term Services and Support (LTSS):** Not a covered benefit

## **PRIVATE DUTY NURSING**

**CALIFORNIA, FLORIDA, IDAHO, ILLINOIS, MICHIGAN, MISSISSIPPI, NEW MEXICO, SOUTH CAROLINA, UTAH, WASHINGTON, WISCONSIN:**

**(KENTUCKY, OHIO AND TEXAS are only covered under Home Health Benefit)**

**Private Duty Nursing under Skilled Nursing Benefit:** Nursing services provided in a facility or private home, usually to one patient, are not covered. Private duty nursing services are generally provided by independently contracted nurses, rather than through an agency, such as a home healthcare agency.

### **ILLINOIS:**

**Private Duty Nursing:** Nursing services provided in a facility or private home, usually to one patient, are not covered.

### **F. DEFINITIONS**

[See Glossary](#)

### **G. POLICY HISTORY/REVISION INFORMATION**

Date	Action/Description
4/15/2021	<ul style="list-style-type: none"> <li>Added KY 2022 Drafted Language</li> </ul>
5/14/2021	<ul style="list-style-type: none"> <li>Added IL 2022 Drafted Language</li> </ul>
6/30/2021	<ul style="list-style-type: none"> <li>Added ID 2022 EOC</li> </ul>



<b>Procedure Codes</b>	BI Policy Configuration SNF  <b>Coding Disclaimer:</b> Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT <sup>®</sup> ), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.															
<b>Prior Authorization</b>	For the MHI PA Matrix, if a code is NOT listed, it could EITHER be: <ul style="list-style-type: none"> <li>a. Covered and No PA Required</li> <li>b. Not Covered</li> </ul> <p>You cannot use the MHI PA Matrix to make coverage determinations.</p> <p><a href="#">PA Lookup Tool</a></p>															
<b>Approval</b>	<table border="1" data-bbox="446 1024 1385 1203"> <thead> <tr> <th data-bbox="446 1024 662 1094">Departments</th> <th data-bbox="662 1024 902 1094">Product</th> <th data-bbox="902 1024 1131 1094">CIM</th> <th data-bbox="1131 1024 1385 1094">Clinical Management</th> </tr> </thead> <tbody> <tr> <td data-bbox="446 1094 662 1129">Date</td> <td data-bbox="662 1094 902 1129">4/9/2021</td> <td data-bbox="902 1094 1131 1129">6/16/2021</td> <td data-bbox="1131 1094 1385 1129">5/12/2021</td> </tr> <tr> <td data-bbox="446 1129 662 1203">Revised (for 1/1/2022)</td> <td data-bbox="662 1129 902 1203">11/30/2021</td> <td data-bbox="902 1129 1131 1203"></td> <td data-bbox="1131 1129 1385 1203">11/30/2021</td> </tr> </tbody> </table>				Departments	Product	CIM	Clinical Management	Date	4/9/2021	6/16/2021	5/12/2021	Revised (for 1/1/2022)	11/30/2021		11/30/2021
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