

Payment Policy: Skilled Nursing Facility Leveling

Reference Number: CC.PP.206

Product Types: All

Last Review Date: 3/2025

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Policy Overview

The purpose of this policy is to ensure that the level of skilled nursing facility care reported by the provider reflects the services performed.

Application

- I. It is the policy of health plans affiliated with Centene Corporation[®] that the following requirements must be met to be reimbursed for each skilled nursing facility level of care for facilities contracted for levels 1 through 4:
- A. *Level of Care 1 (Rev Code 191) - Skilled Nursing Services Requirements:* Skilled nursing up to 4 hours per day, 7 days per week, or skilled therapy 1 to 2 hours per day, at least 5 days per week;
 - B. *Level of Care 2 (Rev Code 192)- Comprehensive Care Services Requirements:* Skilled nursing at least 4 hours per day, 7 days per week, or skilled therapy for at least 2 hours per day, at least 5 days per week.
 - C. *Level of Care 3 Complex (Rev Code 193) - Medical/Surgical Sub-Acute Care Services Requirements:* Skilled nursing for more than 4 hours per day, 7 days per week, and skilled therapy for at least 3 hours per day, at least 5 days per week;
 - D. *Level of Care 4 (Rev Code 194) – Intensive Care Services Requirements, both of the following:*
 - 1. Skilled nursing for more than 4 hours per day, 7 days per week;
 - 2. Patient requires Level 4 – Intensive Care Services due to a high acuity need such as one of the following:
 - a. Catastrophic multiple traumas;
 - b. Severe head injury or CVA;
 - c. Stabilized spinal cord injury;
 - d. Weanable and non-weanable ventilator dependent patients;
 - e. Administration of a high-cost drug in the list below:

High-Cost Drug List

Adempas
Advate
Afinitor
Aldurazyme
Apokyn
Aralast NP

Avastin
Benefix
Bexarotene
Bosulif
Advate
Cimzia Starter Kit

Cinryze
Cubicin
Cuprimine
Daklinza
Daraprim
Dificid

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Disperz	Lenvima (24 mg Daily Dose)	Sprycel
Elaprase	Letairis	Stelara
Eloctate	Linezolid	Stivarga
Erivedge	Leukine	Subsys
Esbriet	Lynparza	Supprelin LA
Exjade	Mekinist	Sutent
Farydak	Myalept	Syprine
Ferriprox	Naglazyme	Tafinlar
Firazyr	Neulasta	Targretin
Gammagard Liquid	Neupogen	Tasinga
Gamunex-C	Nexavar	Tetrabenazine
Gattex	Ofez	Thalomid
Glassia	Olysio	Thiola
Geevec	Opdivo	Tobi Podhaler
Hrvoni	Orenitram	Tyvaso Refill
Herceptin	Orkambi	Valchlor
Hetlioz	Opsumit	Velcade
HP Acthar	Pomalyst	Viekira Pak
Humira Pen (Crohn's Disease)	Privigen	Votrient
Ibrance	Procysbi	Vpriv
Iclusig	Prolastin-C	Xalkori
Ilaris	Promacta	Xenazine
Imbruvica	Ravicti	Xtandi
Increlex	Revlimid	Xyrem
Inlyta	Rituxan	Zelboraf
Jadenu	Sabril	Zemaira
Jakafi	Samsca	Zolinza
Juxtapid	Serostim	Zydelig
Kalydeco	Simponi	Zykadia
Kuvan	Soliris	Zytiga
Lazanda	Sovaldi	Zyvox

II. It is the policy of health plans affiliated with Centene Corporation that the following requirements must be met to be paid for each skilled nursing facility level of care for facilities contracted for levels 1 through 5:

- A. *Level of Care 1 (Rev Code 191) – Skilled Nursing Services Requirements:* Skilled nursing up to 4 hours per day, 7 days per week, or skilled therapy 1 to 2 hours per day, at least 5 days per week.
- B. *Level of Care 2 (Rev Code 192) – Comprehensive Care Services Requirements:* Skilled nursing at least 4 hours per day, 7 days per week, or skilled therapy for at least 2 hours per day, at least 5 days per week.
- C. *Level of Care 3 (Rev Code 193) – Medical/Surgical Services Requirements:* Skilled nursing for more than 4 hours per day, 7 days per week, and skilled therapy for at least 3 hours per day, at least 5 days per week;

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- D. *Level of Care 4 (Rev Code 194) – Medically Complex Services Requirements:* Skilled nursing more than 4 hours per day, 7 days per week, and skilled therapy at least 3 hours per day, at least 5 days per week;
- E. *Level of Care 5 (Rev Code 199) – Intensive Care Services Requirements:* Skilled nursing required for more than 4 hours per day, 7 days per week, or administration of a [high-cost drug](#) listed on page 1.

Background

The following information is a synopsis from the Medicare Benefit Policy Manual¹:

Skilled nursing and/or skilled rehabilitation services are services, furnished in accordance with physician orders, that:

- Require the skills of qualified technical or professional health personnel such as registered nurses, licensed practical (vocational) nurses, physical therapists, occupational therapists, and speech-language pathologists or audiologists; and
- Must be provided directly by or under the general supervision of these skilled nursing or skilled rehabilitation personnel to assure the safety of the patient and to achieve the medically desired result.

In order for a nursing service to be considered a “skilled service” it must be a service that can only be safely and effectively performed by, or under the supervision of, a registered nurse or, when provided by regulation, a licensed practical nurse.

A condition that would not ordinarily require skilled nursing services may still require skilled nursing under certain circumstances. In such instances, skilled nursing care is necessary only when:

- The particular patient’s special medical complications require the skills of a registered nurse or, when provided by regulation, a licensed practical nurse to perform a type of service that would otherwise be considered non-skilled; OR,
- The needed services are of such complexity that the skills of a registered nurse or, when provided by regulation, a licensed practical nurse are required to furnish the services.

A service is not considered a skilled nursing service merely because it is performed by or under the direct supervision of a nurse.

Coding and Modifier Information

This payment policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT® codes and descriptions are copyrighted 2024, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this payment policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

Modifier	Descriptor
NA	NA

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ICD-10 Codes	Descriptor
NA	NA

Definitions:

Skilled nursing facility (SNF)- An institution (or part of an institution) licensed under state laws and whose primary focus is to provide skilled nursing care and related services for residents requiring medical or nursing care. A SNF may also be a place of rehabilitation services for injured, disabled, or sick members/enrollees.

Related Documents or Resources

NA

References

- Centers for Medicare and Medicaid Services. Medicare benefit policy manual: chapter 8 coverage of extended care (SNF) services under hospital insurance. <https://www.cms.gov/regulations-and-guidance/guidance/manuals/internet-only-manuals-ioms-items/cms012673> Published August 6, 2021. Accessed February 24, 2025.
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- [Guidance/Guidance/Manuals/downloads/bp102c07.pdf](#). Published October 01, 2003 (revised December 21, 2023). Accessed February 24, 2025.
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Revision History	
09/08/2023	Payment rules only transitioned from the retired CP.MP.206 SNF Facility Leveling. Changed I.D.2. to note that the clinical circumstances noted are examples of intensive care.
04/2024	Annual review. Minor rewording in Background with no impact on criteria. References reviewed and updated.
08/2024	Updated header to reflect that policy is a payment policy.
03/2025	Annual review. CPT code table removed.

Important Reminder

For the purposes of this payment policy, “Health Plan” means a health plan that has adopted this payment policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any other of such health plan’s affiliates, as applicable.

The purpose of this payment policy is to provide a guide to payment, which is a component of the guidelines used to assist in making coverage and payment determinations and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage and payment determinations and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable plan-level administrative policies and procedures.

This payment policy is effective as of the date determined by Health Plan. The date of posting may not be the effective date of this payment policy. This payment policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this payment policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. Health Plan retains the right to change, amend or withdraw this payment policy, and additional payment policies may be developed and adopted as needed, at any time.

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This payment policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This payment policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this policy are independent contractors who exercise independent judgment and over whom Health Plan has no control or right of control. Providers are not agents or employees of Health Plan.

This payment policy is the property of Centene Corporation. Unauthorized copying, use, and distribution of this payment policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this payment policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this payment policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs and LCDs should be reviewed prior to applying the criteria set forth in this payment policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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