

# MEDICARE CHARTING GUIDELINES

Resident Name: \_\_\_\_\_

Date of Admission: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Admitting Dx (Main): \_\_\_\_\_

Other Dx: \_\_\_\_\_

**Guidelines:**

1. Chart Q Day.
2. Use this guideline to focus your charting.
3. Guidelines to be completed by Medicare Nurse, Unit Manager, or other Nursing Supervisor.

## REASON FOR SKILLING ON MEDICARE:

- o Physical Therapy o Occupational Therapy o Speech Therapy o Respiratory Therapy o Unstable IODM o Injections (IM only) o New G-Tube Feeding
- o Decubitus/Ulceration (i.e. Stage III o Stage IV/B Multi-Stage II) o Other Wounds (i.e. w/o Surgical complications) o I.V. Therapy o Straight Catheterization
- o Colostomy/Ileostomy Care o Medications Adjustment o Dehydration/Malnutrition o Isolation o Patient Teaching/Nursing Routines
- o Medically Unstable Condition o Cardiovascular Compromises o Gastrointestinal Complications o Circulation Problems o Hemodilution (w/ complications)
- o

TYPE OF SKILLED SERVICE	TYPE OF SKILLED SERVICE	TYPE OF SKILLED SERVICE
<ul style="list-style-type: none"> <li>o Physical, Occupational Therapy <ul style="list-style-type: none"> <li>- Describe exactly how the resident performs ADLs.</li> <li>- Describe the amount of assistance provided.</li> <li>- Describe how the resident accomplishes the following: <ul style="list-style-type: none"> <li>▪ Bed Mobility **</li> <li>▪ Transferring **</li> <li>▪ Ambulates</li> <li>▪ Dresses Self</li> <li>▪ Eats (including G-Tubes)**</li> <li>▪ Toilet Use (including Post-Use Hygiene)**</li> <li>▪ Personal Hygiene and Bathing</li> </ul> </li> <li>- DESCRIBE SKILLED NURSING INTERVENTIONS USED TO COMPENSATE FOR ADL DEFICITS</li> </ul> <p>** (Indicates one of the 4 LATE LOSS ADLs which assign an ADL Index Score for RUG calculation)</p> </li> </ul>	<ul style="list-style-type: none"> <li>o Speech Therapy <ul style="list-style-type: none"> <li>- Describe Exactly how the resident communicates and makes needs known.</li> <li>- Describe skilled nursing interventions used to compensate for speech deficits.</li> <li>- Describe residents ability to swallow foods and skilled nursing interventions used to compensate for impaired swallowing abilities.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>o Respiratory Therapy / Impaired Respiratory Status <ul style="list-style-type: none"> <li>- Describe skilled trach care rendered.</li> <li>- Describe accurately breath sounds over all lung aspects (i.e. wheezes, rales, ronchi).</li> <li>- Describe respiratory rate, rhythm and quality.</li> <li>- Describe the effectiveness of any respiratory treatments given (i.e. Nebulizers, Chest PT, Other Respiratory Medications, Oxygen, etc).</li> <li>- Describe residents comfort level as rt respiratory status.</li> <li>- Describe any changes in LOC, anxiety or other mental status changes.</li> <li>- Describe each incident of suctioning and any other invasive techniques.</li> <li>- Describe residents overall condition as rt respiratory status and any skilled nursing interventions used to aid in comfort and improve overall status.</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>o I.M. or I.V. Medication Administration <ul style="list-style-type: none"> <li>- Describe nature of medication used (include reason for use) and nursing skills and observations used in administration of medication.</li> <li>- Describe effectiveness of medication and any side effects observed.</li> <li>- Describe how resident tolerated such therapy (i.e. IV infiltration, fluid volume overload, pain, phlebitis, etc)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>o New Gastrostomy Tube Feeding <ul style="list-style-type: none"> <li>- Describe amount of fluids/feedings delivered.</li> <li>- Describe resident's ability to communicate and make needs known to staff.</li> <li>- Describe how resident tolerated tube feeding <ul style="list-style-type: none"> <li>- specifically any adverse effects to feeding such as diarrhea, abdominal distension, Cardiac symptoms, abnormal lung sounds.</li> </ul> </li> <li>- Describe type of ostomy care rendered around G-Tube site and condition of site.</li> <li>- Describe clinical necessity for G-Tube/J-Tube.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>o Decubitus Ulceration (Stage III or IV or Multi- IVs) <ul style="list-style-type: none"> <li>- Describe condition of wound.</li> <li>- Describe response to current treatments.</li> <li>- Describe nursing interventions used to prevent further ulcer development.</li> <li>- Describe skilled nursing interventions used to aid in wound healing.</li> <li>- Describe consumption amounts of meals and fluids provided.</li> <li>- Describe overall skin condition including poor skin turgor, bruises, rashes, cyanosis, redness, edema or other abnormality.</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>o Surgical Wounds or Open Lesions (does not include rashes, ulcers and cuts) <ul style="list-style-type: none"> <li>- Describe location and nature of wound.</li> <li>- Describe any pain rt to surgical wound and interventions used to combat pain.</li> <li>- Describe nursing interventions and observations rt surgical wound healing process.</li> <li>- Describe any drainage, areas of increased erythema, or warmth.</li> <li>- Describe response to any treatments ordered.</li> <li>- At least q week describe in detail wound healing process and response to it.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>o Straight Catheterization / GI Complications <ul style="list-style-type: none"> <li>- Describe nature of resident's condition that warrants the use of straight catheterization techniques.</li> <li>- Describe use of sterile technique during catheter administration.</li> <li>- Describe any resident teaching rt catheter use.</li> <li>- Describe any clinical conditions present that require skilled nursing observation (such as frequency, dysuria, indicators of UTI, etc)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>o Document any interventions implemented rt abnormal lab values (i.e. low H&amp;H, low serum albumin, low Fe+ levels, etc).</li> <li>- Describe dietary interventions implemented such as increased vitamin C and protein foods offered.</li> <li>- At least q week, describe in detail wound measurements, locations and response to treatments.</li> </ul>

# Medicare Documentation Guidelines For Skilled Nursing Facilities

**Carole Bernstein Lewis**

## **Medicare Documentation Guidelines For Skilled Nursing Facilities:**

**Manual of Nursing Home Practice for Psychiatrists** American Psychiatric Association, 2008-11-01 The shifting demographic toward a graying population coupled with today's reality of managed care makes the need for high quality cost effective psychiatric services within the nursing care setting more urgent than ever. As we increase the number of our years it is also imperative that we enhance the quality of those years. The product of the American Psychiatric Association's APA's Council on Aging and its Committee on Long Term Care and of the Elderly the Manual of Nursing Home Practice for Psychiatrists stands out because it focuses on the how not the why of nursing home care. Of exceptional importance is its detailed discussion of the Minimum Data Set MDS a structured assessment required by both Medicare and Medicaid for all residents of skilled nursing facilities. Divided into six sections this how to volume contains practical information readers can use right away from getting reimbursed by insurance companies to handling nursing facility politics Clinical History evaluation and management of psychiatric problems in long term care patients an overview of the MDS sexuality within the nursing home care setting Regulatory Introduction to the Nursing Home Reform Act of 1987 part of OBRA 87 and its implications for psychiatric care details about the Resident Assessment Instrument RAI which includes the MDS the Resident Assessment Protocols RAPs and Utilization Guides specified in the State Operations Manual SOP Financial Documentation reimbursement and coding what to look for when contracting with nursing homes Legal and ethical The dehumanizing effect of diagnostic labels and the ethical issues inherent in regulating daily schedules e.g. bed meal and bath times nursing home placement competence and decision making ability comfort care for end stage dementia coping with Alzheimer's disease and the role of caregivers Summary and Future Perspectives A detailed vision about how psychiatrists can improve the diagnosis and treatment of nursing home patients Appendixes and bibliography Staffing recommendations and assessment instruments Edited by a distinguished authority and former chair of the APA's Committee on Long Term Care and Treatment of the Elderly this comprehensive volume will appeal to a wide audience of professionals from general psychiatrists nurse practitioners and clinical nurse specialists to primary care physicians and residents

**Documentation for Physical Therapist Practice: A Clinical Decision Making Approach** Jacqueline A. Osborne, 2015-08-03 Documentation for Physical Therapist Practice A Clinical Decision Making Approach provides the framework for successful documentation. It is synchronous with Medicare standards as well as the American Physical Therapy Association's recommendations for defensible documentation. It identifies documentation basics which can be readily applied to a broad spectrum of documentation formats including paper based and electronic systems. This key resource skillfully explains how to document the interpretation of examination findings so that the medical record accurately reflects the evidence. In addition the results of consultation with legal experts who specialize in physical therapy claims denials will be shared to provide current meaningful documentation instruction

[Effective Documentation for Physical Therapy Professionals, Second Edition](#) Eric

Shamus,Debra F. Stern,2011-05-09 Comprehensive textbook for the documentation material required in all Physical Therapy programs Physical Therapy is one of the fastest growing professions in the US if they want to get paid by third parties they need to have a solid understanding of documentation This book covers every aspect of documentation including reimbursement and billing coding legal issues PT and PTA communication as well as utilization review and quality assurance Market Audience Primary market are the 30 000 PT students based in the US attending 210 programs Secondary market 155 000 clinicians currently practicing The primary market for this book students has grown by 33% since 2003 when the first edition was published About the Book From exercise prescriptions to patient evaluations insurance forms billing and much more Effective Documentation for Physical Therapy Professionals is your best choice for learning when what and how to document Included are every essential aspect of documentation and many sample documents The easy to follow format gives you the professional guidelines codes and methodology you need to provide expert documentation Key Selling Features Includes all aspects of documentation including reimbursement and billing coding legal issues PT PT and PT PTA communication and utilization review quality assurance Sample documentation content forms exercises and questions are provided as appropriate Uses current APTA terminology and all pertinent professional association regulations Includes SOAP guidelines and examples as well as standardized forms and assessment tools The most up to date comprehensive documentation book for Physical Therapy students and practitioners on the market Contains plenty of examples and exercises to provide practical knowledge to users of the text Author Profiles Eric Shamus DPT PhD CSCS has taught national and international continuing education courses on Orthopedics Sports Medicine and Manual Therapy with a focus on documentation and reimbursement He is presently a professor at Florida Gulf Coast University and works at an outpatient orthopedic facility in Fort Lauderdale Debra F Stern PT MSM DBA is an Associate Professor at Nova Southeastern University in Fort Lauderdale FL She serves as a clinical instructor with a focus on geriatrics neuromuscular disorders and also coordinates service learning experiences for the school's PT department She received her BS in Physical Therapy from SUNY Buffalo her MSM from Rollins College and her DBAS at Nova Southeastern

**The New Face of Evaluation and Management** Kellie Hall,2025-06-30 Physicians want to care for patients not spend their time documenting in an electronic medical record Physicians are always complaining about the amount of time they spend documenting patient care in support of medical billing through an evaluation and management coding system E M New guidelines were created to lessen the time a physician provider spends on documentation as many of the mandatory elements are no longer a requirement for calculating a code level Previously an E M evaluation and management note required documentation of history exam and medical decision making with required elements in each component to support a level for payment If an element was missing the level of service was not supported therefore the code was lowered resulting in a lower reimbursement for the physician provider The new guidelines eliminated the requirement of History and Exam as part of the calculation of a code level Yes an

appropriate history and exam are required this supports good patient care but when it comes to reimbursement they are no longer part of the picture The overall system is not difficult if time is taken to understand the elements and how they are applied in the documentation Documentation is a word game always has been the authors focus is to show what words to use to lessen the time but still convey the complexity of the patient s condition and how the physician provider determines a treatment plan which includes the risk to the patient to satisfy the Coding guidelines initiated by Medicare and American Medical Association This book evaluates the new guidelines and brings them into prospective so physicians providers coders can easily understand how to document and calculate the level of service for reimbursement This is not a cumbersome book or complicated but straight to the point The main goal of the book is to educate physicians nurses and coders on what documentation is really required and what has just become habit over the last 30 years

### **Outpatient Nutrition Care and**

**Home Nutrition Support** Carol Ireton-Jones,2016-08-05 Nutrition defined by Merriam Webster is the process of eating the right kind of food so you can grow properly and be healthy However making the right food and nutrition choices and finding the best and most accurate nutrition information can be a challenge especially when a disease or injury is present There are a wide range of ways that nutrition can be healing from a simple broth that provides fluids and electrolytes to therapeutic nutrition for diabetes irritable bowel syndrome or osteoporosis Registered Dietitian Nutritionists RDN have expertise in disease management and translation of nutrition requirements to foods to consume However nutrition care often does not receive the attention in the out patient setting that is needed to achieve nutrition goals The purpose of this book is to provide pertinent and concise nutrition care information for Registered Dietitian Nutritionists and other professionals working with individuals outside of the hospital including nurses pharmacists and physicians This book covers screening assessing and treating malnutrition out patient nutrition care in diabetes cardiovascular disease gastrointestinal disease osteoporosis and home enteral and parenteral nutrition In each chapter the reader will learn more about the disease process as well as the management of the disease or therapy As the number of patients receiving home care nutrition support increases proper assessment and management of this therapy is crucial and clinicians need to practice at an advanced level This book presents advanced and readily applicable information on proper nutrition care of individuals in the outpatient setting and those receiving home nutrition support

**Professional Issues in Speech-Language Pathology and Audiology, Sixth Edition** Melanie W. Hudson,Mark DeRuiter,2023-10-06 This sixth edition of Professional Issues in Speech Language Pathology and Audiology is intended to be a primary text for students in speech language pathology and audiology as well as a resource for practitioners providing a comprehensive introduction to contemporary issues that affect these professions and service delivery across settings It aims to provide a better understanding that day to day clinical work as well as personal professional growth and development are influenced by political social educational health care and economic concerns By instilling a big picture view of the profession future clinicians will be more prepared to make informed decisions as they

provide services engage in advocacy efforts and plan their careers as audiologists or speech language pathologists The book is divided into four major sections Overview of the Professions Employment Issues Setting Specific Issues and Working Productively The information presented in each section provides the reader with a better understanding and a new perspective on how professional issues have been affected by both internal and external influences in recent years including technological advances demographic shifts globalization and economic factors Chapter authors are recognized subject matter experts providing a blend of both foundational and cutting edge information in areas such as evidence based practice ethics job searching and employment issues interprofessional practice service delivery in health care and education technology cultural competence supervision and leadership Students reading this book will appreciate how the professions have evolved over time while acquiring a sense of where they are right now as they prepare to enter the professional world Each of the topics covered in the book will continue to play important roles in the future of speech language pathology and audiology providing early career professionals with the requisite knowledge to achieve success in any setting New to the Sixth Edition New information on issues related to the COVID 19 pandemic Coverage of recent changes in technology Updates to ASHA certification requirements the Assistants certification program and the 2023 ASHA Code of Ethics New contributors Nicole E Corbin Sandra Liang Gillam Erin E G Lundblom Christine T Matthews Shari Robertson Rachel A Ritter and Jennifer P Taylor Updated list of acronyms used in the book Key Features Chapters authored by recognized experts in communication sciences and disorders Each chapter begins with an introduction and ends with a summary of key areas Critical Thinking questions for each chapter accessible online Case studies related to child and elder abuse Case studies related to advocacy Please note that ancillary content such as documents audio and video etc may not be included as published in the original print version of this book

**Long-Term Care Skilled Services** Elizabeth Malzahn, 2011-04-06 Long Term Care Skilled Services Applying Medicare's Rules to Clinical Practice Avoid common mistakes that compromise compliance and payment Take the mystery out of skilled services and know when to skill a resident based on government regulations Medicare updates the MDS 3.0 and proven strategies Long Term Care Skilled Services Applying Medicare's Rules to Clinical Practice illustrates the role played by nurses therapists and MDS coordinators in the application and documentation of resident care Don't miss out on the benefits and reimbursement you deserve as author Elizabeth Malzahn delivers clear easy to understand examples and explanations of the right way to manage the skilled services process This book will help you Increase your skilled census and improve your facility's reputation with the support of your entire staff Avoid under and overpayments from Medicare with easy to understand explanations of complex rules and regulations Provide necessary skilled services to each resident through a complete understanding of eligibility requirements Accurately document skilled services using proven time saving solutions Properly assess skilled services under the MDS 3.0 Improve communication to increase resident and family satisfaction Reduce audit risk and prove medical necessity through accurate documentation Table of Contents Rules and Regulations

Original law Social Security and Medicare Act CMS publications Manuals Transmittals MLN matters National and local coverage determinations RAI User's Manual Hierarchy of oversight CMS MAC FI OIG GAO etc Technical Eligibility for Skilled Services in LTC Eligibility basics Verification of current benefits How enrollment in other programs impacts coverage under traditional Medicare Hospice HMO managed care Medicare Advantage Medicaid Medi Cal Hospital stay requirement 30 Day transfer rule for hospital or SNF Understanding benefit periods Care continuation related to hospitalization How does a denial of payment for new admissions impact Medicare SNF admissions Meeting the Regulatory Guidelines For Skilled Services Skilled services defined Regulatory citations and references Clinical skilled services Therapy skilled services Physician certifications and recertification Presumption of coverage Understanding practical matter criteria for nursing home placement Impact of a leave of absence on eligibility MDS 3.0 Assessments Sections and Selection Oh My Brief history of MDS 3.0 Types of MDS assessments The assessment schedule Items to consider Importance of timing Review of each care related section of the MDS 3.0 Proper Communication During the Part A Stay Medicare meeting Timinng Agenda What to discuss for each resident Ending skilled services Notification requirements Discharging Other notification requirements and communication Other Important Things to Know Medicare myths Consolidated billing Medical review Audience Administrators CFO CEOs directors of nursing MDS coordinators directors of rehab therapy directors PT OT ST DONs

**Handbook of Home Health Standards & Documentation Guidelines for Reimbursement** T. M. Marrelli, 2001

Everything the home care nurse needs to provide quality care and effectively document care based on accepted professional standards is found in this handbook Offers detailed standards and documentation guidelines for each of more than 60 clinical problems including ICD 9 diagnostic codes service skills including the skills of the multidisciplinary health care team factors justifying homebound status and more

**Physicians Fee & Coding Guide**, 2011

**Handbook of Home Health**

**Standards and Documentation Guidelines for Reimbursement** T. M. Marrelli, 1994 Topics new to this edition include Alzheimer's disease breast cancer and cystic fibrosis For each of the 60 clinical problems discussed the author provides standards and documentation guides including ICD 9 diagnostic codes and NANDA approved nursing diagnoses and service skills

**Aging** Carole Bernstein Lewis, 2002-04-15 This classic textbook provides practitioners and students working in geriatric rehabilitation an interdisciplinary approach to the assessment and rehabilitative management of older persons Clinically focused the 4th edition reviews crucial information about the elderly people and suggests strategies for

implementing practical rehabilitation goals in a variety of care settings

*Journal of the House of Representatives of the United States* United States. Congress. House, 2003 Some vols include supplemental journals of such proceedings of the sessions as during the time they were depending were ordered to be kept secret and respecting which the injunction of secrecy was afterwards taken off by the order of the House

**Management of Adult Neurogenic Dysphagia** Maggie Lee Huckabee, Cathy A. Pelletier, 1999 Clearly delineates the terminology and practices associated with compensatory versus

rehabilitative treatment technique in neurogenic dysphagia Includes comprehensive treatment planning and selection of techniques based on physiologic abnormalities rather than symptomatology Provides in depth discussion of various biofeedback modalities and reviews the challenge of diet modification terminology and standard practices Reviews surgical and pharmacological managemet of the dysphagia patient

**TEXTBOOK      Functional Outcomes Documentation for Rehabilitation** Lori Quinn,James Gordon (Ed.D.),2003 This hands on textbook workbook teaches readers how to document functional outcomes in a clear logical progression Extensive examples and exercises in each chapter highlight the essential points of functional outcomes documentation designed to help improve client function and reduce disability as well as provide evidence of functional progress for insurance payment and reimbursement

**"Code of Massachusetts regulations, 1989"** ,1989 Archival snapshot of entire looseleaf Code of Massachusetts Regulations held by the Social Law Library of Massachusetts as of January 2020

**Risk Management Handbook for Health Care Organizations** Peggy Nakamura,Roberta Carroll,2006 This is the most current edition of the book that has become a standard in the field The three volume set covers the enterprise wide continuum of care and associated risk and has been thoroughly revised and updated to reflect the current changes in the health care environment The Risk Management Handbook for Health Care Organizations offers current information regulatory and legal updates and assessment tools that will prove invaluable to both new and seasoned risk managers

**Handbook of Home Health Standards** Tina M. Marrelli,2011-06-30      **"Code of Massachusetts regulations, 1990"** ,1990 Archival snapshot of entire looseleaf Code of Massachusetts Regulations held by the Social Law Library of Massachusetts as of January 2020

**State of Missouri Code of State Regulations, Annotated** ,1977

**Fundamentals of Nursing** Carol R. Taylor,Carol Lillis,Priscilla LeMone,2001 comprehensive introductory textbook Fundamentals of Nursing presents basic professional concepts clinical concepts and clinical skills with step by step illustrated procedures The text s striking full color visual material holds students interest and the clear readable writing style enhances understanding Throughout it takes a holistic approach toward nursing care by consistently emphasizing four types of blended skills of nursing that students must master technical cognitive ethical legal and interpersonal Special features include Promoting Health displays Applying Learning to Practice exercises Through the Eyes of a Student Patient Family Caregiver and Thinking Critically displays New to the Fourth Edition are the chapters Wound Care and Blended Skills and Critical Thinking Throughout the Nursing Process and updated content on timely topics such as latex allergies needleless systems conscious sedation pain and more Detailed procedure guidelines now include home care and lifespan considerations

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