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Medicare Coverage of Nursing Home Care

When Does Medicare Cover Skilled Nursing Facility Care?

Skilled nursing facility (SNF) care is generally covered by Medicare Part A if you were admitted to a SNF within 30 calendar days after the date of discharge from an inpatient hospitalization of at least 3 consecutive days, not counting your day of discharge. Also, your doctor must order, and you must receive either skilled nursing services on a daily basis or skilled rehabilitation services 5 or more days a week. You must need care for a condition treated during the qualifying hospital stay or that occurred in the SNF while you were being treated for a condition that arose during the hospital stay. Medicare does not cover custodial care.

How Much Of My Skilled Nursing Facility Stay Will Be Paid By Part A?

Once you meet Part A criteria and as long as you continue to receive medically necessary skilled nursing or rehabilitation services, Medicare will cover up to 100 days in a SNF. Medicare will pay the entire cost of your first 20 days, but you must pay $209.50 (2025) in coinsurance for each of days 21 through 100 during any one benefit period.

If you are on a Medicare Advantage Plan (MAP), you should review its co-payment policies as many MAPs have higher co-payments than Original Medicare. You may have to pay more or all of your SNF care if you don't tell your MAP before you are admitted. It may be less expensive to go to a SNF that is in your network.

How Does Hospital Outpatient Status Affect Medicare SNF Coverage?

Hospitals can admit patients as inpatients or outpatients. Outpatients are admitted under observation status and are covered by Part B. Inpatients are covered by Part A. If the hospital classifies you as an outpatient, you may not meet 3-day inpatient stay requirement for Medicare coverage of a SNF stay and then you may have to pay for a posthospital stay at a SNF out-of-pocket. If you are on observation status for 24 hours, the hospital is required to notify you within 36 hours. The hospital is required to explain any appeal rights.

If the hospital reclassifies you from inpatient to outpatient, you can appeal if:

a) you are not enrolled in Medicare Part B at the time of the hospitalization; and
b) you had a 3-day hospital stay but were not classified as an inpatient for 3 days.

What Services Are Covered If I Qualify For Medicare Skilled Nursing Facility Coverage?

Medicare coverage of skilled nursing facility services includes:

a) skilled nursing care;
b) room and board;
c) physical, occupational and speech therapy;
d) medical social services;
e) drugs, biologicals, supplies and equipment; and other services necessary to your health.

What Are Skilled Nursing And Skilled Rehabilitation Services?

Skilled nursing and skilled rehabilitation services are provided or generally supervised by a registered nurse, licensed practical nurse, physical or occupational therapist, speech pathologist or audiologist.

What Determines Whether A Service Is Skilled?

A service is skilled if it is so complex that it cannot be performed safely and effectively without the general supervision of a skilled person. Although your doctor will consider your medical condition when deciding if you need skilled services, your diagnosis or prognosis should not be the only factor. Medicare also covers services that require skilled personnel to prevent further deterioration or preserve current capabilities. A non-skilled service can also be considered skilled if certain medical complications require skilled personnel.

What Are Examples Of Covered Skilled Nursing Services?

Examples are:

a) intravenous, intramuscular or subcutaneous injections or feeding;
b) certain enteral feeding;
c) nasopharyngeal and tracheostomy aspiration;
d) application of dressings involving prescription medications and aseptic techniques;
e) treatment of extensive decubitus ulcers or widespread skin disorders;
f) physician-ordered heat treatments that require a nurse to observe the progress;
g) Initial phases of a regimen administering medical gases;
h) Rehabilitation nursing procedures, including the related teaching and adaptive aspects of nursing, that are part of active treatment.

What Are Examples of Covered Skilled Rehabilitation Services?

Examples are:

a) Therapeutic exercises or activities;
b) Gait evaluation and training if they can significantly improve your walking ability;
c) Range of motion exercises;
d) Maintenance therapy;
e) Ultrasound, short-wave, and microwave therapy;
f) Speech pathologist or audiologist services.

What Are Examples of Services That Are Not Skilled?

Unless you have a medical complication, these are examples of services not covered by Medicare:

a) administering routine oral medications, eye drops, and ointment;
b) maintenance of colostomy and ileostomy
c) services to maintain indwelling bladder catheters;
d) changing dressings for noninfected or chronic conditions;
e) skin care including bathing;
f) routine care of incontinent patient;
g) routine administration of medical gases after a regimen of therapy has been established;
h) dressing, eating, toileting; and changing the position of a patient in bed.

Do I Have To Pay For Skilled Nursing Care I Did Not Know Medicare Would Deny?

If the care you receive while you are in a SNF will not be covered by Medicare, you must be given advanced written notice in person two days before the termination of services. You or your representative must sign and date the notice for it to be valid.

Only if in-person delivery is not possible can you be notified by other means such as direct telephone contact, mail, secure fax, or internet email. The notifier must receive a response from you or your representative to validate delivery. Telephone contact must be followed up with a hand-delivered, mailed, emailed, or faxed notice. Notification that is not made in person must be documented. To considered effective, you cannot have disputed that contact was made.

This protection is strictly regulated and the SNF must carefully follow proscribed procedures for the advance written notice to be considered effective. In most cases, you cannot be charged for services if you do not receive proper notice.

I Received A Notice of Medicare Non-Coverage. What Should I Do?

Medicare beneficiaries are often turned down for coverage when Medicare law is interpreted too strictly by an insurance company or other agency that oversees Medicare. If a SNF denies your Medicare claim, you should appeal. Remember that wrongful claim denial is common. Denials are frequently reversed on appeal. If you have questions about how to appeal, you can call the Ohio Department of Insurance's consumer hotline at 800-686-1526.

What Can I Do If Medicare Will Not Cover My Care?

First, request a copy of the written Medicare denial from the SNF. If the SNF has not submitted a claim to Medicare, ask that it do so as a Medicare claim that the patient insisted be submitted. Once the Medicare contractor makes a determination, you can appeal within 120 days by writing to ask for a reconsideration of the decision. Appeals for payment must be filed in as little as 60 days for those with Medicare Advantage Plans. Further appeals are also available.

Pro Seniors helps older Ohioans solve legal and long-term care problems and fight Medicare fraud. Our Legal Helpline provides free legal information and advice for Ohio residents aged 60 and older.

This fact sheet provides general information, not legal advice. The law is complex and changes frequently. Before you apply this information to a particular situation, call Pro Seniors' free Legal Helpline or consult an attorney in elder law.

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