

# Home Health Lunch and Learn: Skilled Nursing Services

3/14/2024

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# Today's Presenter

Provider Outreach and Education  
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## Objectives

Define skilled nursing service criteria for Medicare home health services

Learn what medical reviewers are looking for in documentation

Review examples of documentation to support skilled nursing services



## Agenda

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- Home Health Covered Services & Eligibility
- Reasonable & Necessary Skilled Nursing Care
- Skilled Nursing Care
- Documentation
- Resources
- Q&A

# Home Health Covered Services & Eligibility

# The Medicare Home Health Benefit

- Services that the Medicare beneficiary (patient) may receive at home include:
  - Skilled Nursing (provided on a part-time or intermittent basis)
  - Home Health Aides
  - Physical Therapy (PT)
  - Occupational Therapy (OT)
  - Speech Language Pathology (SLP)
  - Social Work (SW)

# Meeting Eligibility Criteria

## ■ Does the patient meet all five eligibility criteria?

- Is the patient homebound?
  - ✓ Are they able to leave the home to receive services?
- Do they have a need for the skilled/professional services in the home?
  - ✓ Is the patient able to receive the “skilled” services on an outpatient basis in an office or clinic?
- Is there a physician and/or allowed practitioner that has agreed to monitor home health services?
  - ✓ Is that name identified within the referral and/or medical record documentation?
- Is there a plan of care in place or started?
  - ✓ What is the intent of the referral for home health services?
- Did the patient have a face-to-face encounter for their current primary diagnosis?
  - ✓ Is there a copy of the medical record documentation identifying the encounter?



# Reasonable and Necessary Skilled Nursing Care



# What is a “Skilled Service”?

To be considered a “[skilled nursing service](#),” the services must be consistent with:

- The nature and severity of the beneficiary's illness or injury
- His or her particular medical needs
- Accepted standards of medical and nursing practice

Skilled nursing services are covered where such services are necessary to:

- Maintain the patient’s current condition
- Prevent or slow further deterioration as long as the patient requires skilled care for the services to be safely and effectively provided

# Unskilled Nursing Services

- If a service can be safely and effectively performed (or self administered) by an unskilled person, without the direct supervision of a nurse, the service cannot be regarded as a skilled nursing service although a nurse actually provides the service.
- A service is not considered a skilled nursing service merely because it is performed by or under the supervision of a nurse.
- The unavailability of a competent person to provide a non-skilled service, regardless of the importance of the service to the patient, does not make it a skilled service when a nurse provides the service.
- A patient's diagnosis should never be the sole factor in deciding that a service the patient needs is either skilled or not skilled.

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Skilled Nursing Care



# Observation and Assessment

- Reasonable potential for **change** in a patient's condition that requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment or initiation of additional medical procedures until the patient's clinical condition and/or treatment regimen has stabilized
  - Abnormal/fluctuating vital signs, weight changes, edema, symptoms of drug toxicity, abnormal/fluctuating lab values, and respiratory changes on auscultation
- Observation and assessment by a nurse is not reasonable and necessary for the treatment of the illness or injury where fluctuating signs and symptoms are part of a longstanding pattern of the patient's condition which has not previously required a change in the prescribed treatment

# Management and Evaluation of a Patient Care Plan



## **Underlying conditions/complications**

Only a registered nurse can ensure that essential unskilled care is achieving its purpose



## **Complexity of necessary unskilled services**

Must require the involvement of skilled nursing personnel



## **Promote recovery & medical safety**

Must require the involvement of skilled nursing personnel in view of the patient's overall condition

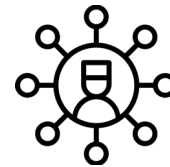


# Teaching and Training Activities



## Require Skilled Nursing Personnel

Teach a patient, the patient's family, or caregivers how to manage the treatment regimen



## Illness or Injury

Where the teaching or training is reasonable and necessary to the treatment of the functional loss, illness or injury, skilled nursing visits for teaching would be covered.



## Skilled vs Unskilled

The test of whether a nursing service is skilled relates to the skill required to teach and not to the nature of what is being taught.

Where skilled nursing services are necessary to teach an unskilled service, the teaching may be covered.

# Administration of Medications

- The services of a nurse that are required to administer the medications safely and effectively may be covered if they are reasonable and necessary to the treatment of the illness or injury.
  - Injections
    - ✓ IV, IM or SQ and infusions
  - Oral medications
    - ✓ Complexity of the patient's condition, nature of the drugs prescribed, number of drugs prescribed require the skills of a licensed nurse to detect and evaluate side effects or reactions
- Exceptions:
  - Vit. B-12 injections
    - ✓ Specified anemias, gastric disorders, certain neuropathies
  - Insulin injections
    - ✓ Customarily self injected unless the patient is physically or mentally unable and there is no other person able and willing to inject the patient
    - ✓ Prefilling syringes does not require the skills of a licensed nurse
  - Eye drops & topical ointments do not require the skills of a nurse



# Wound Care

Wound care treatment typically involves three skilled nursing interventions, which may be performed at the same time or separately from each other.

- Performing the actual wound care, which must be of a complexity to require the skills of a nurse
- Assessing the wound when medically necessary
  - ✓ For skilled nursing care to be reasonable and necessary to treat a wound, the size, depth, nature of drainage (color, odor, consistency, and quantity), and condition and appearance of the skin surrounding the wound must be documented in the clinical findings.
- Teaching the patient and/or caregiver how to perform the wound care and what changes to the wound would prompt a call to the physician.

Coverage or denial of skilled nursing visits for wound care may not be based solely on the stage classification of the wound, but rather must be based on all of the documented clinical findings. Moreover, the plan of care must contain the specific instructions for the treatment of the wound.

# Psychiatric Eval, Therapy & Teaching

- Active treatment including evaluation, psychotherapy, and teaching needed by a patient suffering from a diagnosed psychiatric disorder
- Must be provided by psychiatrically trained nurses
- Must be provided under a plan of care established and reviewed by a physician or allowed practitioner
- Psychiatric nursing must be furnished by an agency that does not primarily provide care and treatment of mental diseases
- Services to assess and monitor use of psychoactive drugs that are being used for non-psychiatric diagnoses or to monitor a patient's psychiatric condition that is considered stable are **not** considered reasonable and necessary



# Additional Skilled Nursing Services

- Tube feedings
- Nasopharyngeal and tracheostomy aspiration
- Catheters
  - Absent complications, Foley catheters generally require skilled care once approximately every 30 days and silicone catheters generally require skilled care once every 60-90 days and this frequency of service would be considered reasonable and necessary
- Ostomy care
- Heat treatments
- Medical gasses
- Venipuncture
  - Venipuncture for the purposes of obtaining a blood sample can no longer be the sole reason for Medicare home health eligibility

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# Documentation



# Supporting Documentation

- Medical record documentation should include the individual findings from the patient's face-to-face encounter to support the primary reason for the skilled services being provided in the home of the patient.
- Medical record documentation must indicate that the face-to-face encounter was related to the primary reason the patient requires home health services.

✓ Examples:

- Discharge summary from the referring acute/post-acute care facility
- Progress note from the physician or allowed practitioner medical records

# Clinical Notes

Clinical notes **must** document:

- The H&P exam relevant to the day's visit
  - Include responses and changes in behavior to previously administered skilled services and the skilled services applied at that visit
- Patient/CG response to the skilled services
- Plan for the next visit based on the reasoning of prior results
- Detailed rationale that explains the need for the skilled service related to the patients overall medical condition and experiences
- Complexity of the service performed
- Any other pertinent characteristics of the patient or home

# Verbiage to Avoid

- Vague or subjective descriptions of the patient's care should not be used:
  - Patient tolerated treatment well
  - CG instructed in medication management
  - Continue with POC
- Don't use vague terms like “small” to describe a pressure ulcer (decubitus ulcer); instead, write something like, “stage II decubitus ulcer in sacral area, 1.5 cm width x 1 cm breadth x 0.5 cm deep; no drainage or tunneling present
- Be precise, objective, and accurate

# Continue Documentation Through Discharge

- A skilled professional must document the services specific to the care provided as it pertains to the current diagnosis related to the need (reason) for home health services.
  - Documentation should occur every visit (progress notes)
- When the patient no longer meets eligibility criteria and skilled services are no longer required, the reason for discharge should be documented.
  - The physician or allowed practitioner monitoring patient care should be notified (document)
  - The agency should obtain order to discharge



# References

# References

- [CMS Internet Only Manual \(IOM\) Pub. 100-02, Medicare Benefit Policy Manual Chapter 7 – Home Health Services Sections 20-50.1](#)
- [CMS Internet Only Manual \(IOM\) Pub. 100-08, Medicare Program Integrity Manual Chapter 6 - Medicare Contractor Medical Review Guidelines for Specific Services](#)
- [42 Code of Federal Regulations \(CFR\) Section 484 - Home Health Services](#)
- [42 Code of Federal Regulations \(CFR\) Section 409.40 - Home Health Services Under Hospital Insurance](#)
- [NGSMedicare.com](#)
  - Job Aids
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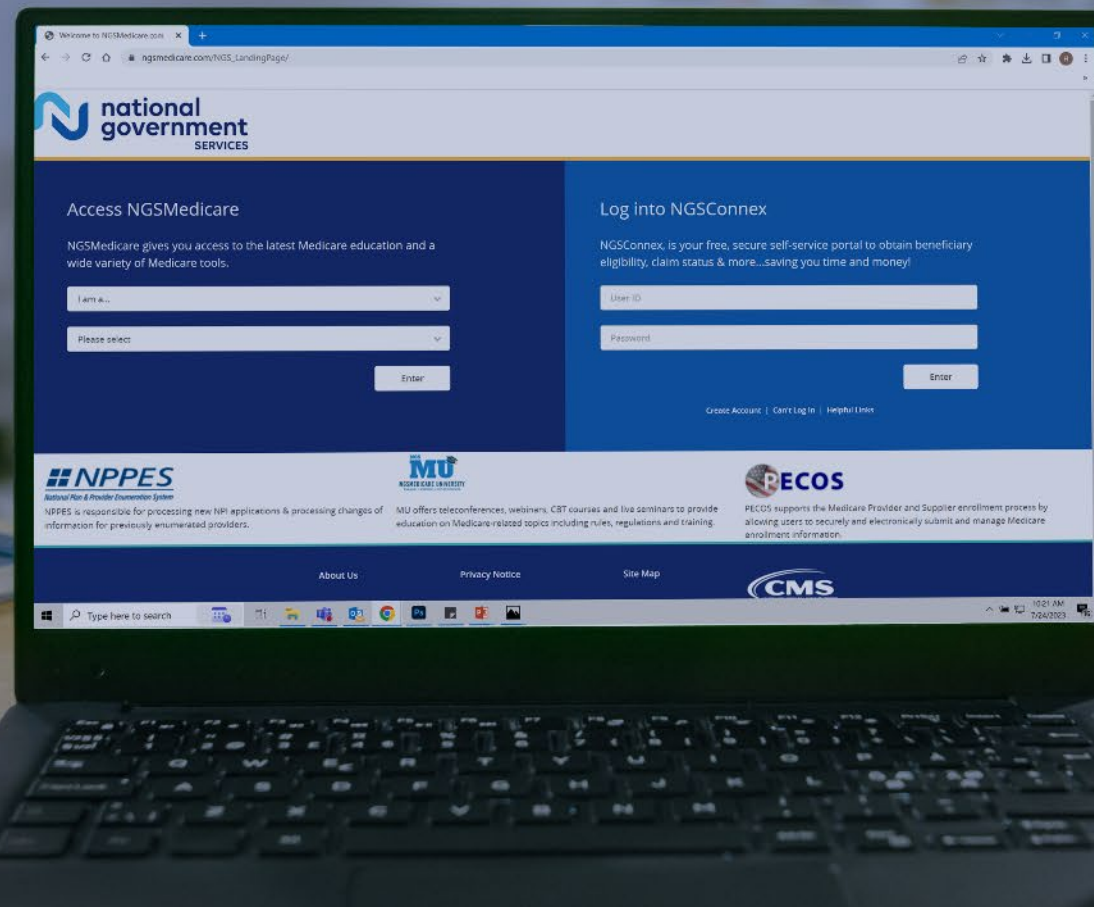


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