MEDICARE CHARTING GUIDELINES

Res	ident Name:	Date of Admission://	
Admitting Dx (Main):			
Othe	er Dx:		
Guidel J. 2. 3.	Chart Q Day. Use this guideline to focus your charting. Guideline to be completed by Medicare Nurse, Unit 8	slamager, or other Nursing Supervisor.	

REASON FOR SKILLING ON MEDICARE:

- o Physical Therapy o Occupational Therapy o Speech Therapy o Respiratory Therapy o Unstable IDDM o Injections (IM only) o New G-Tube Feeding o Decubins-Ulceration. (o StageIII o Stage IV B Multi-Stage II) o Other Wounds (i.e. s/p Surgical w/complications) o LV. Therapy o Straight Catheterization o Colostomy Teostomy Care o Medication Adjustment o Debydration/Malnutrition o Isolation o Patient Teaching/Nursing Rehab
- o Medically Unstable Condition: o Cardiovascular Compromise: o Gastrointestinal Complications: o Circulation Problems: o Hernodialysis (w/ complications)

TYPE OF SKILLED SERVICE	TYPE OF SKILLED SERVICE	TYPE OF SKILLED SERVICE
O Physical, Occupational Therapy Describe exactly how the resident performs ADLS. Describe the amount of assistance provided Describe how the resident accomplishes the following: Bed Mobility " Transferring " Ambulates Dresses Self Eats (Including G-Tubes)" Tollet Use (Including Post-Use Hygierie)" Personal Hygierie and Bathing DESCRIBE SKILLED NURSING INTERVENTIONS USED TO COMPENSATE FOR ADL DEFICITS Indicates one of the 4 LATE LOSS ADLS which assign an ADL Index Score for RUG calculation.	Describe Exactly how the resident communicates and makes needs known. Describe skilled nursing interventions used to compensate for speech deficits. Describe residents ability to swallow foods and skilled nursing interventions used to compensate for impaired swallowing abilities. Describe incommunity of order changes and physician visits (Requires in the past 14 days 2 order changes and 2 MD visits OR 4 order changes) Describe any skilled nursing interventions used to teach resident self administration. Describe outcome of resident self administration. Describe any signs and symptoms associated with fluctuating blood sugar levels.	Respiratory Therapy / Impaired Respiratory Status Describe skilled trach care rendered Describe accurately breath sounds over all lung aspects (i.e. wheeses, railes, ronchi). Describe respiratory rate, rhythm and quality. Describe the effectiveness of any respiratory treatments given (i.e. Nebulcors, Chest PT, Other Respiratory Medications, Oxygen, etc). Describe residents comfort level as st respiratory status. Describe any changes in LOC, anxiety or other mental status changes. Describe each incident of suctioning and any other invasive techniques. Describe resident's overall condition as rit respiratory status and any skilled nursing interventions used to aid in comfort and improve overall status.
L.M. or I.V. Medication Administration Describe nature of medication used (include reason for use) and nursing skills and observations used in administration of medication. Describe effectiveness of medication and any side effects observed. Describe how resident tolerated such therapy (i.e. IV infiltration, fluid volume overload, pain, philebitis, etc)	New Gastrostomy Tube Feeding Describe amount of fluids/feedings delivered Describe resident's ability to communicate and make needs known to staff Describe how resident tolerated tube feeding – specifically any adverse effects to feeding such as diamhea, abdominal distension, Cardiac symptoms, abnormal lung sounds. Describe type of ostomy care rendered around G-Tube site and condition of site. Describe clinical necessity for G-Tube/J-Tube	Describe condition (Stage III or IV or Mutti- II's) Describe condition of wound Describe response to current treatments Describe nursing interventions used to prevent further ulcer development Describe skilled nursing interventions used to aid in wound healing Describe consumption amounts of meals and fluids provided. Describe overall skin condition including poor
Surgical Wounds or Open Lesions (does not include rashes, ulcers and outs) Describe location and nature of wound. Describe any pain rit to surgical wound and interventions used to combat pain. Describe nursing interventions and observations rit surgical wound healing process Describe any dramage, areas of increased enythema, or warmth. Describe response to any treatments ordered. At least q week describe in detail wound healing process and response to b.	Straight Catheterization / GU Complications Describe nature of resident's condition that warrants the use of straight catheterization techniques. Describe use of sterile technique during catheter administration. Describe any resident teaching rit catheter use. Describe any clinical conditions present that require skilled nursing observation (such as frequency, dysuria, indicators of UTI, etc)	skin turgor, bruises, rashes, cyanosis, redness, edema or other abnormality. Document any interventions implemented sit abnormal lab values (i.e. low HSH. low serum albumin, low Fe+ levels, etc) Describe dietary interventions implemented such as increased vitamin C and protein foods offered. At least q week, describe in detail wound measurements, locations and response to treatments.

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The Coders Choice LLC

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The Joint Commission Journal on Quality Improvement ,1996-06 Clinical Process and Outcomes Measurement

Directory American Medical Association,1998-10 The American Medical Association s Clinical Process and Outcomes

Measurement Directory is an outgrowth of the AMA s Outcomes Research Resource Guide Tiffs book provides detailed information on approximately 250 clinical process and outcomes activities based on an extensive survey of national medical specialty societies state and county medical societies large physician group practices peer review and private organizations

Limited Compliance with Medicare's Home Health Face to Face Documentation Requirements. CreateSpace Independent Publishing Platform,Office of the Investigator General,2018-07-03 Limited compliance with Medicare s home health face to face documentation requirements

The Beacon Guide to Medicare Documentation Diane J. Omdahl,1988

Medicare Risk Adjustment and HCC Clinical Documentation Overview The Coders Choice LLC,2019-03-09 Risk adjustment is a method to offset the cost of providing health insurance for individuals such as those with chronic health conditions who represent a relatively high risk to insurers Under risk adjustment an insurer who enrolls a greater than average number of high risk individuals receives compensation to make up for extra costs associated with those enrollees In the absence of risk adjustment policies insurers have a financial incentive to deny coverage to higher risk individuals and to write exclusions into policies or impose unaffordable premiums for individuals with pre existing medical conditions Risk adjustment aims to make comprehensive insurance available to all individuals regardless of risk and to allow plans that insure sicker than average populations to charge similar average premiums as plans that insure relatively healthy populations The risk adjustment model enacted under the Affordable Care Act ACA or Obamacare is budget neutral Total payments to insurers do not increase Rather insurers covering a relatively greater number of healthy individuals must contribute to a risk adjustment pool that funds additional payments to those insurers covering a larger portion of high risk individuals Risk adjustment models typically use an individual s demographic data age sex etc and diagnoses to determine a risk score The risk score is a relative measure of the probable costs to insure the individual To cite a simple example an individual with diabetes will have a higher risk score his or her predicted healthcare costs will be greater than an otherwise statistically identical individual without diabetes Older individuals typically have a higher risk score than younger individuals and those individuals with a personal or family history of certain conditions may garner a higher risk score than individuals without such a history There are several risk adjustment models The Centers for Medicare however some risk adjustment models may include severe conditions relevant to a young demographics such as pregnancy and congenital abnormalities All risk adjustment models depend on complete and accurate reporting of patient data CMS requires that a qualified healthcare provider identify all chronic conditions and severe diagnoses for each patient to substantiate a base year health profile for those individuals Documentation in the medical record must support the presence of the condition and indicate the provider s

assessment and plan for management of the condition This must occur at least once each calendar year for CMS to recognize that the individual continues to have the condition This information is used to predict costs in the following year As such incorrect or non specific diagnoses can affect not only patient care and outcomes but also reimbursement for that care going The Beacon Guide to Medicare Service Delivery Beacon Health, 2010-01-01 The Home Health Guide to Medicare Service Delivery, 2016 Edition Annette Lee, 2016-02-25 The Home Health Guide to Medicare Service Delivery 2016 Edition Annette Lee RN MS HCS D COS C Updated to reflect the 2016 home health PPS final rule and with a fresh format The Home Health Guide to Medicare Service Delivery 2016 Edition offers a one stop solution for home health professionals looking for answers to their Medicare compliance questions This book also enables agencies to ensure services are delivered according to current Medicare regulations and helps staff understand how to produce patient care documentation that supports compliance and proper payment The new format includes a sleeker cleaner style for easier reference This manual provides Quick access to concise up to date CMS regulations and interpretive analyses A go to resource for anyone in the home health agency useful for orientation training and reference when stumped by a regulatory or operational question An overview of the home health PPS final rule featuring complete interpretation and compliance guidelines on all PPS regulations An overview of CMS proposed Conditions of Participation and what they could mean for home health in the future A comprehensive index with frequently consulted sections presented in boldface type for easy use Nuts and bolts education this book takes the most complicated aspects of Medicare healthcare services and explains them in an easy to understand way All up to date regulatory changes with a focus on the home health PPS final rule Contents The Basics of Medicare Service Delivery Presents the fundamentals of Medicare coverage criteria and the Conditions of Participation CoP Includes a section dedicated to survey preparation as well as an exploration of proposed CoPs The Prospective Payment System PPS Gives an overview of critical concepts including the Home Health Resource Group HHRG consolidated billing requirements and clinical issues with an impact on billing All About the OASIS Discusses the fundamentals of the OASIS and assessments Compliance and Care Delivery Highlights issues related to visits physician orders and start of care recertification and discharge Documentation Essentials Looks at documentation fundamentals the clinical record diagnoses and the plan of care Includes a section related to the 485 and elements of content The Home Health Guide to Medicare Service Delivery, 2015 Edition Annette Lee, 2015-04-14 Updated to reflect the 2015 home health PPS final rule The Beacon Guide to Medicare Service Delivery 2015 Edition offers a one stop solution for home health professionals that are looking for answers to their Medicare compliance questions This book also enables agencies to ensure services are delivered according to current Medicare regulations and helps staff understand how to produce patient care documentation that supports compliance and proper payment claims This manual is more valuable than the government's version because it provides An overview of the upcoming sanctions that will impact home health agencies in 2015 Quick access to concise up to date CMS regulations CoP

rules and Interpretive Guidelines and analyses An all in one resource combining the CoPs and Interpretive Guidelines usable for reference during care delivery as well as for orientation and staff training An easy to read three column format displaying G tags regulations and Interpretive Guidelines An overview of the home health PPS final rule featuring complete interpretation and compliance guidelines on all PPS regulations An overview of CMS proposed Conditions of Participation and what they could mean for home health in the future A comprehensive index with frequently consulted sections presented in boldface type for easy use Nuts and bolts education this book takes the most complicated aspects of Medicare healthcare services and explains them in an easy to understand way This annual product includes all up to date regulatory changes with a focus on the home health PPS final rule Table of Contents The Basics of Medicare Service Delivery Presents the fundamentals of Medicare coverage criteria and the Conditions of Participation Includes a section dedicated to survey preparation The Prospective Payment System PPS Gives an overview of critical concepts including the Home Health Resource Group HHRG consolidated billing requirements and clinical issues with an impact on billing All About the OASIS Discusses the fundamentals of the OASIS and assessments Compliance and Care Delivery Highlights issues related to visits physician orders and start of care recertification and discharge Documentation Essentials Looks at documentation fundamentals the clinical record diagnoses and the plan of care Includes a section related to the 485 and elements of content Overview of CMS Proposed New Conditions of Participation Appendixes Medicare and Health Care Chartbook United States. Congress. House. Committee on Ways and Means, 1997 Report on Medicare Guidelines and Practices for Home Health Care E. Rod Ross, Kendall R. Surfass, National Association of Insurance Commissioners. Long Term Care Insurance Task Force and Advisory Committee, Equitable Life and Casualty Insurance Co, 1988 St. Anthony's UB-92 Editor (UBE) St. Anthony's UB-92, Carol Endahl, Karen Schmidt, 1997-12-01 UB 92 billing and coding requirements are constantly changing Staying current is essential to ensure fast and accurate payment for all submitted claims All the information you need for a perfect Medicare UB 92 claim can be found in updatable easy to use format No other billing manual offers all of these features current valid CPT HCPCS and revenue code combinations complete information for all revenue condition occurrence and value codes and form locators medical documentation requirements to support home health skilled nursing rural health and other claims detailed outpatient bill ng and coding tips The Home Health Guide to Medicare Service Delivery, 2017 Edition J'Non Griffin, 2017-03-30 The Home Health Guide to Medicare Service Delivery 2017 Edition J non Griffin RN MHA WCC HCS D COS C HCS H Updated to reflect the 2017 home health PPS final rule new Conditions of Participation CoP and OASIS C2 The Home Health Guide to Medicare Service Delivery 2017 Edition offers a one stop solution for home health professionals that are looking for answers to their Medicare compliance questions This book also enables agencies to ensure services are delivered according to current Medicare regulations and helps staff understand how to produce patient care documentation that supports compliance and proper payment claims This manual provides Quick access to concise up to date

CMS regulations including new CoPs and interpretive analyses A go to resource for anyone in the home health agency useful for orientation training and reference when stumped by a regulatory or operational question An overview of the home health PPS final rule featuring complete interpretation and compliance guidelines on all PPS regulations Nuts and bolts education this book takes the most complicated aspects of Medicare healthcare services and explains them in an easy to understand way What's New Updated regulations include The 2017 home health PPS final rule Payment rebasing Home health guality changes Coding changes Changes in methodology used to calculate outlier payments episodes of care with unusual variations in the type or amount of medically necessary care Changes in payment for negative pressure wound therapy performed using a disposable device for patients under a home health plan of care Additions and modifications to the home health value based purchasing model Table of Contents The Basics of Medicare Service Delivery Presents the fundamentals of Medicare coverage criteria and the new Conditions of Participation This includes a section dedicated to survey preparation The Prospective Payment System PPS Gives an overview of critical concepts including the Home Health Resource Group consolidated billing requirements and clinical issues with an impact on billing for the current payment system All About the OASIS Discusses the fundamentals of the OASIS C2 and assessments Compliance and Care Delivery Highlights issues related to visits physician orders start of care recertification and discharge Documentation Essentials Looks at documentation fundamentals the clinical record diagnoses and the plan of care This includes a section related to the 485 and elements of Reference Guide for Medicare Physician & Supplier Billers ,2004 Medical Records and Documentation ,1994 content

Geographic Adjustment in Medicare Payment Institute of Medicine, Board on Health Care Services, Committee on Geographic Adjustment Factors in Medicare Payment, 2012-04-23 Medicare is the largest health insurer in the United States providing coverage for 39 million people aged 65 and older and 8 million people with disabilities and reaching more than an estimated 500 billion in payments in 2010 Although Medicare is a national program it adjusts fee for service payments according to the geographic location of a practice While there is widespread agreement about the importance of providing accurate payments to providers there is disagreement about how best to adjust payment based on geographic location At the request of Congress and the Department of Health and Human Services HHS the Institute of Medicine IOM examined ways to improve the accuracy of data sources and methods used for making the geographic adjustments to payments The IOM recommends an integrated approach that includes moving to a single source of wage and benefits data changing to one set of payment areas and expanding the range of occupations included in the index calculations. The first of two reports Geographic Adjustment in Medicare Payment Phase I Improving Accuracy assesses existing practices in regards to accuracy criteria consistency evidence for adjustment sound rationale transparency and separate policy adjustments to reform the current payment system Adopting the recommendations outlined in this report will mean a change in the way that the indexes are calculated and will require a combination of legislative rule making and administrative actions as well as a period of public

comment Geographic Adjustment in Medicare Payment will inform the work of government agencies such as HHS the Centers for Medicare and Medicaid Services congressional members and staff the health care industry national professional organizations and state medical and nursing societies and Medicare advocacy groups The New Medicare Law Jerrold J. Hercenberg, Wendy L. Krasner, 1989 Medicare Home Health Agency Manual ,1900 MRA/HCC CHART REVIEW and DOCUMENTATION GUIDE The Coders Choice LLC, 2019-10-08 A Hierarchical Condition Category HCC is defined as a risk adjustment model that is used to calculate risk scores to predict future healthcare costs The Centers for Medicare and Medicaid Services CMS CMS HCC model is used to predict healthcare spending for Medicare Advantage Plan enrollees The purpose of the scoring model is to adjust capitated payments made to beneficiaries in these plans based on the member s health HCCs were initially implemented by CMS in 2000 and have been phased in over time This article will focus on the CMS HCC model The model is based on diagnosis codes and includes 79 HCCs Age sex disability and living circumstances such as whether the individual is living at home in a nursing home or in a long term care facility also play a part in the calculations of an HCC Medicare Rules and Regulations Context Software Systems, Inc., Staff, United States. Health Care Financing Administration, 1992-11-01 Medicare Risk Adjustment and Hierarchical Condition Category (HCC) V. G,2018-08-21 Risk Adjustment and Hierarchical Condition Category HCC coding is a payment model mandated by the Centers for Medicare and Medicaid Services CMS in 1997 Implemented in 2003 this model identifies individuals with serious or chronic illness and assigns a risk factor score to the person based upon a combination of the individual s health conditions and demographic details The individual s health conditions are identified via International Classification of Diseases 10 ICD 10 diagnoses that are submitted by providers on incoming claims There are more than 9000 ICD 10 codes that map to 79 HCC codes in the Risk Adjustment model CMS requires documentation in the person's medical record by a qualified health care provider to support the submitted diagnosis Documentation must support the presence of the condition and indicate the provider's assessment and or plan for management of the condition This must occur at least once each calendar year in order for CMS to recognize the individual continues to have the condition The Centers for Medicare and Medicaid Services CMS Risk Adjustment Model includes nearly 80 HCC categories of chronic illnesses with thousands of diagnosis codes Beginning HCC coders need solid instruction on HCC coding to properly map codes and ensure the organization receives the reimbursement payments This webinar educates the audience on HCC coding and discusses popular risk adjustment coding guidelines It identifies what makes a document valid for submission including which sources of documentation should or should not be used Attendees will have the opportunity to review common mistakes like a lack of specificity in provider documentation Often overlooked conditions which are frequently undocumented by the provider are also explained The presenter will give a brief demonstration on how to determine if a condition is reimbursed or not as well as a case study showing how to apply the theories learned Through clarification of codes and specific examples the speaker underscores the

importance of provider documentation and its impact on reimbursement This session is a great overall introduction for beginners and the perfect refresher course for those who have already begun and want to enhance their knowledge in the field Objectives Learn about HCC coding and risk adjustment coding guidelines Demonstrate how mapping tools help to properly identify HCCs Understand the importance of provider documentation and its impact on reimbursement Risk adjustment in the CMS HCC model characteristics is based on multiple factors which are analyzed and reduced to offer the right risk management plan for a patient The factors that influence risk adjustment includes Hierarchy of diseases Ensuring that diagnoses are included in the appropriate disease groups and are in accordance with the necessary hierarchy Disease Interactions The additional factors that recognize and assess the severity of multiple conditions Demographic Variables
These focus on the demographic of the patient s living conditions and demographics Diagnostic Sources CMS recognizes diagnoses from a hospital s inpatient outpatient and physician settings only Prospective model The diagnoses based on last year are used to extrapolate the possible payments for the next year Multiple conditions A patient can have multiple HCC categories assigned to them based on their medical conditions In some cases specific conditions can override others when documenting This is based on the strict hierarchy of the coding procedures HCCs are captured once a year every year in order for the CMS to reimburse payments to the Medicare Advantage However diagnoses from previous years are used to establish capitation payments to the Medicare Advantage plan

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