

Appendix VIII — Description of Skilled Nursing Services

Units = 15 Minutes

	Level of Care/Bill Codes	Skilled Nursing	Rehabilitation
1	A. Level 1 Skilled Nursing Care 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 Rehabilitation Therapy 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 Subacute Skilled Care Nonweanable Ventilator Management 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 Weanable Ventilator Management 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"> Semi-private room Administration of drugs and biologicals Routine medications, including intramuscular (IM) medications and supplies (see exclusions) Nutrition services, including enteral and parental supplies Registered nurse onsite availability 24 hours a day Nursing and personal care, including assistance in activities of daily living Rehabilitation services: physical, speech, and occupational therapy Attending physician services Routine admission diagnostic radiology Lab services based on medical necessity or diagnosis/physician plan care Basis equipment, medical supplies, and appliances Supervision of the use of durable medical equipment, assistive devices and, prescribed therapies Recreational therapies Social work and psychological services Routine dental services Maintenance of patient room cleanliness Other services or furnishings related to the basic room, board, and care of the patient Discharge planning 		<ul style="list-style-type: none"> Specialty consults (except when consult is included in specific level of care) Hemo and peritoneal dialysis Blood and blood products Enteral and TPN solutions Transportation Specialty equipment, supplies, wheelchairs, appliances, and beds Nonroutine radiology (including MRI, CT scan, PET scan) 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 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 	