Clinical Capsule
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Medicare Skilled Nursing Care

This month's **Clinical Capsule** will review the Medicare definition of Skilled Nursing Care. Care in a Medicare SNF is covered if the following four factors are met:

1. The patient requires skilled nursing or rehabilitation services
2. The patient requires these services on a daily basis
3. The daily skilled services can be provided only in a SNF
4. The services are reasonable and necessary for the treatment of a patient's illness or injury

Skilled Service Defined

All of the above factors must be present in order for a stay to be covered. The first thing that is looked at by the intermediary is whether the patient needs skilled care. Skilled nursing must be ordered by a physician and must:

- Require the skills of qualified technical or professional health personnel
- Be provided directly or under the general supervision of these skilled personnel. General supervision is defined in the regulations as **"** *requiring initial direction and periodic inspection of the actual activity. However, the supervisor need not always be physically present or on the premises when the assistant is performing services."*

Determining Whether a Service is Skilled

1. It is a skilled service if the service is of a complexity that skilled personnel can only perform it, e.g., IV feedings or intramuscular injections
2. It is a skilled service when a service ordinarily considered nonskilled, requires skilled nursing personnel to perform or supervise it, or observe the patient because of special medical complications, e.g., whirlpool baths for a patient who's condition is complicated by circulatory deficiency, areas of desensitization, or open wounds.
3. It is a skilled service if it is determined that skilled management of the services is required even though many or all of the services are unskilled, e.g., *"An 81-year-old woman who is aphasic and confused, suffers from hemiplegia, congestive heart failure, and atrial fibrillation, has suffered a cerebrovascular accident, is incontinent, has a Stage 1 decubitus ulcer, and is unable to communicate and make her needs known"* This patient requires daily skilled nursing involvement to manage a plan for the total care needed, to observe progress, and evaluate the need for treatment plan changes.
4. It is NOT a skilled service just because the service is performed frequently and is important to the patient, e.g., Frequent position changes for a nonambulatory patient.

The regulation states *"the possibility of adverse effects from the improper performance of an otherwise unskilled service does not make it a skilled service unless there is documentation to support the need for skilled nursing. "*

SPECIFIC EXAMPLES OF SOME SKILLED NURSING CATEGORIES IN THE REGULATIONS:

Management and Evaluation of A Patient Care Plan

"Development, management, and evaluation of a patient care plan can be skilled if the services require the involvement of skilled nursing personnel to meet the patient's medical needs, promote recovery, and ensure

medical safety." Example. The patient has diabetes, angina, and is recovering from an open reduction of the femur. Because of all the services he requires (careful skin care, appropriate oral medication, diabetic diet, therapeutic exercise, and observation for signs of deterioration or complications), he needs someone with the capability to understand the relationship among his services to assure the patient's recovery and safety. Once the patient's regimen is stabilized, there will no longer be a need for skilled management.
"If the patient's overall condition supports a finding that recovery and safety can be assured only if the total care, skilled or not, is planned and managed by skilled nursing personnel, the intermediary assumes that skilled management is being provided even though it is not readily discernible from the record. It makes this assumption only if the record as a whole clearly establishes that there was a likely potential for serious complications without skilled management." Although Medicare may assume you are providing skilled service, it is much better to make sure the documentation proves these services are needed.

Observation and Assessment of Patient's Condition
Observation and assessment are skilled services when skilled nursing is required because there is the likelihood of change in a patient's condition. The skilled services are needed to identify and evaluate the patient's need for modification of treatment or initiation of medical procedures. Once the patient's regimen is stabilized, skilled oversight is no longer needed. Example: Patient undergoes hip surgery and is transferred to a SNF. Skilled observation and monitoring of the patient for possible adverse reaction to the operative procedure, development of phlebitis, skin breakdown, or need for the administration of subcutaneous Heparin, is both reasonable and necessary.

Teaching and Training Activities
Teaching by skilled nursing or skilled rehabilitation personnel to teach a patient how to manage their treatment regimen is skilled care.

- Teaching self-administration of injectable medications, medical gases, or insulin
- Care of recent colostomy or ileostomy

Direct Skilled Nursing Services to Patients
The following are direct skilled nursing services:

- IV or IM injections and intravenous feeding
- Enteral feeding that comprises at least 26 percent of daily calorie requirements and provides at least 501 milliliters of fluid per day
- Naso-pharyngeal and tracheotomy aspiration
- Insertion, sterile irrigation, and placement of suprapubic catheters
- Application of dressings involving prescription medications and aseptic techniques
- Treatment of decubitus ulcers, of a severity rated at Stage 3 or worse, or a widespread skin disorder
- Heat treatments ordered by physician as part of the active treatment and which require the observation by skilled nursing personnel
- Rehabilitation nursing procedures that are part of active treatment and required the presence of skilled nursing personnel; e.g. the institution and supervision of bowel and bladder training programs
- Initial phases of a regimen involving administration of medical gases such as bronchodilator therapy
- Care of early post-operative colostomy

When the service is not a clear-cut direct skilled nursing service, e.g., IVs, tube feedings, sterile dressings, wound care or respiratory therapy, nursing documentation will be the key to reimbursement. When reimbursement is based on management and evaluation, observation and assessment or teaching and training, nursing documentation must be the proof that the services rendered are indeed skilled. Next month's **Clinical Capsule** will cover these documentation issues.

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Any questions or comments about this month's **Clinical Capsule** *can be addressed to Susan Gardiner at the Council (773) 478-6613. Past issues of the* **Clinical Capsule** *can be referenced at the* ***Council*** *Web site www.nursinghome.org.*