

Skilling Service	Supporting Documentation Required	Instructions	Approval Period
Ventilator (Does not include vent weaning services)	Physician order for ventilator. and Must have an invasive patient end of circuit.	Documentation which supports ventilator services provided by registered/ licensed nurse and/ or respiratory therapist. And Does not meet requirements for enhanced respiratory reimbursement for chronic ventilator services	3-6 month increments
Nasopharyngeal suctioning	Physician order. and Nursing notes indicating care	Treatment plan must be signed by the treating physician and contain a plan for services to be performed by a registered or licensed nurse and/ or respiratory therapist.	3-6 month increments
Infrequent tracheal suctioning	Physician order. and Nursing notes indicating care.	Patient must have a functioning tracheostomy requiring suctioning through the tracheostomy multiple times per day at less frequent intervals, e.g., < every 4 hours.	30 day increments.
Total Parenteral Nutrition	Physician order. Medical Administration Record (optional).	Documentation must contain duration and frequency of treatment.	30 day increments.
Complex wound care (e.g., infected wounds, dehisced wounds, 3 or more stage 3 and/or stage 4 wounds)	Physician order. and Wound assessment (describing characteristics, type and measurements).	. Documentation must support the following: <ol style="list-style-type: none">1. Infected or dehisced wound2. Three (3) or more stage 3 and/or stage 4 wounds3. Wound vac Wound type and severity to be determined based upon documentation received.	3-6 month increments

Wound care for stage 3 or 4 decubitus	Physician order. and Wound assessment (describing characteristics and measurements).	Documentation must support there is a stage 3 and/or stage 4 wound. Stage 3 – Full thickness skin loss involving damage to or necrosis of subcutaneous tissue that may extend down to but not through, underlying fascia. Stage 4 – Full thickness skin loss with extensive destruction, tissue necrosis, or damage to muscle, bone, or supporting structures (tendon, joint, capsule). Undermining and sinus tracts may be present.	3-6 month increments.
Peritoneal Dialysis	Physician order.		Open ended.
Tube feeding, enteral	Physician order including type of feeding, amount and/or rate.	Tube feeding must constitute 50% or greater of the nutritional/ caloric intake. Documentation should indicate if patient is NPO or taking PO foods/ liquids.	6 months unless determined that tube feeding will be required long term, in which case, approval may be open ended.
Intravenous fluid administration	Physician Order (must include frequency and duration). Medical Administration Record (optional).	Can be approved for one day only.	Exact number of days ordered. If continuous, 30-60 day increments.
Injections, sliding scale	Physician order. and Sliding scale insulin log or medication record	See separate protocol	14 day increments. Maximum of 60 days per incidence

<p>Injections, other IV, IM</p>	<p>Physician Order. (must include frequency and duration).</p> <p>Medical Administration Record (optional)</p>	<p>Do not bill for one day, one time orders. Does not include scheduled insulin doses.</p>	<p>Exact number of days ordered.</p>
<p>Isolation precautions</p>	<p>Physician order for isolation.</p> <p>and</p> <p>Diagnosis to support need for isolation.</p> <p>or</p> <p>Lab report indicating organism (opt.)</p>		<p>30 day increments.</p>
<p>PCA pump</p>	<p>Physician order. (must include duration of therapy).</p> <p>and</p> <p>Diagnosis to support treatment.</p> <p>or</p> <p>Medical Administration Record (optional)</p>		<p>30 day increments. Terminal pain management up to 3 months.</p>

Occupational therapy by OT or OT assistant	Physician order (must be 5x per week aggressive therapy). or Therapist notes and evaluation.	Must be new/acute event or condition, not an old condition, e.g. new CVA, amputation, fracture, etc. May be approved for 30 days when admitting from hospital after acute care of diagnosis directly related to therapy need (total hip replacement, rotator cuff repair...) Chronic conditions such as generalized weakness are not approvable.	As indicated by the physician/therapist certification, but not more than 90 days.
Physical therapy by PT or PT assistant	Physician order (must be 5x per week aggressive therapy). or Therapist notes and evaluation.	Must be new/acute event or condition, not an old condition, e.g. new CVA, amputation, fracture, etc. May be approved for 30 days when admitting from hospital after acute care of diagnosis directly related to therapy need (total hip replacement, rotator cuff repair...) Chronic conditions such as generalized weakness are not approvable.	As indicated by the physician/therapist certification, but not more than 90 days.
Teaching catheter/ostomy care	Physician order. and Documentation of teaching plan requiring at least one week of instruction.	Ensure patient is functionally and mentally able to learn and perform the specific task(s). Documentation should include the patient's capability to provide self-care adequately.	30 day increments.
Teaching self-injection	Physician order. and Documentation of teaching plan requiring at least one week of instruction.	Ensure patient is functionally and mentally able to learn and perform the specific task(s). Documentation should include the patient's capability to provide self-care adequately.	30 day increments.

The following chart provides additional clinical requirements and timelines for enhanced respiratory reimbursement approval.

Ventilator	<p>Physician order – ventilator dependent at least 12 hours per day.</p> <p>and</p> <p>Must have an invasive patient end of circuit (e.g., tracheostomy cannula).</p> <p>and</p> <p>Detailed treatment plan.</p>	<p>Treatment plan must be developed with input and participation from a pulmonologist or physician with experience in ventilator care, signed by the treating physician or a licensed respiratory professional who will oversee the intensive respiratory care.</p>	3-6 month increments
Frequent tracheal suctioning	<p>Physician order.</p> <p>and</p> <p>Detailed treatment plan.</p> <p>and</p> <p>Nursing notes indicating care.</p>	<p>Patient must have a functioning tracheostomy requiring suctioning through the tracheostomy at a minimum, multiple times per 8-hour shift. (6 times over a 24 hour period)</p> <p>Treatment plan must be signed by the treating physician, licensed registered nurse, or licensed respiratory professional who will oversee the intensive respiratory care and must contain the following elements:</p> <ol style="list-style-type: none"> 1. Nursing care plan for services to be performed by a registered or licensed nurse and/ or respiratory therapist. 2. Plan for care to be rendered by family members, with documentation of their ability to perform such care. 	3-6 month increments.