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UTILIZATION MANAGEMENT GUIDELINE – 11.01.510

Skilled Nursing Facility (SNF): Admission, Continued Stay, and Transition of Care Guideline

Effective Date:	Aug. 1, 2026	RELATED MEDICAL POLICIES:
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Replaces:	N/A	

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Introduction

A skilled nursing facility (SNF) provides short-term, goal-directed 24-hour skilled care to support patient recovery following an illness, injury, or hospital stay before returning home or transitioning to another care setting. A SNF may operate as a separate, independent facility or as a unit within another institution, commonly referred to as a swing bed or transitional care unit. Skilled services include treatments that require licensed health professionals, such as nurses, doctors, therapists, and social workers, to address recovery needs that cannot be met at home or in an outpatient clinic. A SNF differs from a nursing home, which primarily offers long-term custodial care, such as assistance with bathing, dressing, eating, and mobility, that generally does not require medical training. This policy describes when skilled care in a SNF may be considered medically necessary.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Coverage Guidelines

Subject	Medical Necessity
Conditions for admission	
Service requirements at skilled nursing facility (SNF) level of care	• Interdisciplinary and goal-oriented 24-hour skilled services delivered by professionally licensed nursing, social workers, or case manager and/or rehabilitation therapists with specialized training, education, and/or certification • Daily documentation of skilled services and response to interventions with progress toward meeting goals documented at least weekly • Medical specialty consultative services, pharmacy, and diagnostic services available • Evaluation and assessment by transferring or discharging provider to demonstrate care plan and appropriateness for SNF transition • Evaluation and assessment by SNF's trained professional soon after admission to SNF
Clinical appropriateness for SNF level of care	• Medically stable with medical or surgical comorbidities manageable and not requiring acute medical attention • A decline in physical function (compared to prior level of function) needing supervised and structured rehabilitation services • Need of daily skilled care that is directly related to and reasonable for the presenting condition and/or illness • Expected improvement from medical and/or rehabilitative intervention (or end-stage disease) within a reasonable and predictable time frame. • Skilled services at an intensity and frequency that cannot be provided in a lower level of care setting • Care plans describe specified and individualized realistic goals and discharge plans • The individual and/or caregiver demonstrate ability and willingness to participate in care plan, including training.
Admission	**Skilled nursing facility (SNF) admission may be considered medically necessary when ALL of the following criteria are met:**

Subject	Medical Necessity
Conditions for admission	

	• Service requirements and clinical appropriateness described above are met
	• Conditions for admission meet ONE of the following criteria:
	  ○ Skilled nursing services and medical treatment goals are described for the individual's current clinical status
	  ○ Complex wound care is described for the individual's current wound status
	  ○ Impaired functional condition needing rehabilitation therapy include ALL of the following:
	  ▪ Current and prior level of function are described
	  ▪ Rehabilitation potential and realistic functional goals are described
	  ▪ An acute functional impairment requiring at least minimum assistance or mobility impairment (walk or wheelchair is less than 70 feet)
	AND
	• **One or more skilled nursing services or skilled therapies are provided at least daily**
	  ○ Skilled nursing services include **ONE** of the following:
	  ▪ Intravenous (IV) or Intramuscular (IM) injection of drugs given at least every 12 hours (and they cannot be provided at a lower level of care)
	  ▪ Parental feeding (TPN) or enteral feeding, (e.g., nasogastric, gastrostomy or jejunostomy) requiring intervention or management of a complication
	  ▪ Active management of a complex medication regimen (may be oral) to include documented monitoring
	  ▪ Active management of an exacerbation of chronic disease conditions
	  ▪ Complex wound care of stage 3 or 4 or multiple stage 2 decubitus ulcer(s) (**see Related Information**) or other complicated wounds requiring aseptic, daily dressing changes
	  ▪ Ostomy complication requiring intervention which may include patient/care-giver training that cannot be

Subject	Medical Necessity
Conditions for admission	
	provided in an alternative care setting (home, outpatient, etc.) ▪ Device or drain management, including initial care of urinary or wound drain catheters (such as bladder irrigation, nephrostomy tube, suprapubic catheter or Jackson-Pratt (JP)/biliary drains) ▪ Ventilator and/or tracheostomy weaning ▪ New respiratory treatment or new use of oxygen; or nasopharyngeal or deep tracheal suctioning (superficial, oropharyngeal suctioning is not a skilled service) to stabilize an acute medical/respiratory condition **AND/OR** ○ Skilled therapy services include ALL of the following: ▪ One or more therapy modality given for at least 1 hour daily, 5 days/week to treat an acute functional decline ▪ Rehabilitation services include **ONE** of the following: ▫ Bed mobility and transfer training ▫ Functional transfer training ▫ Gait and ambulation training ▫ Activities of Daily Living (ADL) training ▫ Speech and swallowing training ▫ Cognitive training ▫ Therapeutic treatment to ensure patient safety ▫ Specialized medical equipment (durable medical equipment) training ▪ The individual is able and willing to actively participate (i.e., responsive to verbal/visual stimuli and able to follow simple commands) and demonstrates rehabilitation potential

Subject	Medical Necessity
Conditions for a Continued Stay	
Continued Stay	**Skilled nursing facility (SNF) continued stay may be considered medically necessary when ALL the following criteria are met:**

Subject	Medical Necessity
Conditions for a Continued Stay	

	• Service requirements and clinical appropriateness described above are met
	• Conditions for a continued stay meet ONE of the following criteria:
	  ○ Clinical improvement and the need for ongoing skilled nursing service are demonstrated
	  ○ Measurable and sustained functional progress and the need for ongoing restorative therapy are demonstrated
	  ○ Medical instability affecting participation or clinical/functional progression and the needed clinical interventions are described
	AND
	• **One or more skilled nursing or skilled therapy services are provided at least daily**
	  ○ Skilled nursing services include **ONE** of the following:
	  ▪ Intravenous (IV) or Intramuscular (IM) injection of drugs given at least every 12 hours (and they cannot be provided at a lower level of care)
	  ▪ Parental feeding (TPN) or enteral feeding (e.g., nasogastric, gastrostomy or jejunostomy) requiring intervention or management of a complication
	  ▪ Active management of a complex medication regimen (may be oral) to include documented monitoring
	  ▪ Complex wound care of stage 3 or 4 or multiple stage 2 decubitus ulcer(s) (**see Related Information**) or other complicated wounds requiring aseptic daily dressing changes
	  ▪ Ostomy complication requiring intervention which may include patient/caregiver training that cannot be provided in an alternative care setting (home, outpatient, etc.)
	  ▪ Device or drain management, including initial care of urinary or wound drain catheters (such as bladder irrigation, nephrostomy tube, suprapubic catheter or Jackson-Pratt (JP)/biliary drains)
	  ▪ Ventilator and/or tracheostomy weaning

Subject	Medical Necessity
Conditions for a Continued Stay	
	▪ New respiratory treatment or new use of oxygen; or nasopharyngeal or deep tracheal suctioning (superficial, oropharyngeal suctioning is not a skilled service) to stabilize an acute medical/respiratory condition. **AND/OR** ○ Skilled therapy services include ALL of the following: ▪ One or more therapy modality given for at least 1 hour daily, 5 days/week to treat an acute functional decline ▪ Rehabilitation services include **ONE** of the following: ▫ Bed mobility and transfer training ▫ Functional transfer training ▫ Gait and ambulation training ▫ Activities of Daily Living (ADL) training ▫ Speech and swallowing training ▫ Cognitive training ▫ Therapeutic treatment to ensure patient safety ▫ Specialized medical equipment (durable medical equipment) training ▪ The individual is able and willing to actively participate (i.e., responsive to verbal/visual stimuli and able to follow simple commands) and demonstrates rehabilitation potential **Admission or continued stay to a skilled nursing facility may be considered NOT medically necessary when:** • Skilled services can be managed at a lower level of care • No further clinical and/or functional progress has been made within a reasonable amount of time, nor is it expected in the individual's clinical course • Services are primarily custodial or maintenance in nature (i.e., maintain activities of daily living) • The individual is unwilling or unable to participate in a therapeutic treatment program • Services are for routine medication administration (including Intravenous (IV) or Intramuscular (IM) and Subcutaneous (SQ) for medically stable individuals without other skilled needs

Subject	Medical Necessity
Conditions for a Continued Stay	
	• Care is for routine indwelling bladder catheters or established colostomy or ileostomy, gastrostomy tube feedings, tracheostomy site care, oxygen therapy • Care of the confused or disoriented individual who is under an established medication regimen

Clinical Indications for Transition of Care	

Transition of care	**Transition from a skilled nursing facility (SNF) to an alternate level of care may be considered medically necessary when ALL of the following criteria are met:**
	• The individual is clinically stable
	• Ongoing skilled nursing services needed can be safely provided in a home setting with home health or outpatient care
	• The individual has no signs of infection or is stable on an anti-infective regimen which can be administered in an outpatient setting
	• The individual is stable on an adequate nutritional program (e.g., parenteral infusion can be managed by a home infusion provider, or enteral feedings can safely be provided at home)
	• Pain management is adequate without need for frequent change in medication or dose
	• Neurologic status is stable with mentation at baseline, and appropriate for the individual's clinical condition
	AND
	• If the individual is in SNF primarily for rehabilitative services:
	  ○ Further progress toward rehabilitation goals is not expected or can be achieved at a lower level of care
	  OR
	  ○ The individual is no longer willing or able to participate in a therapeutic treatment program

Documentation Requirements
The individual's medical records submitted for review for all conditions should document that medical necessity criteria are met. The record should include the following:

Documentation Requirements

For admission:

- Transferring facility/provider (i.e., hospital) admission, current clinical progress notes, consultation evaluations, as applicable and discharge assessment including treatment plan and/or therapy assessment

For continued stay:

- Clinical notes and/or treatment logs including the following:
  - Clinical and rehabilitation status, as applicable
  - Treatment(s) received, as applicable
  - Individual participation and progress toward clinical and rehabilitation goals
  - Individual/caregiver training progress towards goals
  - Individual/caregiver participation in discharge planning
  - Status of the discharge plan, including targeted site, date, and skilled needs, as applicable

Coding

N/A

Related Information

This guideline incorporates clinical, facility, and care-based indicators to determine the appropriateness of admission to a skilled nursing facility level of care. In addition, transitions of care guidelines are given as indicators to determine if the individual may be appropriate for safe transfer from a skilled nursing facility to a home or an alternate setting.

A skilled nursing facility (SNF) is a facility, or distinct part of a facility, that provides skilled nursing care and/or skilled rehabilitative therapy. Usually, a patient will transition to a SNF from an acute care facility when ongoing skilled needs cannot be provided in a home or other alternate setting.

Definition of Terms

Pressure Injury Stages (National Pressure Ulcer Advisory Panel, 2016)[7]

Pressure Injury: A pressure injury is localized damage to the skin and/or underlying soft tissue usually over a bony prominence or related to medical or other devices. The injury occurs as a result of intense and/or prolonged pressure or pressure in combination with shear. The tolerance of soft tissue for pressure and shear may also be affected by microclimate, nutrition, perfusion, co-morbidities, and conditions of soft tissue.

Pressure Injury Stages

- Stage 1 pressure injury-non-blanchable erythema of intact skin: Intact skin with non-blanchable erythema (redness).
- Stage 2 pressure injury - partial-thickness skin loss with exposed dermis: Partial-thickness skin loss involving epidermis and/or dermis.
- Stage 3 pressure injury - full-thickness skin loss: Full-thickness skin loss involving damage or necrosis of subcutaneous tissue that may extend down to, but not through underlying fascia.
- Stage 4 pressure injury- full-thickness skin and tissue loss: Full-thickness skin loss with extensive destruction, tissue necrosis, or damage to muscle, bone, or supporting structures like tendons or joints.
- Unstageable Pressure Injury- obscured full-thickness skin and tissue loss: Full thickness tissue loss in which the base of the ulcer is covered by slough (yellow, tan, gray, green, or brown) and/or eschar (tan, brown, or black) in the wound bed, making it impossible to assess the true depth of the wound.

References

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History

Date	Comments
01/01/18	New Policy, returned from archived status, approved December 12, 2017. Policy is reinstated and replaces InterQual criteria.
02/01/18	Interim Review, approved January 16, 2018. Added medically necessary criteria for continued stay in a SNF. References 6, 7 added. Added additional statements under admission, and edited statements under not medically necessary and transition of care for clarity.
12/01/18	Annual Review, approved November 6, 2018. References removed and references 6-7 added. No change to policy statement.
11/01/19	Annual Review, approved October 4, 2019. Reference 3 updated. Policy statements unchanged.
10/01/20	Annual Review, approved September 1, 2020. UM Guideline reviewed. References updated. Guideline statements unchanged.
06/01/21	Annual Review, approved May 4, 2021. UM guideline reviewed. Guideline statements unchanged.

Date	Comments
03/01/22	Annual Review, approved February 7, 2022. UM guideline reviewed. Guideline statements unchanged.
03/01/23	Annual Review, approved February 6, 2023. UM guideline reviewed. Guideline statements unchanged. Changed the wording from "patient" to "individual" throughout the policy for standardization.
05/01/24	Annual Review, approved April 8, 2024. UM guideline reviewed. References updated. Guideline statements unchanged.
10/01/25	Annual Review, approved September 9, 2025, effective for dates of service on or after January 2, 2026, following 90-day provider notification. UM guideline reviewed. Added service requirements and clinical appropriateness criteria to the policy. Added admission conditions and continued stay conditions criteria to the policy. Medically necessary skilled nursing and skilled therapy services criteria remain the same. There has been minor rewording and reformatting for ease of use, but policy intent is unchanged.
08/01/26	Annual Review, approved July 27, 2026. UM Guideline reviewed. References updated. Guideline statements unchanged.

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2026 Premera All Rights Reserved.

Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.