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***and Coding the Medical Eye Exam Medicare Wheelchair Requirements with the AAP and CTF Charting for Nurses | How to Understand a Patient's Chart as a Nursing Student or New Nurse Skilled Nursing Facility Medicare Covered PDPM Medicare Meeting***

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**Medicare Documentation Guidelines For Skilled Checklist: Skilled Nursing Facility (SNF)**

**Documentation This checklist is intended to provide Healthcare providers with a reference to use when responding to Medical Documentation Requests for Skilled Nursing Facility (SNF) services. Healthcare Providers retain responsibility to submit complete**

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**and accurate documentation.**

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## **Checklist: Skilled Nursing Facility (SNF) Documentation**

**universal documentation guidelines The learner will be able to determine Medicare Coverage**

**Criteria/Skilled Care The learner will be able to**

**identify skilled care terminology The learner will be able to compose clinical documentation that**

**supports Part A skilled care Copyright © 2012 All Rights Reserved Harmony Healthcare International, Inc. 3**

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## **Medicare Therapy Documentation in a Skilled Nursing Facility**

**There are some specific Medicare coverage guidelines that pertain to Skilled Nursing Facility services. Skilled nursing services are specific skills that are provided by health care employees like physical therapists, nursing staff, pathologists, and physical therapists. Guidelines include doctor ordered care with certified health care employees. Also, they must treat current conditions or any new condition that occurs during your stay at a Skilled**

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## Nursing Facility.

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### Guidelines to Medicare Coverage for Skilled Nursing

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**Skilled Documentation Practical Matter Considering economy and efficiency, skilled services can only be provided . in a SNF Reasons for a skilled SNF stay:**  
**Intensity of therapy provided Medical complexity**  
**Less than the 24 hour/day care would impose safety risks or an adverse impact on the resident's medical condition.**

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### **Documentation Guidelines for Skilled Care**

**Document any interventions implemented r/t abnormal lab values (i.e. low H&H, low serum albumin, low Fe+ levels, etc) Describe dietary interventions implemented such as increased vitamin C and protein foods offered. At least q week, describe in detail wound measurements, locations and response to treatments.**

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### **MEDICARE CHARTING GUIDELINES - HealthInsight**

**1. Provide basic Medicare coverage guidelines for**



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**skilled therapy services 2. Understand RehabCare's documentation policies and procedures 3. Describe the elements of therapy documentation that support Medical Necessity 4. Understand the need for accurate and timely documentation to meet Medicare requirements 5.**

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**Documentation Essentials in Long-term Care**  
**Providers are responsible for documenting each patient encounter completely, accurately, and on time. Because providers rely on documentation to communicate important patient information,**

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**incomplete and inaccurate documentation can result in unintended and even dangerous patient outcomes.**

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### **Documentation Matters Toolkit | CMS**

**30.2.2.1 – Documentation to Support Skilled Care Determinations 30.2.3 - Specific Examples of Some Skilled Nursing or Skilled Rehabilitation Services**

**30.2.3.1 - Management and Evaluation of a Patient Care Plan 30.2.3.2 - Observation and Assessment of Patient's Condition**

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### **Medicare Benefit Policy Manual - CMS**

**Medicare Part A (Hospital Insurance) covers Skilled nursing care provided in a SNF in certain conditions for a limited time (on a short-term basis) if all of these conditions are met: You have Part A and have days left in your Benefit period to use. You have a Qualifying hospital stay . Note.**

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**Skilled nursing facility (SNF) care - Medicare.gov**  
**Generally, SNF care is covered by Medicare only for a short time after a hospitalization. Custodial care**

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may be needed for a much longer period of time. When and how long does Medicare cover care in a SNF? Medicare covers care in a SNF up to 100 days in a benefit period if you continue to meet Medicare's requirements. See page 17.

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**Medicare coverage of skilled nursing facility care. Medicare Benefit Policy Manual (BPM) Chapter 8, Section 30 – SNF Skilled Level of Care • The patient requires skilled nursing services or skilled rehabilitation services (§30.2-30.4) • The patient requires these skilled services on a daily basis**

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**(nursing 7d/w, and/or therapy 5-7d/w) (§30.6)**

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### **Medicare Skilled Coverage Eligibility During COVID-19 At-a ...**

**Examples of Documentation of Skilled and Unskilled Care for Medicare Beneficiaries Speech-Language Pathology Services** The following examples of skilled and unskilled documentation are used to illustrate Medicare guidelines that state that all services must be medically necessary and be provided at a level of complexity and sophistication that requires a speech-language pathologist to

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**perform the tasks.**

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### **Examples of Documentation of Skilled and Unskilled Care ...**

**When performing Medicare charting keep in mind the following: Nursing documentation must reflect the need for the continuation of skilled care. Staff must document on Medicare A residents once every 24 hours. However, staff should document more often if the resident has a warranted condition.**

**Documentation should include: the resident's vital signs; the reason why the resident is receiving**

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**skilled services; a detailed description of the resident's condition at that time.**

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**PDPM nursing documentation requirements: what isn't new ...**

**Skilled Nursing Facility (SNF) Documentation Requirements. It is expected that patient's medical records reflect the need for care/services provided. The listing of records is not all inclusive. Providers must ensure all necessary records are submitted to support services rendered. They may include:**

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## **SNF Documentation Requirements - JE Part A - Noridian**

**The landmark changes to documentation and coding for E/M services for billing Medicare—the first in about 25 years—come after extensive stakeholder feedback, and collaboration between CMS and the AMA Current Procedural Terminology (CPT) Editorial Panel (the organization that maintains the billing codes and guidelines).**

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**New Medicare documentation and payment changes**



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**Medicare reimburses for Part B physical and occupational therapy services when the claim form and supporting documentation accurately report medically necessary covered services. Thus, developing legible and relevant documentation is only one piece of the reimbursement puzzle. Your documentation must also: Justify the services you bill;**

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**Medicare Part B Documentation Requirements for Physical ...**

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**In order for a claim for Medicare benefits to be valid, there must be sufficient documentation in the provider's or hospital's records to verify the services performed were "reasonable and necessary" and required the level of care billed.**

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**Documentation Guidelines for Medicare Services - JE Part B ...**

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### **Documentation & Reimbursement - AOTA**

**Like all documentation, Medicare considers it included in the payment for the treatment time charge. Progress Reports do not need to be a separate document from a daily treatment note. As long as the treatment note contains all the elements (listed below) of a Progress Report, Medicare will consider you to be in compliance with their**

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