

## Appendix VIII — Description of Skilled Nursing Services

Units = 15 Minutes

	Level of Care/Bill Codes	Skilled Nursing	Rehabilitation
1	A. Level 1 <b>Skilled Nursing Care</b> Bill Code: 191	1–4 hours skilled nursing per day	Up to 1.5 hrs. multidiscipline therapies per day; min. 5 days per week
2	B. Level 2 <b>Rehabilitation Therapy</b> Bill Code: 192	Over 4 and up to 6 hours skilled nursing per day	Between 1.5–3 hrs. multidiscipline therapies per day; min. 5 days per week
3	C. Level 3 <b>Subacute Skilled Care Nonweanable Ventilator Management</b> Bill Code: 193	More than 6 hours of skilled nursing per day	Between 3-6 hrs. multidiscipline therapies per day; min 5 days per week
4	D. Level 4 <b>Weanable Ventilator Management</b> Bill Code: 194	3–6 hours skilled nursing per day	More than 6 hrs. multidiscipline therapies per day; min. 5 days per week
Inclusions		Exclusions	
<ul style="list-style-type: none"> <li>Semi-private room</li> <li>Administration of drugs and biologicals</li> <li>Routine medications, including intramuscular (IM) medications and supplies (see exclusions)</li> <li>Nutrition services, including enteral and parental supplies</li> <li>Registered nurse onsite availability 24 hours a day</li> <li>Nursing and personal care, including assistance in activities of daily living</li> <li>Rehabilitation services: physical, speech, and occupational therapy</li> <li>Attending physician services</li> <li>Routine admission diagnostic radiology</li> <li>Lab services based on medical necessity or diagnosis/physician plan care</li> <li>Basis equipment, medical supplies, and appliances</li> <li>Supervision of the use of durable medical equipment, assistive devices and, prescribed therapies</li> <li>Recreational therapies</li> <li>Social work and psychological services</li> <li>Routine dental services</li> <li>Maintenance of patient room cleanliness</li> <li>Other services or furnishings related to the basic room, board, and care of the patient</li> <li>Discharge planning</li> </ul>		<ul style="list-style-type: none"> <li>Specialty consults (except when consult is included in specific level of care)</li> <li>Hemo and peritoneal dialysis</li> <li>Blood and blood products</li> <li>Enteral and TPN solutions</li> <li>Transportation</li> <li>Specialty equipment, supplies, wheelchairs, appliances, and beds</li> <li>Nonroutine radiology (including MRI, CT scan, PET scan)</li> <li>All of the foregoing excluded services must be precertified by a case manager or designated representative. In the event that there is a question concerning the need for treatment, the matter shall be referred to the Managed Care Organization</li> <li>Drugs exceeding \$50 per day on average are excluded from the per diem and must be purchased through the MCO's designated pharmacy network or contracted provider(s) of infusion therapy services</li> </ul>	