

SPELL OF ILLNESS CHART

Level of Care	Patient's Medicare SNF Part A Benefits Are Exhausted	Patient Is In Medicare Certified Area of the Facility *	If in non-Medicare Area, the Facility Meets the Definition of a SNF **	Is the Inpatient Spell of Illness Continued?	Action
Medicare Skilled	YES	YES	N/A	YES	Submit Monthly Covered Claim.
	NO	YES	N/A	YES	Submit Monthly Covered Claim.
	YES	NO	YES	YES	Submit Monthly Covered Claim.
	NO	NO	YES	YES	The patient must be returned to certified area for Medicare coverage.
	NO	NO	NO	NO	Facility should determine whether it would be appropriate to send patient back to a certified area for Medicare coverage.
Not Medicare Skilled	YES	NO	NO	NO	Do not submit claim if pt came in non-skilled. Otherwise, submit no-pay claim at discharge.
	YES	YES	N/A	NO	Do not submit claim if pt came in non-skilled. Otherwise, submit no-pay claim at discharge.
	NO	YES	N/A	NO	Do not submit claim if pt came in non-skilled. Otherwise, submit no-pay claim at discharge.
	NO	NO	YES	NO	Do not submit claim if pt came in non-skilled. Otherwise, submit no-pay discharge claim.
	YES	NO	YES	NO	Do not submit claim if pt came in non-skilled. Otherwise, submit no-pay discharge claim.

* Whether the facility considers a patient's bed in the certified area to be a Medicare bed or not has no effect on whether the spell of illness is continued and has no effect on the SNF's action.

** In some States, licensing laws for all nursing homes have incorporated the requirements of the basic SNF definition (Social Security Act § 1819(a)(1)). When this is the case, any nursing home licensed in such a State would be considered to meet this definition (see the CMS Internet-Only Manual Pub. 100-7, Chapter 2, § 2164).