

**Medical Policy
Definition of Skilled Care**

Document Number: 015

	Commercial and Qualified Health Plans	MassHealth
Authorization required for skilled care and short-term rehab	X	X
Notification within 24 hours or next business day		
Not covered		

Overview

The purpose of this document is to define “skilled nursing” and “rehabilitative therapies.” As of February 20, 2017, medical necessity for home health skilled care and outpatient rehabilitation is determined through McKesson’s InterQual® criteria. To access the criteria, log in to AllWays Health Partners’ provider website at allwaysprovider.org and click the InterQual® Criteria Lookup link under the Resources Menu.

AllWays Health Partners utilizes the Definition of Skilled Care policy to support medically necessary decisions for skilled nursing and rehabilitative care for members. Coverage for most skilled care requires authorization. AllWays Health Partners reserves the right to deny care to members whose care is determined not to meet the definition of care contained in this policy.

Coverage Guidelines

Skilled Care

Within the members benefit, AllWays Health Partners covers medically necessary skilled care provided in acute rehabilitation hospitals, long term acute hospitals, skilled nursing facilities, sub-acute units, in the outpatient setting. The table below provides examples of skilled care.

Documentation Requirements:

1. All skilled services should have a plan of care that contains achievable, measurable, realistic, and time related goals that are related to practical functional improvements for the member.
2. Progress notes toward reaching goals contained in the care plan must demonstrate that the member is making practical functional improvements toward the established care plan and should be written in measurable terms.
3. Progress notes contain:
 - a) the date or dates on which therapy was provided;
 - b) the specific therapeutic procedures and methods used;
 - c) the member's response to treatment;
 - d) any changes in the member's condition; and
 - e) measurable progress toward the member’s’ care plan.

Note: Care plans and progress reports that use terms such as maximize and make progress without objective measures are not considered acceptable in determining the medical necessity for skilled care.

Discipline	Skilled Care	Unskilled Care
Nursing	<ul style="list-style-type: none"> <input type="checkbox"/> IV, IM, SC injections <input type="checkbox"/> IV feedings <input type="checkbox"/> Tube feedings (NG, GT, and JT) <input type="checkbox"/> Medication Administration Visit (for MassHealth Members only)¹ <input type="checkbox"/> Nash-pharyngeal and tracheotomy aspiration <input type="checkbox"/> Insertion, irrigation, replacement, and maintenance of urinary diversion catheters when skilled care is required <input type="checkbox"/> Wound care involving irrigations, applications, medication, or sterile dressings of deep decubitus ulcers <input type="checkbox"/> Care of extensive decubitus ulcers, other widespread skin disorders, or care of wounds when the skill of an RN is needed to provide safe and effective care for ulcers, burns, open surgical sites, fistulas, tube sites, and tumor erosions <input type="checkbox"/> Vacuum-assisted dressings <input type="checkbox"/> Initial phases of a regimen involving administration of medical gases and continued compliance <input type="checkbox"/> Observation and evaluation of an unstable medical condition; observation must be needed at frequent intervals throughout the 24 hours <input type="checkbox"/> Management and evaluation of a care plan when the circumstances required skilled supervision to ensure that unskilled care is achieving its purpose <input type="checkbox"/> Insertion, sterile irrigation, and replacement of catheters and care of a suprapubic catheter <input type="checkbox"/> Restorative nursing procedures, including teaching and adaptive aspects of skilled 	<ul style="list-style-type: none"> <input type="checkbox"/> Administration of routine oral medication, eye drops, and ointments <input type="checkbox"/> General maintenance of a colostomy or ileostomy <input type="checkbox"/> General methods of treating incontinence, including use of diapers and rubber sheets <input type="checkbox"/> Routine maintenance of indwelling urethral catheters <input type="checkbox"/> Change of dressings in non-infected postoperative or chronic conditions <input type="checkbox"/> Prophylactic and palliative skin care, including bathing, application of creams, and treatment of minor skin problems <input type="checkbox"/> Use of thermal modalities (e.g., heat, ice) for palliative purposes <input type="checkbox"/> Administration of medical gases after initial phases of teaching <input type="checkbox"/> General supervision of exercises that have been taught to the patient <input type="checkbox"/> General maintenance of a plaster cast <input type="checkbox"/> Routine care for braces or similar devices <input type="checkbox"/> Assistance in dressing, eating, and toileting <input type="checkbox"/> Routine enema administration <input type="checkbox"/> Prophylactic care, such as turning in bed to prevent pressure sores

1. Please see Home Health Care Services Medical Policy (014) under section; medication administration visit.
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	<p>nursing that are part of active treatment and require the presence of licensed nurses at the time of performance</p> <ul style="list-style-type: none"> □ Administration of oxygen on a regular and continuing basis when the member’s medical condition warrants skilled observation □ Administration of an enema in special circumstances, e.g., following rectal surgery □ Teaching the patient and/or family to perform treatments that would otherwise require skilled intervention this includes but is not limited to: dressing changes, administering IV medications, tube feedings, or ADL tasks such as care of a colostomy or ileostomy 	
<p>Physical Therapy</p>	<ul style="list-style-type: none"> □ Exercise programs that are part of the active treatment of a specific disease state or condition that resulted in loss of function or restriction of mobility and are designed to achieve specific goals within a specific timeframe □ Heat and whirlpool treatments only when the patient’s condition is complicated by circulatory deficiency, areas of desensitization, open wounds, fractures, severe muscle trauma/strain, etc. □ Gait training and training for a patient whose ability to walk has recently been impaired following an acute condition or exacerbation of a chronic condition □ Certain range-of-motion exercises if they are part of an active treatment plan for a specific state of a disease that has resulted in restriction of mobility □ Teaching performance of transfer activities □ Ultrasound, short wave, diathermy, or TENS treatments □ Comprehensive home evaluations with adaptation recommendations 	<ul style="list-style-type: none"> □ General exercises to promote overall fitness, strength, flexibility, and balance □ Repetitive services to maintain function <i>after</i> the maintenance program has been established, such as a passive range of motion or chronic stretching program □ Programs or therapies not intended to restore lost function or during which improvement of function does not occur in a reasonable period of time □ Programs to improve or restore function when a patient suffers a temporary loss or reduction of function (e.g., temporary weakness from prolonged bed rest following major abdominal surgery) which would reasonably be expected to spontaneously improve as the

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	<ul style="list-style-type: none"> ❑ The initial design of patient/family programs to advance functional restoration or prevent loss of function along with education for the patient and/or caregivers so the program can be carried out ❑ Therapeutic activity to promote age-appropriate development for a child with developmental delays 	<p>patient gradually resumes normal activities</p>
<p>Occupational Therapy</p>	<ul style="list-style-type: none"> ❑ Customized treatment programs to improve a patient’s ability to perform ADL ❑ Comprehensive home evaluations with adaptation recommendations ❑ Performance skills assessment and treatment ❑ Adaptive equipment, assessment, recommendations, fabrication, and usage training ❑ The initial design of patient/family programs to advance functional restoration or prevent loss of function along with education for the patient and/or caregivers so the program can be carried out ❑ Diagnostic and prognostic tests to evaluate a patient’s level of function ❑ The selection and teaching of task-oriented therapeutic activities on an inclined table to restore shoulder, elbow, and wrist motion lost as a result of burns ❑ The planning, implementing, and supervising of individualized therapeutic activity programs as part of an overall active treatment program for a patient with a diagnosed psychiatric illness(e.g., the use of sewing activities which require following a pattern to reduce confusion and restore reality orientation in a schizophrenic patient) ❑ The planning and implementing of therapeutic tasks and activities to restore sensory-intuitive functions(e.g., providing 	<ul style="list-style-type: none"> ❑ Activities to provide diversion or general motivation ❑ Programs or therapies not intended to restore lost function or during which improvement of function does not occur in a reasonable period of time ❑ Repetitive services to maintain function <i>after</i> all practical improvement has been obtained ❑ Programs to improve or restore function when a patient suffers a temporary loss or reduction of function (e.g., temporary weakness from prolonged bed rest following major abdominal surgery) which would reasonably be expected to spontaneously improve as the patient gradually resumes normal activities Services provided which are related <i>solely</i> to specific employment opportunities, work skills, or work settings that are not reasonable or necessary for the diagnosis or treatment of an illness or injury

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	<p>motor and tactile activities to increase sensory input and improve response for a stroke patient with a distorted body image resulting from functional loss)</p> <ul style="list-style-type: none"> □ The teaching of compensatory techniques and use of adaptive aids/devices to improve the level of independence in the ADL □ The designing, fabricating, and fitting of orthotics and self-help devices □ The evaluation and treatment of swallowing disorders □ Instruction in energy conservation methods □ Therapeutic activity to promote age-appropriate development for a child with developmental delays 	
<p>Speech Language Pathology</p>	<ul style="list-style-type: none"> □ Evaluation of speech, language, and swallowing disorders and impairments □ Treatment of speech, language, and swallowing disorders in individuals of all ages □ Diagnostic and evaluation services to ascertain the type, cause, and severity of the speech and language disorders □ Therapeutic services for medical disorders resulting in communication or swallowing deficits, such as: <ul style="list-style-type: none"> • Dysphagia • Aphasia/dysphasia • Apraxia • Dysarthria • Inadequate respiratory volume/control • Aphonia □ Assistive technology assessment and treatment to determine augmentative or alternative modes of communication □ The initial design of patient/family programs to advance functional communication or to prevent loss of communication along with education for 	<ul style="list-style-type: none"> □ Non-diagnostic, non-therapeutic, routine, repetitive, and reinforced procedures or services for the patient's general good and welfare (e.g., the practicing of word drills) □ Activities to provide diversion or general motivation □ Programs or therapies not intended to restore lost function or during which improvement of function does not occur in a reasonable period of time □ Elocution training □ Voice modification training or training to alter pitch or tone when unrelated to phonation and intelligibility caused by a disability

Discipline	Skilled Care	Unskilled Care
	<p>the patient and/or caregivers so the program can be carried out</p> <ul style="list-style-type: none"> <li data-bbox="396 432 954 657">□ The initial design of a patient/family feeding program to maintain safety and prevent aspiration or to advance functional feeding by mouth along with education for the patient and/or caregivers, so the program can be carried out <li data-bbox="396 667 959 930">□ Therapeutic activity to promote age-appropriate development for a child with developmental delays. The teaching of compensatory techniques and use of adaptive aids/devices to improve or promote the patient’s level of independence in verbal or non-verbal communication 	

Exclusions:

1. AllWays Health Partners does not cover unskilled care.
2. Care that cannot demonstrate that the member is making practical functional improvements toward the established care plan.

Definitions:

Skilled care: A service that must be provided by a registered nurse, licensed practical nurse (under the supervision of a registered nurse), licensed physical therapist, licensed occupational therapist, licensed speech-language pathologist, licensed physical therapy assistant, and licensed occupational therapy assistant (under the supervision of a licensed therapist) in order to be safe and effective. In determining whether a service meets the requirement of skilled care, the inherent complexity of the service, the condition of the patient, and generally accepted standards of clinical practice must be considered. Some services may be considered skilled on the basis of complexity alone. In other cases, a service that is ordinarily considered unskilled may be considered skilled on the basis of the patient’s condition. A service is not considered skilled merely because it is performed by or under the direct supervision of a licensed nurse or therapist. When the service could be safely and effectively performed by the average non-medical person without direct supervision, the service would not be considered skilled. Long term maintenance intervention to compensate for a member’s refusal to engage in teaching or comply may not be a reason to consider a service skilled.

Related Policies

- [Extended Care Facility Medical Policy](#)
- [Home Health Care Medical Policy](#)

Effective

July 2018: Annual update. Revised footnote on page 2.



January 2018: Added Medication Administration Visit (for MassHealth Members only) within skilled care column.

October 2017: Annual update.

February 2017: McKesson's InterQual® criteria replaced the criteria as indicated in the policy.

December 2016: Annual update

December 2015: Annual update

October 2014: Added elocution training, voice modification training and training to alter pitch or tone to unskilled care column.

February 2014: Annual update reorganized criteria

February 2013: Conversion to Clinical Coverage Criteria, annual update

December 2011: Annual update

December 2010: Annual update

December 2009: Annual update

December 2008: Annual update

December 2007: Annual update

October 2006: Annual update

August 2006: Annual updated

May 2006: Annual updated

August 2005: Annual updated

August 2003: Effective date

References

American Occupational Therapy Association (AOTA), Accessed, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017

American Speech-Language-Hearing Association (ASHA), Accessed, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017

Centers for Medicare and Medicaid Services (CMS), Definition of Skilled Services for non-Medicare and Medicare Patients, CMS HM-11 (The Home Health Agency Manual), Sections 205.1 and 205.2., Accessed 2008, 2009, 2010, 2011, 2012, 2013, 2015, 2017

Commonwealth of Massachusetts, Division of Medical Assistance, Provider Manual Series: Chronic Disease and Rehabilitation Inpatient Manual (130 CMR 435.000), Accessed 2014, 2015, 2016, 2017

Commonwealth of Massachusetts, Division of Medical Assistance, Home Health Agency Manual (130 CMR 403.000), Accessed 2006, 2007, 2008, 2009, 2011, 2012, 2014, 2015, 2016, 2017

MassHealth, Guidelines for Medical Necessity Determination for Home Health Services (MG-HHS (10.17)