




What is a skilled service?

Medicare Requirements


- **Technical Requirements:**
 - Beneficiary is enrolled in Medicare Part A and **has available days**
 - Beneficiary has had a **three-day qualifying hospital stay**
 - Skilled care **must begin within 30 days** after discharge from a hospital or the last covered Medicare day of a SNF stay
- **Level of Care Requirements:**
 - Requires **physician-ordered** skilled nursing and/or rehabilitation
 - Services must be **daily (5x/week for therapy)**
 - Services must be **delivered in a SNF**
 - Services are **reasonable and necessary**



30.2.1 - Skilled Services Defined

30.2.2 - Principles for Determining Whether a Service is Skilled

- If the inherent complexity of a service prescribed for a patient is such that **it can be performed safely and/or effectively only by or under the general supervision of skilled nursing or skilled rehabilitation personnel**, the service is a skilled service; e.g., the administration of intravenous feedings and intramuscular injections; the insertion of suprapubic catheters; and ultrasound, shortwave, and microwave therapy treatments.
- The A/B MAC (A) considers the nature of the service and the skills required for safe and effective delivery of that service in deciding whether a service is a skilled service. While a patient's particular medical condition is a valid factor in deciding if skilled services are needed, a **patient's diagnosis or prognosis should never be the sole factor in deciding that a service is not skilled.**



Skilled Service

- Service requires skill of a **licensed person**
- Skilled service provided **directly or under supervision** of a licensed nurse or therapist
- Diagnosis and prognosis do **NOT** determine what is skilled



What is your unique skill as a nurse?

What can you do that another team member cannot do?

CLINICAL DECISION MAKING

...Skilled care is what we do with our heads.....not with our hands.

Skilled Nursing

- Evaluation and Management of a Care Plan
- Observation and Assessment of Patient's Condition
- Teaching and Training Activities
- Direct Skilled Nursing Services to Patients



Evaluation and Management of CP

- The development, management, and evaluation of a patient care plan, based on the physician's orders and supporting documentation, constitute skilled nursing services when, in terms of the patient's physical or mental condition, **these services require the involvement of skilled nursing personnel to meet the patient's medical needs, promote recovery, and ensure medical safety.** However, the planning and management of a treatment plan that does not involve the furnishing of skilled services may not require skilled nursing personnel; e.g., a care plan for a patient with organic brain syndrome who requires only oral medication and a protective environment. **The sum total of nonskilled services would only add up to the need for skilled management and evaluation when the condition of the beneficiary is such that there is an expectation that a change in condition is likely without that intervention**



Example-

- An aged patient is recovering from pneumonia, is lethargic, is disoriented, has residual chest congestion, is confined to bed as a result of his debilitated condition. To decrease the chest congestion, the physician has prescribed frequent changes in position, coughing, and deep breathing. While the residual chest congestion alone would not represent a high risk factor, the patient's immobility and confusion represent complicating factors which, when coupled with the chest congestion, could create high probability of a relapse. In this situation, skilled overseeing of the nonskilled services would be reasonable and necessary, pending the elimination of the chest congestion, to assure the patient's medical safety. The documentation in the medical record as a whole is essential for this determination and must illustrate the complexity of the unskilled services that are a necessary part of the medical treatment and which require the involvement of skilled nursing personnel to promote the patient's recovery and medical safety in view of the patient's overall condition.



Observation and Assessment

- Observation and assessment are skilled services when the likelihood of change in a patient's condition requires skilled nursing or skilled rehabilitation personnel to identify and evaluate the patient's need for possible modification of treatment or initiation of additional medical procedures, until the patient's condition is essentially stabilized.



Example-

- A patient has undergone peripheral vascular disease treatment including revascularization procedures (bypass) with open or necrotic areas of skin on the involved extremity. Skilled observation and monitoring of the vascular supply of the legs is required. The medical documentation must describe the skilled services that require the involvement of nursing personnel to promote the patient's recovery and medical safety in view of the patient's overall condition.



Teaching and Training

Teaching and training activities, which require skilled nursing or skilled rehabilitation personnel to teach a patient how to manage their treatment regimen, would constitute skilled services. Some examples are:

- Teaching self-administration of injectable medications or a complex range of medications;
- Teaching a newly diagnosed diabetic to administer insulin injections, to prepare and follow a diabetic diet, and to observe foot-care precautions;
- Teaching self-administration of medical gases to a patient;
- Gait training and teaching of prosthesis care for a patient who has had a recent leg amputation;
- Teaching patients how to care for a recent colostomy or ileostomy;



Teaching and Training cont

- Teaching patients how to perform self-catheterization and self-administration of gastrostomy feedings;
 - Teaching patients how to care for and maintain central venous lines, such as Hickman catheters;
 - Teaching patients the use and care of braces, splints and orthotics, and any associated skin care; and
 - Teaching patients the proper care of any specialized dressings or skin treatments.
- The documentation must thoroughly describe all efforts that have been made to educate the patient/caregiver, **and their responses to the training**. The medical record should also describe the reason for the failure of any educational attempts, if applicable.



Example-

- A newly diagnosed diabetic patient is seen in order to learn to self-administer insulin injections, to prepare and follow a diabetic diet, and to observe foot-care precautions. Even though the patient voices understanding of the nutritional principles of his diabetic diet, he expresses dissatisfaction with his food choices and refuses to comply with the education he is receiving. This refusal continues, notwithstanding efforts to counsel the patient on the potentially adverse consequences of the refusal and to suggest alternative dietary choices that could help to avoid or alleviate those consequences. The patient's response to the recommended treatment plan as well as to all educational attempts is documented in the medical record.




Examples of Direct Skilled Services

- Considered skilled when they can be performed **ONLY** by, or under the supervision of, a registered nurse or a licensed practical nurse.
- If the service can be performed by an **unskilled** person, it is **NOT** considered to be a skilled nursing service, even if a nurse provides the service.
- Examples:
 - Intravenous or intramuscular injections and intravenous feedings
 - Enteral feeding that compromises at least 26% of daily calorie requirements and provides at least 501 milliliters of fluid per day
 - Naso-pharyngeal and tracheotomy aspiration
 - Insertion, sterile irrigation, and replacement of suprapubic catheters




Examples Cont.

- Application of dressings involving prescription medications and aseptic technique
- Treatment of pressure ulcers, Stage III or worse, or a widespread skin disorder
- Heat treatments which have been specifically ordered by a physician as part of active treatment **AND** which require observation by skilled nursing personnel to evaluate the resident's progress adequately




Tips

1. Be Factual
2. What assessments did you conduct?
3. What was patient's response?
4. What was your response?
5. Be accurate
6. Use your senses
7. Watch punctuation
8. Get credit for your hard work!!
9. Write as you go
10. Paint a picture so that even a lay person could understand
11. Go back and read your note




Useful Tips



List reason for the skill


- Pt is skilled for pneumonia....
- Pt has a new PEG tube....
- Pt is skilled for therapy 5x/week.....



Ms. Smith- Which note is better?


- A: Patient in bed. O2 on @ 2l/nc. SR up x 2. Eyes closed.

- B: Patient in bed supine. O2 on @ 2l/nc. HOB elevated as patient says she cannot lie flat or she has trouble breathing. Lungs sounds are clear bilaterally. Non productive cough. No labored breathing noted. No complaints of pain. Skin pale, but warm and dry. V/S: 99¹, 140/82, 88, 20. O2 saturation 97%.

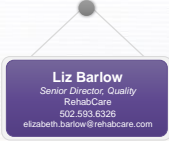


Source

- CMS Benefit Policy Manual, Chapter 8



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