

Is it Medically Necessary Skilled Care?

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This article discusses determination of when care meets the skill criteria and medical necessity. Recently, an administrator asked me, *“how he could take a closer look at their Medicare program to determine if they were in-fact giving skilled care”*. While this seems basic due to the ongoing audits many are facing, this is a valid concern, so let’s start by discussing non-skilled v. skilled care.

Non-Skilled Care is defined as the provision of care, services, and supplies that can be given reasonably and safely by individuals who are neither skilled nor licensed health care professionals.

Skilled Care is defined as care and services which is:

- physician prescribed and deemed medically necessary,
- direct expected and actual results of the care and services and use of supplies is identified in the evaluation, written plan of care, and documentation, and
- requires licensed professionals to provide or supervise the care.

Another concern voiced by the administrator related to the ability to determine medical necessity *“how can I as a non-clinician evaluate if my facility is properly determining medical necessity?”*. I recommend a systematic approach and ensure that their facility triple or quad check processes include six key components:

1. Affirm diagnoses (primary/secondary) are in place to answer: *why did the individual go to the hospital?*
2. Confirm Physician orders are intact, checked, and implemented.
3. Determine documentation of the clinical non-rehabilitative skill (unrelated to therapy) which should be present throughout their Medicare part A stay.
4. Confirm the level of care is visible within the signed treatment plans.
5. Affirm that the minimum data set (MDS) coding is reflective of the information in the resident’s record during the assessment reference date (ARD) period and that the documentation system to assure clinical skill is in place and accounted for daily.
6. Confirm your processes are in place and all are attending as designed for weekly pre billing, triple or quad check.

In summary, first things first, is the important goal to ensure that your facility has affirmed skilled care v. non-skilled care, appropriate medical necessity, and the six keys to demonstrating it in the clinical record.

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