

Swing Bed

Medical Policy

Utilization Management

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I. **DEFINITION:**

Swing Bed is skilled nursing facility (SNF) type of care that is delivered in a hospital or critical access hospital (CAH) that has swing bed (SB) status.

Medicare Advantage SNF benefit is limited to 100 days each benefit period. A benefit period begins on the first day the member is admitted as an inpatient at a Medicare covered hospital or a SNF. The benefit period ends when the member has not been an inpatient at any hospital, swing bed, or SNF (i.e., Part A services) for 60 days in a row. If the member has been free of confinement or not receiving skilled care in a SNF or swing bed for 60 days, a new benefit period begins. There is not a limit to the number of benefit periods a member can have. Medicare Advantage swing bed benefit limits are the same as the SNF benefits, 100-day limit for each benefit period. Per benefit period the swing bed and SNF days used apply to the same 100 day benefit.

A member who is transferred from a SNF facility to a hospital and back to the same SNF or a different SNF facility is not considered free of confinement. The 30-day benefit period continues as long as skilled care and benefit remains.

Benefit for a swing bed is the same as the SNF benefit.

Please refer to the Member's Schedule of Benefits for the number of days in their SNF benefit.

II. **MEDICARE ADVANTAGE:**

Precertification is required.

Submit request through the MyAdvocate Medicare Advantage provider portal: provider.myadvocatema.com.

[Prior Authorization Request form](#)

Providers can also call (715) 221-9212 or fax request to 715-221-9215.

MyAdvocate Medicare Advantage uses InterQual criteria to determine medical necessity.

Swing Bed is covered when **all** of the following are met:

A. The beneficiary must require daily skilled nursing services on an inpatient basis. Coverage determination is made utilizing the following tools, which include but is not limited to:

1. [Medicare Benefit Policy Manual Chapter 8 – Coverage of Extended Care \(SNF\) Services Under Hospital Insurance](#)
2. [Skilled Nursing Facility Part A Billing and SNF Consolidated Billing rules](#)
3. [Medicare Skilled Nursing Facility Manual](#)

B. Physician orders skilled care; *and*

C. Level of care must be such that:

1. Require the skills of a Registered or Licensed Practical Nurse ; *and*
2. Are furnished directly by or under the supervision of a Registered or Licensed Practical Nurse; *and*

D. The condition warranting swing bed care is the same condition which required hospitalization; *and*

E. Length of stay is anticipated to be short term; *and*

F. Discharge home from a swing bed is expected.

Skilled Nursing Facility or alternative care is required, but alternative placement is not available within 50 miles of the discharging hospital.

<https://www.cms.gov/files/document/mln006951-swing-bed-services.pdf>

III. **COMMENTS:**

Medicare Benefit Policy Manual Chapter 8 - Coverage of Extended Care (SNF) Services Under Hospital Insurance Medicare Benefit Policy Manual 30.7.3 - Whether the Patient's Physical Condition Would Permit Utilization of an Available, More Economical Care Alternative (Rev. 1, 10-01-03)

While most beneficiaries requiring a SNF level of care find that they are unable to leave the facility, the fact that a patient is granted an outside pass or short leave of absence for the purpose of attending a special religious service, holiday meal, family occasion, going on a car ride, or for a trial visit home, is not, by itself evidence that the individual no longer needs to be in a SNF for the receipt of required skilled care. Where frequent or prolonged periods away from the SNF become possible, the A/B MAC (A) may question whether the patient's care can, as a practical matter, only be furnished on an inpatient basis in a SNF. Decisions in these cases should be based on

information reflecting the care needed and received by the patient while in the SNF and on the arrangements needed for the provision, if any, of this care during any absences.