

# **LEOFF I Policy Procedure Manual**

## **Appendix D –**

### **Claims for Skilled Nursing Facility**

Reimbursement schedule to Skilled Nursing Facility:

The amount will not exceed the average amount for skilled nursing care as listed in the City's Skilled Nursing Facility Survey.

- Semi-Private Room \$330
- Private Room \$395 (must be medically necessary)

The semi-private room and board rate plus the "level of care" charge where charged separately by a skilled nursing facility so long as the total does not exceed the Board allowed rate.

Charges for medically necessary physician prescribed medications, medical services (e.g. x-rays) and other medically necessary physician prescribed supplies exceeding insurance reimbursement.