



Policy Key: Skilled Nursing Facility

TriWest Clinical Operations – TRICARE West

SCOPE

This Policy Key provides criteria to use during medical necessity review for admission and continued stayed review in a skilled nursing facility (SNF) when TRICARE is the primary payer.

For Active-Duty Service Members (ADSM) and TRICARE Prime Remote (TPR) beneficiaries, reviewers must first apply guidance outlined in TRICARE Operations Manual Chapter 17, Section 3, Supplemental Health Care Program (SHCP). If a service is excluded under ADSM/TPR provisions, no further policy review is required under this or any other Policy Key. [5]

NOT COVERED

- Custodial care
- Domiciliary care
- Respite care

COVERAGE CRITERIA [1]

- TRICARE follows Medicare requirements SNF admissions.
- TRICARE **does not** follow the Medicare limitation on the number of days of coverage for a SNF stay (100 days in a benefit period) as long as medical necessity is met).
- A SNF must be Medicare-certified.
- If a pediatric SNF is Medicaid certified, it will be considered to meet the Medicare certification requirement.

Admission Criteria

Initial Level of Review may approve up to seven (7) Days if **ALL** the following conditions are met:

- Previous medically necessary inpatient hospital stay of at least three (3) consecutive calendar days
Note: This does not include any time in the Emergency Department (ED), an observation status or the discharge day.
- Admission is within 30 calendar days of hospital discharge **OR** within such time as it would be medically appropriate to begin an active course of treatment, where the individual's condition is such that SNF care would not be medically appropriate within 30 days after discharge from a hospital [2, 3]
Example: Treatment of hip fractures, it is known that skilled therapy services will be required subsequent to hospital care, and that they can normally begin within four to six weeks after hospital discharge when weight bearing can be tolerated.



- The skilled services must be ordered by a physician for a medical condition that was treated during the qualifying hospital stay [2,3]
- The beneficiary requires skilled nursing or skilled rehabilitation services that must be performed by or under the supervision of a professional or technical person [3]
- The skilled services delivered are reasonable and necessary for treatment of the current illness or injury [3]
- Skilled nursing services, skilled rehabilitative services, or a combination of these services must be needed and provided on a daily basis.
 - However, if no skilled nursing services are required skilled rehabilitation provided at least 5 days a week meet the daily requirement [3]
 - Examples of Skilled nursing services include:[1]
 - Intravenous medications or feeding
 - Teaching and training services, i.e., new ostomy care, new diabetic training, care and maintenance of central line, wound care
 - Complex wound care
 - Oral, nasopharyngeal or tracheostomy suctioning
 - Suprapubic catheter insertion, sterile irrigation, replacement
 - Enteral feedings to provide at least 26% of nutritional need.
 - **Note:** Enteral feeding without any other skilled needs does not provide sufficient reason for SNF level of care and should be stabilized for lower level of care within one week. [1,2]
 - Examples of Skilled Physical, Occupational and/or Speech therapy services include:
 - Gait training, range of motion and therapeutic exercises
 - Design and establishment of a maintenance program
 - Treatments that improve or restore function, i.e., memory, feeding, dressing
 - Communication system development

Continued Stay Review

Initial Level of Review may approve up to two (2) seven-day extensions, if the beneficiary continues to meet admission requirements and documentation shows progress towards discharge goals.

Refer to Medical Director for the following:

- Requests for continued stay beyond two (2) seven-day extensions
- Continued stay that does not meet medical necessity criteria for skilled services

Discharge Criteria

- Skilled services are no longer needed.
- The skilled services can be safely provided at a lower level of care
- The beneficiary is unwilling or unable to participate in services for 2 consecutive days



Interrupted Stay [1]

TRICARE will adopt the Medicare definition of an interrupted stay when a patient is discharged from a SNF and subsequently readmitted to the same SNF during the interruption window.

Initial Level of Review may approve up to seven (7) days if the readmission to the SNF falls within the interruption window described below

- The **interruption window** is a three-day period that begins on the first non-covered day following a SNF stay and ends at 11:59 p.m. on the third consecutive non-covered day. If the readmission occurs during this window, the subsequent stay is considered a continuation of the previous “interrupted” stay. [1]

EXAMPLE: Beneficiary is admitted to a SNF on November 7, admitted to hospital on November 20, and admitted to the same SNF on November 22-Continuation of stay [4]

- If the readmission to the same SNF falls outside of the interruption window **OR** the beneficiary is admitted to a difference SNF regardless of the length of time between discharge and readmission the interrupted stay policy **does not apply**, and the readmission is considered a new stay [1]

EXAMPLE: Beneficiary is admitted to SNF on November 7, admitted to hospital on November 20, and returns to the same SNF on November 25-New Stay [4]

EXAMPLE: Beneficiary is admitted to SNF on November 7, admitted to hospital on November 20, and admitted to a different SNF on November 22- New Stay [4]

DEFINITIONS

Skilled Nursing Facility (SNF) – is an institution or a distinct part of an institution that is primarily engaged in providing skilled nursing care and related services to beneficiaries who require medical, nursing and/or rehabilitation services due to an illness, disability or injury.

CODES

NA

REFERENCES

[1] TRICARE Reimbursement Manual 6010.64-M, Change 9 (September 13, 2024), Chapter 8, Section 2, Skilled Nursing Facility (SNF) Prospective Payment System (PPS) For Care Rendered On Or After October 1, 2019. <https://manuals.health.mil/pages/DisplayManualHtmlFile/2025-05-13/AsOf/TRT5/C8S2.html>



[2] Title 32 National Defense, Chap 199.4 (Change 18, Apr 4, 2023), Basic Program Benefits, Retrieved 09/02/2024, <https://manuals.health.mil/pages/DisplayManualHtmlFile/2024-04-16/AsOf/fr16/c4.html#FM1063638>

[3] Medicare Benefit Policy Manual, Chapter 8-Coverage of Extended Care (SNF) Services Under Hospital Insurance, Retrieved 09/02/2024, <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/bp102c08pdf.pdf>

[4] Novitas solutions, Medicare JL, Skilled nursing facility (SNF) interrupted stay and lower level of care change (LLC) billing, Retrieved 09/02/2024, <https://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00147584>

[5] TRICARE Operations Manual (TOM) 6010.62-M, Chapter 17, Section 3 — Supplemental Health Care Program (SHCP) Contractor Responsibilities, Retrieved 01/02/2026 <https://manuals.health.mil/pages/DisplayManualHtmlFile/2025-12-19/AsOf/TOT5/C17S3.html>