

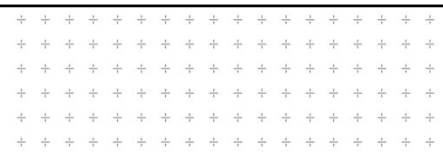


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Our Panel



Host

Jan Milliman, HCS-D,
Director, AHCC



Panelist

J'non Griffin, RN, MHA,
HCS-D, HCS-H, HCS-C, COS-C
Director, SimiTree
Healthcare Consulting



Panelist

Apryl Swafford, RN, BSN,
COS-C, HCS-D, HCS-H, HCS-O
QA Manager, SimiTree
Healthcare Consulting

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Defining Skilled Service

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Conditions to be Met for Home Care Services


Chapter 7, Benefit policy Manual, Section 30

- Confined to the home
- Under the care of a physician or other allowed practitioner
- Receiving services under a plan of care established and reviewed by the provider
- Have a skilled need from SN, PT, and/or ST
 - SN services must be needed on an intermittent basis
 - Does not apply to therapy
- Have a continuing need for OT
- Face-to-Face encounter (Medicare/Medicaid)

<https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/bp102c07.pdf>

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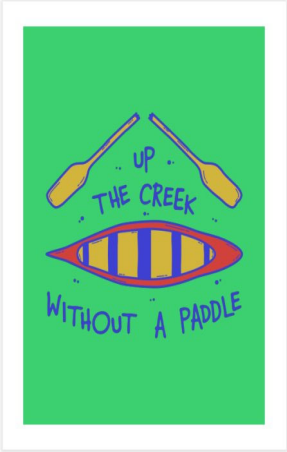
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Not
homebound

No qualified
provider

No skilled
service



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Medical Necessity

Four Elements

1. Clinically appropriate
 - A. Is it effective for patient's conditions?
 - B. Is it consistent with evidence-based practice?
2. Necessary for treating the diagnosis or condition
3. Not provided merely for convenience or as an elective treatment
4. Cost effective



Does your documentation support it?

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Medical Review Top Denial Reason Codes for Home Health from January to March 2025

Rank	Denial Code	Denial Description	# Claims	% Claims Denied
1	56900	Auto Denial – Requested Records Not Submitted	706	38.8
2	5F023	No Plan of Care or Certification	573	31.5
3	5FF2F	Face-to-Face Encounter Requirements Not Met	254	13.9
4	5F301	Information Provided Does Not Support the M/N for Therapy Service	63	3.5
5	5A301	Information Provided Does Not Support the M/N for Therapy Service	47	2.6



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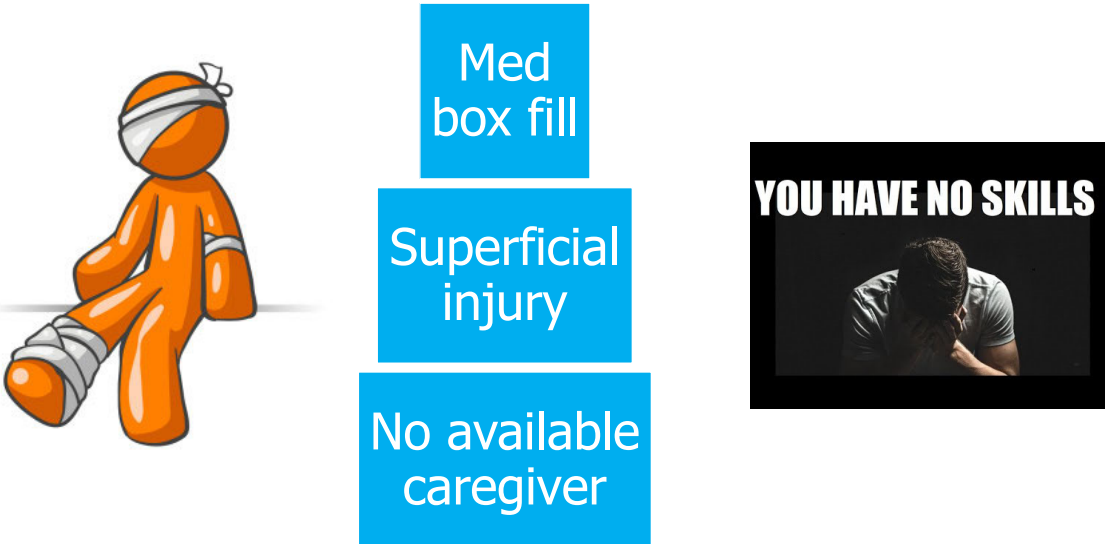
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What are Skilled Services?

- Skilled services are defined as those that require the specialized knowledge and skill of the specified discipline which are necessary to maintain, or improve, the patient's current condition or prevent or slow further deterioration.
- Services that can be safely and effectively provided by an unskilled person would not be considered skilled services, even if performed by a nurse.
 - Per the Medicare Benefit Policy Manual: *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. ***

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Med box fill

Superficial injury

No available caregiver

YOU HAVE NO SKILLS

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Nursing Skilled Services

- Observation and Assessment (Chap. 7, Section 40.1.2.1)
 - (Are) reasonable and necessary skilled services where there is a 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.
 - Covered for 3 weeks or so long as there remains a reasonable potential for such a complication or further acute episode.
 - Documentation must show potential for potential complication or an acute episode in order to justify need for continued SN O&A.

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Nursing Skilled Services

- Management and Evaluation (Chap. 7, Section 40.1.2.2)
 - (Are) reasonable and necessary where underlying conditions or complications require that only a registered nurse can ensure that essential unskilled care is achieving its purpose.

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Nursing Skilled Services

- Teaching and Training Activities (Chap. 7, Section 40.1.2.3)
 - Skilled nursing visits for teaching and training activities are reasonable and necessary where the teaching or training is appropriate to the patient's functional loss, illness, or injury.
 - 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.
 - There may be situation where the skill of the nurse is necessary to teach unskilled care.
 - If after a reasonable period of time the patient, family, or caregiver will not or is not able to be trained, then further teaching and training would cease to be reasonable and necessary.
 - The reason why the training was unsuccessful should be documented in the record.

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Nursing Skilled Services

- Administration of Medications (Chap. 7, Section 40.1.2.4)
- Tube Feedings (Chap. 7, Section 40.1.2.5)
- Nasopharyngeal and Tracheostomy Aspiration (Chap. 7, Section 40.1.2.6)
- Catheters (Chap. 7, Section 40.1.2.7)
- Wound Care (Chap. 7, Section 40.1.2.8)
- Ostomy Care (Chap. 7, Section 40.1.2.9)
 - Ostomy care during the post-operative period and in the presence of associated complications where the need for skilled nursing care is clearly documented is a skilled nursing service. Teaching ostomy care remains skilled nursing care regardless of the presence of complications. The teaching services and the patient/caregiver responses must be documented.
 - Does not cover ongoing, routine ostomy care.

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Nursing Skilled Services

- Heat Treatments (Chap. 7, Section 40.1.2.10)
- Medical Gases (Chap. 7, Section 40.1.2.11)
- Rehabilitation Nursing (Chap. 7, Section 40.1.2.12)
- Venipuncture (Chap. 7, Section 40.1.2.13)
- Student Nurse Visits (Chap. 7, Section 40.1.2.14)
- Psychiatric Evaluation, Therapy, and Teaching (Chap. 7, Section 40.1.2.15)

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Skilled Physical Therapy Services

- Application of Principles to Physical Therapy Services (Chap. 7, Section 40.2.2)
 - A. Assessment
 - B. Therapeutic Exercises
 - C. Gait Training
 - D. Range of Motion
 - E. Maintenance Therapy
 - F. Ultrasound, Shortwave, and Microwave Diathermy Treatments
 - G. Hot packs, Infra-red Treatments, Paraffin Baths, and Whirlpool Baths
 - H. Wound care provided within the scope of state practice act

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Skilled Speech-Language Pathology Services

- Application of Principles to Speech-Language Pathology Services (Chap. 7, Section 40.2.3)
 1. Assessment of rehabilitation needs and rehabilitation potential.
 2. Services directed toward specific speech/voice production as a result of illness or injury.
 3. Services that will improve, maintain, or prevent or slow further deterioration in the patient's ability to carry out communication or feeding activities.
 4. Speech-voice-language communication tasks and cueing that directs a patient toward speech-language communication goals on plan of care.

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Skilled Speech-Language Pathology Services

5. Train the patient, family, or other caregivers to augment the speech-language communication, treatment, to establish an effective maintenance program
6. Services of a speech-language pathologist to assist patients with aphasia in rehabilitation of speech and language skills
7. Services to assist patients with voice disorders to develop proper control of the vocal and respiratory systems for correct voice production

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Skilled Occupational Therapy Pathology Services

- Application of Principles to Occupational Therapy Services (Chap. 7, Section 40.2.4)
 - Assessment (Chap. 7, Section 40.2.4.1)
 - Planning, Implementing, and Supervision of Therapeutic Programs (Chap. 7, Section 40.2.4.2)
 - A. Selecting and Teaching Task Oriented Therapeutic Activities Designed to Restore Physical Function.
 - B. Planning, Implementing, and Supervising Therapeutic Tasks and Activities Designed to Restore Sensory-Integrative Function.
 - C. 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.

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Skilled Occupational Therapy Pathology Services

- Application of Principles to Occupational Therapy Services (Chap. 7, Section 40.2.4)
 - Planning, Implementing, and Supervision of Therapeutic Programs (Chap. 7, Section 40.2.4.2) (cont.)
 - D. Teaching Compensatory Techniques to Improve the Level of Independence in the Activities of Daily Living.
 - E. The Designing, Fabricating, and Fitting of Orthotic and Self-Help Devices.
 - F. Vocational and Prevocational Assessment and Training

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Dependent Services

- Must have qualified skilled service in order to qualify for dependent services
 - 50.2 - Home Health Aide Services
 - 50.3 - Medical Social Services

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A graphic consisting of a dark grey rectangle on the left and a lighter grey rectangle on the right. The text "Scenario Spotlight" is centered in white across the boundary between the two rectangles.

Scenario Spotlight

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September Scenario

Patient was admitted to home care with diagnoses of new onset paroxysmal atrial fibrillation, hypertensive chronic kidney disease, diabetes in remission, peripheral neuropathy, CKD, and history of a CVA without residuals.

Patient started on Plavix, Aspirin, for treatment of Afib and nursing to teach on new diagnosis and new high-risk medications.

What is the BEST coding sequence for this patient?

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September Scenario Answer

The correct coding answer is:

ICD-10 code	Description
I48.0	Paroxysmal afib
I12.9	Hypertensive chronic kidney disease
N18.9	Chronic kidney disease, NOS
E11.42	DM, Type 2, with peripheral neuropathy
Z86.73	History of CVA/TIA
Z79.02	Long-term use antiplatelet
Z79.82	Long-term use aspirin

RATIONALE:

- **Primary dx:** Paroxysmal Afib — the focus of care per the given information.
- The documentation links the CKD with the HTN. This breaks the causal relationship with DM. So, per guidance, follow the HTN code with the appropriate CKD code.
- Even though the provider documents the DM is in remission, you must use the DM complication code that captures the DM as the underlying etiology of the peripheral neuropathy. This relationship is indicated using the "with" convention.
- Since there were no documented residuals from the CVA, use a history code for this diagnosis.

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October Scenario

OASIS Scenario: GG0170I – Walk 10 Feet

Mrs. P is an 82-year-old patient with COPD and continuous oxygen use at 2 L/min via nasal cannula. She is being seen at home following a recent hospitalization for a COPD exacerbation.

During the Start of Care (SOC) assessment, the clinician observes Mrs. P's ability to walk 10 feet in her living room. Upon standing, she becomes mildly short of breath and requires frequent cues to maintain her balance. The clinician provides steadying assistance by holding her gait belt for safety, while the patient's husband walks alongside to manage the oxygen tubing and ensure it does not catch on furniture. Mrs. P initiates the movement but needs significant physical support.

What's the best code selection for **GG0170I – Walk 10 feet**?

- A. 04 – Supervision or touching assistance
- B. 03 – Partial/moderate assistance
- C. 02 – Substantial / maximal assistance
- D. 01 – Dependent

Product Spotlight

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Jan Milliman
Jan.milliman@decisionhealth.com
Next episode: November 17

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