

ZS 314.8

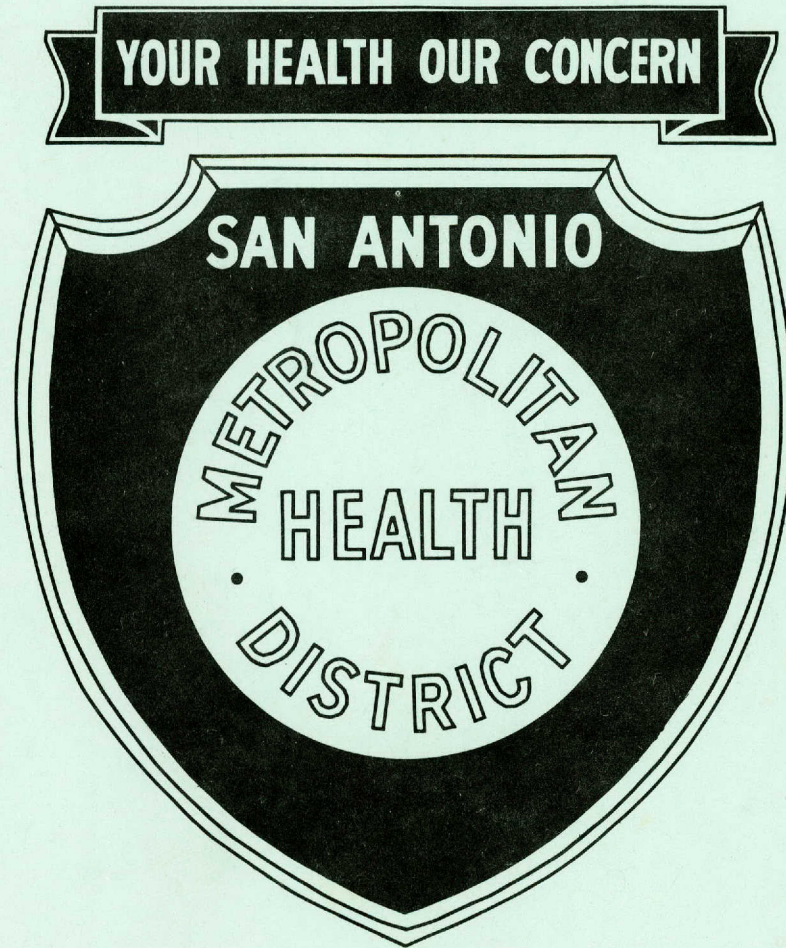
I 38h

STORAGE

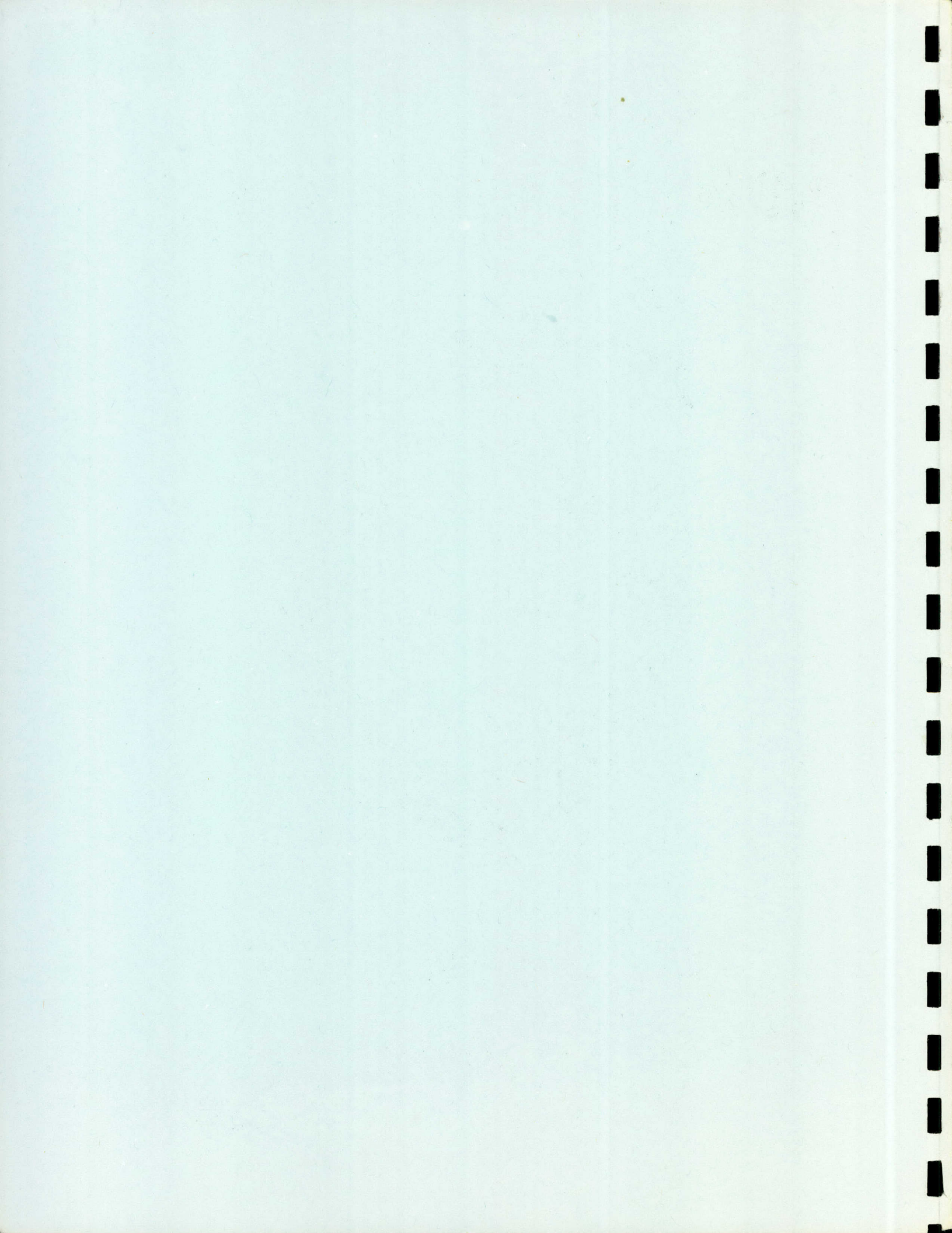
STX-0038

TX

HOME HEALTH AGENCY



COMPREHENSIVE
NURSING CARE



SAN ANTONIO METROPOLITAN HEALTH DISTRICT

HOME HEALTH AGENCY

INDEX OF HOME CARE SERVICES UNDER MEDICARE

Developed For The
San Antonio Metropolitan Health District
By Mary A. Guajardo, R.N.

June 27, 1978



PREFACE

DEVELOPMENT OF THE HOME CARE SERVICES INDEX UNDER MEDICARE

Since the inception of home care as one of the provisions of the Health Insurance Program, home health benefits have been underutilized and have generated little interest in the overall field of health care. Generally, these negative aspects have been attributed to problems of limited or non-specific information and lack of public awareness of home health benefits. However, it must be noted that from the beginning, home health programs have experienced significant difficulties in promoting an image of effective and consistent service. This has resulted mainly from obstacles related to the confusion surrounding federal regulations and the absence of definitive program guidelines.

A structured system on reimbursement policies and clarification of covered services have long been needed. Home Health Agency manuals throughout the years have generally provided a collection of information that has defied interpretations. These problems have had some devastating effects on home care programs, and the number of Home Health Agencies showed a marked decline in the early 1970's. This decrease in available home health services, prompted the Federal Government to initiate a study of home health care. For this purpose a health coordinating committee was established as part of the Social Security Administration's Bureau of Health Insurance. The results of this study were published in June, 1974.

Many facets of the general program were reviewed and the findings were primarily related to one major complaint area. Namely, underutilization and circumstances contributing to this problem.

It is a well known fact within the circles of Home Health Agency administration, that a direct relationship exists between the underutilization of home care and the confused status of covered and non-covered services. Because of the necessity of interpreting this prior to referral, physicians and personnel from hospitals and other health related agencies, have found referral for home care a cumbersome and oftentime a nonproductive task.

The Department of Health Education and Welfare does recognize the fact that these problems continue to diminish the effectiveness of home health services. However, it has expressed some reservations as to the degree to which the Social Security Administration can legitimately assist Home Health Agencies in promoting public awareness and soliciting the support of the medical profession. In fact, emphasis has been placed on the need for Home Health Agencies to follow through on their own public relation campaigns. Consequently, the Department of Health Education and Welfare strongly suggests, that Home Health Agencies develop and implement a coordinated program of services within the existing structure of the health care delivery system, that would ultimately result in home health care being recognized as one of the systems major components.

To accomplish this end, many small but deliberate steps must be taken. Needed information must be compiled and made readily available to interested individuals. Guidelines must be provided in such a way as to detail eligibility requirements, services provided, and those specifics relating to coverage of home health services for the purpose of reimbursement under the Medicare Program. Therefore, the development of this index of home care services is one such step. It is an effort to provide an immediate resource for physicians, hospital personnel and other health care facilities of information highlighting significant data in a simplified and collective format.

In view of the acute need to promote home care services, the idea for the formulation and development of this index, was devised as an independent activity by this writer. The information contained in this instrument is comprised of data collected firsthand and compiled after years of practical experience with the Health Insurance Program.

To enhance this instrument, input has been solicited from a cross section of individuals directly associated with health related facilities in the San Antonio and Bexar County areas. More specifically a representative group of key personnel from these facilities were personally contacted, interviewed and given a rough draft of the index to critique. They were also asked to specify information thought to be relevant and necessary in increasing the usability of the index. A questionnaire was provided as part of the process, plus any additional input was invited and encouraged.

Blue Cross/Blue Shield, the fiscal intermediary for the San Antonio Metropolitan Health District, Home Health Agency has provided a resource by which collected data could be monitored and checked for appropriateness and validity.

Although the general information of this index as it relates to Medicare, does not allow for modification, the format in which it is presented is an important factor in the creation of an effective instrument.

Acknowledgement is given to the following list of participants:

Affiliated Resources

Home Health Agency Professional Advisory Committee
Blue Cross/Blue Shield - Fiscal intermediary
Social Security Administration
Home Health Agency Staff

TABLE OF CONTENTS

HOW TO USE THE INDEX OF HOME CARE SERVICES i

SECTION

I. GENERAL INFORMATION

FACTS ABOUT HOME HEALTH ii
INTRODUCTION iii
DEFINITION OF HOME HEALTH iv
PRIMARY FUNCTION iv
COVERED SERVICES iv
OBJECTIVES OF INDEX v
SCOPE v

II. PROCEDURES OF REFERRAL vi

ELIGIBILITY vi
COVERED UNDER HOSPITAL INSURANCE PART A. vi
COVERED UNDER MEDICAL INSURANCE PART B. vii
METHODS OF REFERRAL AND CERTIFICATION vii
RECERTIFICATION ix

III. INDEX OF SERVICES AND COVERAGE

DIABETIC PATIENT - TEACHING AND SPECIAL PROCEDURES. 1
APPLICATION OF BODY MECHANICS AND RESTORATIVE EXERCISE
ACTIVITIES. 3

PROCEDURES: EYE, EAR, NOSE AND THROAT.	5
PROCEDURES: GASTROINTESTINAL TRACT - UPPER	8
PROCEDURES: GASTROINTESTINAL TRACT - LOWER BOWEL COLOSTOMY, ILEOSTOMY, GASTROSTOMY.	9
PROCEDURES: BLADDER - CATHETER CARE.	11
INHALATION THERAPY.	12
INJECTIONS.	14
PROCEDURES: LABORATORY	17
NUTRITION	18
VITAL SIGNS	19
WOUND CARE.	20
PERSONAL CARE SERVICES.	21
MEDICAL SUPPLIES.	23
IV. GLOSSARY OF TERMS.	24

FACTS ABOUT HOME HEALTH

HOME HEALTH IS:

A RESOURCE WHICH PROVIDES AN ALTERNATIVE TO INSTITUTIONAL CARE WHEN MEDICALLY FEASIBLE.

A RESOURCE FOR ASSISTING THE PHYSICIAN IN MAINTAINING A COORDINATED PROGRAM OF HEALTH CARE WITHIN THE PATIENT'S HOME SETTING.

A RESOURCE WHICH PROVIDES A WIDE RANGE OF MEDICALLY RELATED SERVICES, THAT WILL ASSIST BOTH THE ELIGIBLE RECIPIENT AND THE FAMILY WITH NEEDED HOME CARE.

AN AVAILABLE HEALTH CARE SERVICE THAT ALLOWS THE PATIENT TO CHOOSE THE FAMILIAR SURROUNDINGS OF HIS HOME, DURING THE RECUPERATIVE STAGES OF AN ILLNESS WHICH PREVIOUSLY REQUIRED THE CONFINES OF AN IN-PATIENT FACILITY.

INTRODUCTION

THIS INDEX OF HOME CARE SERVICES UNDER MEDICARE, HAS BEEN COMPILED FOR THE PRIMARY PURPOSE OF INCREASING THE UTILIZATION OF HOME HEALTH SERVICES.

IN ACCOMPLISHING THIS END, IT IS HOPED THAT SEVERAL RELATED BENEFITS WILL BE DERIVED. WE KNOW THAT WITHIN THE EXISTING STRUCTURE OF THE PROGRAM, THERE IS AN ACUTE NEED TO STIMULATE A GREATER INVOLVEMENT ON THE PART OF PHYSICIANS AND HOSPITAL PERSONNEL IN THE EFFECTIVE USE OF AVAILABLE HOME HEALTH BENEFITS. NOT ONLY FROM THE STANDPOINT OF THE PROPOSED DEVELOPMENT AND GROWTH OF HOME HEALTH AGENCIES, BUT AS A VEHICLE WHICH IS READILY AVAILABLE TO AID IN THE IMPROVEMENT OF THE OVERALL DELIVERY OF HEALTH CARE SERVICES.

THE INDEX IS SET UP TO PROVIDE AN IMMEDIATE REFERENCE FOR REFERRING THOSE PATIENTS, WHO ARE ELIGIBLE BENEFICIARIES FOR HOME HEALTH SERVICES UNDER MEDICARE.

IT IS TO PROVIDE ASSISTANCE TO THE PHYSICIAN AND/OR OTHER CONCERNED PARTIES IN SCREENING AND DETERMINING PATIENT ELIGIBILITY: TO IMPROVE EFFORTS OF COORDINATION BETWEEN IN-PATIENT CARE FACILITIES AND HOME HEALTH AGENCIES: TO INCREASE THE EFFICIENCY IN THE DELIVERY OF HOME HEALTH SERVICES TO THE PATIENT AND TO EMPHASIZE THE IMPORTANCE OF HOME CARE AS A MAJOR COMPONENT OF A COMPREHENSIVE HEALTH CARE SYSTEM.

DEFINITION OF HOME HEALTH

HOME HEALTH CARE IS GENERALLY DEFINED AS HEALTH CARE PRESCRIBED BY A PHYSICIAN AND PROVIDED TO PERSONS ON A VISITING BASIS IN A PLACE OF RESIDENCE USED AS THE INDIVIDUALS HOME.

THE PRIMARY FUNCTION OF THE HOME HEALTH AGENCY IS TO PROVIDE SKILLED NURSING SERVICES AND/OR OTHER THERAPEUTIC SERVICES ON A PART-TIME OR INTERMITTENT BASIS.

THE MEDICARE HOME HEALTH BENEFITS ARE BY LAW SKILLED CARE ORIENTED. THEREFORE, THE PROVISION OF NON-SKILLED CARE SUCH AS THAT RELATED TO ASSISTANCE WITH ACTIVITIES OF DAILY LIVING IS PROVIDED ONLY IN CONJUNCTION WITH SKILLED SERVICES.

COVERED SERVICES

SKILLED NURSING CARE - - - -ON A PART-TIME OR INTERMITTENT BASIS.

HOME HEALTH AIDE SERVICES- -ON A PART-TIME OR INTERMITTENT BASIS.

(WHENEVER A SKILLED SERVICE IS INVOLVED, THE AGENCY MAY ALSO FURNISH HOME HEALTH AIDE SERVICES).

MEDICAL SUPPLIES - - - - -USED IN CARRYING OUT SERVICES - ALSO, USE OF MEDICAL APPLIANCES.

THE HOME HEALTH AGENCY IS A CERTIFIED PROVIDER UNDER THE HEALTH INSURANCE PROGRAM TITLE XVIII (MEDICARE) AND TITLE XIX (MEDICAID) FOR SUPPLEMENTARY COVERAGE OF MEDICARE PATIENTS.

OBJECTIVES

TO IMPROVE THE UTILIZATION OF HOME HEALTH SERVICES BY SPELLING OUT SPECIFIC GUIDELINES, AFFECTING THE PROVISION OF THOSE SERVICES DETERMINED AS COVERED AND MEDICALLY INDICATED BY A LICENSED PHYSICIAN.

TO PROVIDE AN AVAILABLE RESOURCE, WHICH WILL ENCOURAGE THE DEVELOPMENT OF A SYSTEMATIC APPROACH FOR ROUTINE REFERRAL OF PATIENTS, FOR HOME HEALTH SERVICES AS AN ALTERNATIVE TO INSTITUTIONAL CARE.

TO PROVIDE A BASIC AND PRACTICAL TOOL, WHICH WILL AID IN THE IMPLEMENTATION OF PRE-DISCHARGE PLANNING FOR HOME CARE SERVICES AND THEREFORE, INCREASE THE HEALTH FIELD'S AWARENESS AND SUPPORT OF HOME HEALTH CARE PROGRAMS.

SCOPE

THE SCOPE OF THIS INDEX IS LIMITED TO THE MAJOR AND MOST FREQUENTLY UTILIZED AREAS OF COVERED SERVICES.

PROCEDURES OF REFERRAL

DETERMINING ELIGIBILITY

THE HOME HEALTH AGENCY WILL ACCEPT THOSE PATIENTS 65 YEARS OF AGE AND UNDER (DISABLED) WHO QUALIFY AS BENEFICIARIES FOR SERVICES UNDER THE HEALTH INSURANCE LAW (MEDICARE) AND WHO RESIDE WITHIN THE CITY OF SAN ANTONIO AND BEXAR COUNTY.

TO QUALIFY FOR HOME HEALTH BENEFITS UNDER EITHER OF THE TWO BROAD AREAS OF COVERAGE PART A (HOSPITAL INSURANCE) OR PART B (MEDICAL INSURANCE) OF THE MEDICARE PROGRAM, A BENEFICIARY MUST BE:

1. CONFINED TO HIS HOME
2. UNDER THE CARE OF A PHYSICIAN
3. IN NEED OF SKILLED NURSING SERVICES ON A PART-TIME BASIS AND/OR PHYSICAL THERAPY - SPEECH THERAPY (BY ARRANGEMENT)

A BENEFICIARY WHO REQUIRES ONE OR MORE OF THESE SERVICES IN THE TREATMENT OF HIS ILLNESS OR INJURY AND OTHERWISE QUALIFIES FOR HOME HEALTH SERVICES IS ELGIBLE TO HAVE PAYMENT MADE ON HIS BEHALF FOR HOME HEALTH SERVICES.

ADDITIONAL SERVICES MAY INCLUDE:

1. SERVICES OF THE HOME HEALTH AIDE - ON A PART-TIME BASIS
2. MEDICAL SUPPLIES - USE OF MEDICAL APPLIANCES

CONDITIONS OF COVERAGE OF HOME HEALTH SERVICES UNDER THE BASIC HOSPITAL INSURANCE PLAN - A

1. THE PATIENT IS REQUIRED TO HAVE BEEN HOSPITALIZED FOR AT LEAST THREE (3) CONSECUTIVE DAYS.

2. PATIENT MUST BE REFERRED WITHIN FOURTEEN (14) DAYS AFTER DISCHARGE FROM THE HOSPITAL OR SKILLED NURSING FACILITY WITH A WRITTEN PLAN OF TREATMENT ESTABLISHED BY THE ATTENDING PHYSICIAN.
3. HOME HEALTH SERVICES REQUESTED MUST BE RELATED TO CONDITIONS FOR WHICH IN-PATIENT HOSPITAL SERVICES WERE RENDERED.
4. IF THE CONDITIONS FOR COVERAGE ARE MET, MEDICARE WILL PROVIDE FOR UP TO ONE HUNDRED (100) HOME HEALTH VISITS WITHIN THE ONE YEAR PERIOD FOLLOWING DISCHARGE FROM A HOSPITAL OR SKILLED NURSING FACILITY.

CONDITIONS OF COVERAGE OF HOME HEALTH SERVICES UNDER THE VOLUNTARY

MEDICAL INSURANCE PLAN - B

1. NO PRIOR HOSPITALIZATION IS REQUIRED IN ORDER TO BE ELIGIBLE FOR HOME HEALTH SERVICES UNDER PLAN B.
2. SERVICES PROVIDED UNDER PLAN B. ARE IN ADDITION TO ANY SERVICES RECEIVED UNDER PLAN A.
3. MEDICARE WILL HELP PAY FOR UP TO ONE HUNDRED (100) HOME HEALTH VISITS EACH CALENDAR YEAR.
4. UNDER THIS PLAN, MEDICARE WILL PAY 100% OF EXPENSES FOR COVERED SERVICES EACH CALENDAR YEAR. AFTER THE PATIENT HAS MET THE \$60.00 DEDUCTIBLE.

METHODS OF REFERRAL FOR HOME HEALTH SERVICES

1. PRIVATE PHYSICIAN CARING FOR PATIENT MAY REQUEST SERVICES.
2. LICENSED PHYSICIANS FROM BEXAR COUNTY HOSPITAL DISTRICT, WHERE THE PATIENT IS RECEIVING CARE, MAY REQUEST SERVICES.

3. SOCIAL SERVICE AGENCIES, THE PATIENT, A FAMILY MEMBER OR OTHER INTERESTED INDIVIDUAL MAY MAKE THE INITIAL REQUEST FOR SERVICES. THE ATTENDING PHYSICIAN MUST CERTIFY THE PLAN OF TREATMENT BEFORE HOME HEALTH SERVICES CAN BE INITIATED.
4. IT IS BENEFICIAL TO THE HOSPITALIZED PATIENT IF REFERRAL FOR HOME HEALTH SERVICES IS MADE PRIOR TO DISCHARGE FROM THE HOSPITAL. THIS APPROACH AIDS IN MAINTAINING CONTINUITY OF CARE.
5. IN CASES OF URGENT NEED AND ON THE REQUEST OF THE ATTENDING PHYSICIAN, HOME HEALTH SERVICES MAY BE INITIATED ON THE BASIS OF VERBAL OR TELEPHONE ORDERS FROM THE PHYSICIAN. WRITTEN CERTIFICATION (PLAN OF TREATMENT) MUST BE SUBMITTED AS SOON AS POSSIBLE IN ORDER THAT SERVICES MAY BE CONTINUED.
6. COMPLETION OF PHYSICIAN REFERRAL FORM (PLAN OF TREATMENT)
 - a. THE PHYSICIAN'S REFERRAL FORM MAY BE COMPLETED BY ANY INTERESTED INDIVIDUAL DESIGNATED BY THE PHYSICIAN TO ACT ON HIS BEHALF. HOWEVER, THE PHYSICIAN MUST REVIEW THE PLAN OF TREATMENT AND SIGN THE FORM INDICATING HIS RESPONSIBILITY FOR THE ESTABLISHED PLAN.
 - b. THE PLAN OF TREATMENT MUST INCLUDE THE FOLLOWING PERTINENT DATA:

DIAGNOSIS

PATIENT AND FAMILY'S KNOWLEDGE OF DIAGNOSIS

FUNCTIONAL LIMITATIONS

PROGNOSIS

REHABILITATION POTENTIAL

MEDICATIONS PATIENT IS RECEIVING

MENTAL STATUS

PHYSICIAN'S ORDERS

DIET

ACTIVITY ALLOWED

TYPE OF CARE REQUIRED

FREQUENCY OF VISITS

SPECIFIC SERVICES REQUIRED

MEDICAL SUPPLIES AND EQUIPMENT

INSTRUCTION FOR DISCHARGE AND REFERRAL

ESTIMATE OF HOW LONG SERVICES WILL BE NEEDED

SAFETY FACTORS

INSTRUCTION OF PATIENT AND/OR FAMILY MEMBER

RECERTIFICATION

UNDER BOTH THE HOSPITAL INSURANCE AND SUPPLEMENTARY MEDICAL INSURANCE PROGRAMS, THE PHYSICIAN:

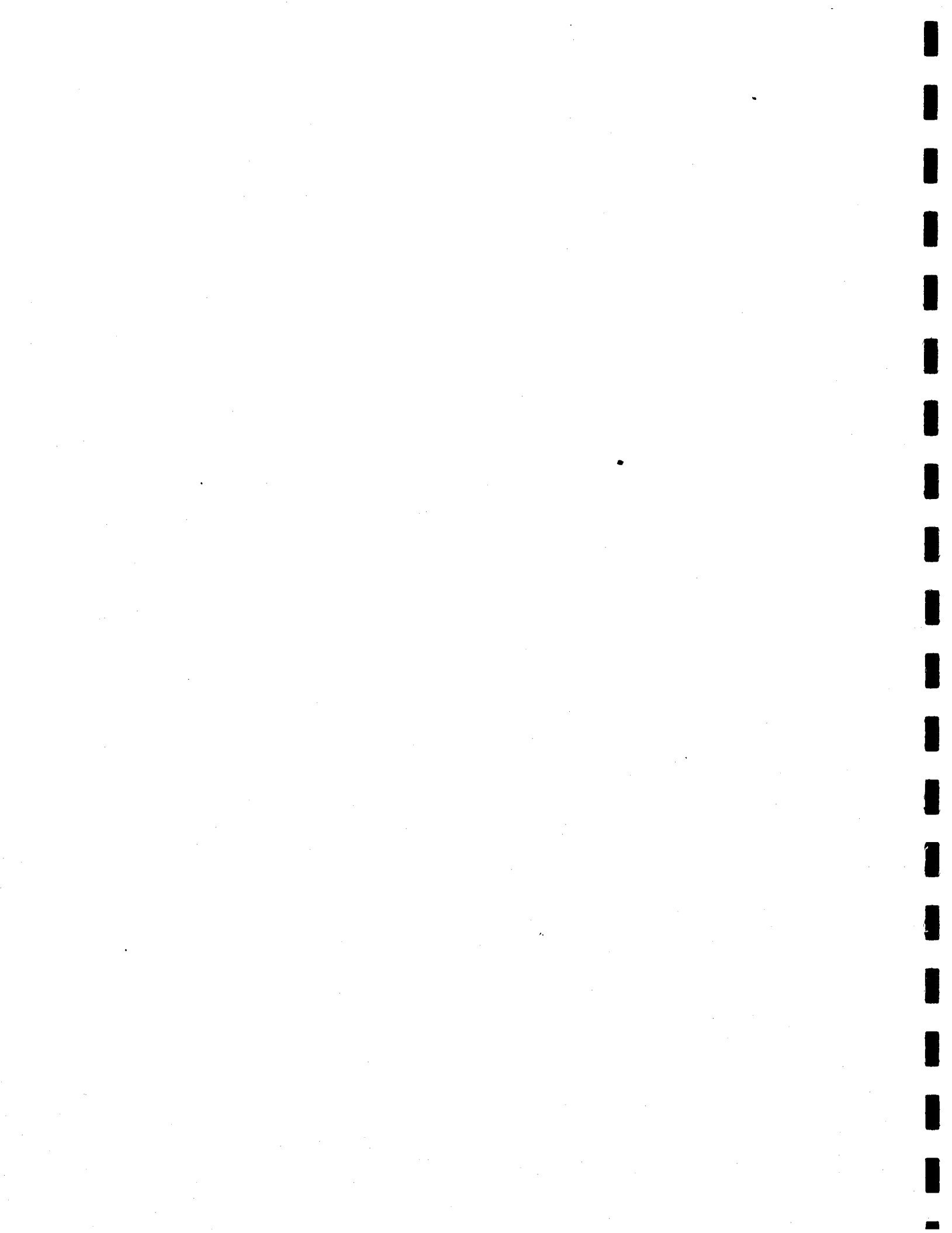
1. MUST RECERTIFY AT INTERVALS OF AT LEAST ONCE EVERY SIXTY DAYS THAT THERE IS A CONTINUING NEED FOR SERVICES.
2. SHOULD ESTIMATE HOW LONG SERVICES WILL BE NEEDED.
3. REVIEW THE PLAN OF TREATMENT AT THE TIME OF RECERTIFICATION OF HOME HEALTH SERVICES.

THE FOLLOWING IS A LISTING OF SPECIFIC

SERVICES AND COVERAGE

FOR THE PURPOSE OF

REIMBURSEMENT UNDER MEDICARE



I. DIABETIC PATIENT: TEACHING AND OTHER SPECIAL PROCEDURES

A. INSULIN INJECTIONS

INSTRUCTIONS IN ADMINISTRATION OF INSULIN TO THE NEWLY DIAGNOSED
DIABETIC PATIENT AND/OR FAMILY MEMBER IS A SKILLED NURSING PRO-
CEDURE AND IS THEREFORE CLASSIFIED AS AN AVAILABLE COVERED SERVICE
UNDER THE MEDICARE HOME HEALTH PROGRAM. IN ADDITION, THOSE
INSTRUCTIONS, SPECIFICALLY RELATED TO THE DIAGNOSIS AND PRESCRIBED
REGIMEN OF CARE ARE ALSO COVERED SERVICES.

SUCH WOULD INCLUDE:

1. CARE OF EQUIPMENT - SYRINGES etc.
2. INSTRUCTIONS IN CARRYING OUT RELATED TEST e.g. CLINITESTS
AND ACETONE TESTS.
3. SKIN AND FOOT CARE
4. SPECIAL DIETARY INSTRUCTIONS AS PRESCRIBED BY THE ATTENDING
PHYSICIAN.

B. SERVICES ARE ALSO COVERED BY INSTRUCTING PREVIOUSLY DIAGNOSED
DIABETICS REQUIRING A CHANGE IN THEIR THERAPEUTIC REGIMEN OF ORAL
MAINTENANCE TO INJECTIBLE MEDICATION.

NUMBER OF VISITS: EIGHT SKILLED NURSING VISITS

INSTRUCTIONS IN THESE PROCEDURES CAN GENERALLY BE COMPLETED IN A
ONE TO TWO WEEK PERIOD, DEPENDING ON INDIVIDUAL RESPONSE AND/OR
CIRCUMSTANCES OF THE IMMEDIATE ENVIRONMENT. A PERIOD OF TIME IS
ALSO ALLOWED FOR SUPERVISED PRACTICAL APPLICATION OF THE PROCEDURE
(RETURN DEMONSTRATION) BY THE INDIVIDUAL RECEIVING THE INSTRUCTIONS.

C. DRAWING OF BLOOD SAMPLES FOR FASTING OR RANDOM BLOOD SUGARS.

D. THE FACT THAT A SKILLED NURSING PROCEDURE IS TAUGHT TO THE PATIENT DOES NOT NEGATE THE SKILLED ASPECT OF THE SERVICES WHEN PERFORMED BY THE NURSE, FOR EXAMPLE THE PATIENT:

1. IS UNABLE TO LEARN THE SKILLS REQUIRED FOR THE PROPER ADMINISTRATION OF THE INSULIN INJECTION.
2. IS PHYSICALLY OR MENTALLY INCAPABLE OF PERFORMING THE SERVICE FOR HIMSELF SUCH AS BEING BLIND, SENILE OR SPASTIC AND THERE IS NO ONE ELSE WILLING AND ABLE TO LEARN AND PERFORM THE SERVICE.

THE ADMINISTRATION OF THE INJECTIONS IN SUCH A SITUATION WOULD CONSTITUTE A SKILLED NURSING SERVICE AND WOULD THEREFORE BE AN AVAILABLE COVERED SERVICE UNDER THE MEDICARE HOME HEALTH PROGRAM.

II. APPLICATION OF BODY MECHANICS AND RESTORATIVE EXERCISE ACTIVITIES

A. INSTRUCTING AND TRAINING OF THE PATIENT AND/OR FAMILY MEMBER IN THE APPLICATION OF PROPER BODY MECHANICS AND RESTORATIVE EXERCISE ACTIVITIES, ARE CLASSIFIED AS PROCEDURES REQUIRING SKILLED NURSING AND ARE THEREFORE AVAILABLE COVERED SERVICES UNDER THE MEDICARE HOME HEALTH PROGRAM.

INCLUDED IN THE CATEGORY ARE THE FOLLOWING:

1. AMBULATION ACTIVITIES

- a. USE OF WALKER - TRIPOD AND QUAD CANE etc.
- b. CRUTCH WALKING

2. RANGE OF MOTION EXERCISES

- a. ACTIVE AND PASSIVE EXERCISES TO POST STROKE, ORTHOPEDIC, ARTHRITIC AND/OR PATIENTS WITH OTHER DEBILITATING DEGENERATIVE DISEASE PROBLEMS REQUIRING A RESTORATIVE EXERCISE PROGRAM WITHIN THE SCOPE OF NURSING.
- b. A REINFORCEMENT PROGRAM TO THE HOMEBOUND PATIENT OF EXERCISE ACTIVITIES INITIATED IN AN IN-PATIENT FACILITY.
- c. THE INITIATION OF A RESTORATIVE PROGRAM OF EXERCISE ACTIVITIES FOR THE PURPOSE OF INCREASING THE PATIENT'S TOLERANCE FOR TRANSPORT TO A REHABILITATION FACILITY. THIS IS USUALLY A COORDINATED EFFORT BETWEEN THE NURSE AND THE OUT PATIENT CENTER THERAPISTS (PHYSICAL AND OCCUPATIONAL).

3. TRANSFER ACTIVITIES

TO INCLUDE ARRANGEMENT FOR THE ACQUISITION OF EQUIPMENT e.g. OVERHEAD TRAPEZE, WHEELCHAIR, SAFETY BARS etc. WHEN REQUESTED

AND DEEMED MEDICALLY NECESSARY BY THE ATTENDING PHYSICIAN.
THIS AIDS THE NURSE AND FAMILY IN MAINTAINING A SAFER
ENVIRONMENT WITHIN THE CONFINES OF THE PATIENT'S HOME.

4. POSITIONING AND BODY ALIGNMENT.
5. INSTRUCTIONS MAY BE GIVEN IN THE USE OF A PROSTHETIC DEVICE
e.g. TO PATIENTS HAVING UNDERGONE A RECENT ABOVE OR BELOW
THE KNEE AMPUTATION OR RECENT POST-ARTHROPLASTY OF HIP.

- B. THE LENGTH OF TIME ALLOTTED FOR INSTRUCTING THE PATIENT AND/OR
FAMILY MEMBER IN THE ABOVE PROCEDURES IS DEPENDENT UPON WHETHER
THE TEACHING PROVIDED IN THE HOME CONSTITUTES A REINFORCEMENT OF
THE TEACHING PROVIDED IN AN INSTITUTIONAL SETTING OR CONSTITUTES
THE INITIAL INSTRUCTION RECEIVED BY THE PATIENT AND/OR FAMILY
MEMBER.

MINIMUM TIME - APPROXIMATELY ONE WEEK

MAXIMUM TIME - TWO WEEKS

HOWEVER, THIS DOES NOT PRECLUDE THE EXTENSION OF THE AVERAGE
NUMBER OF VISITS WHERE THE FACTS INDICATE THAT THE ABILITY OF
THE PATIENT TO COMPREHEND AND UTILIZE THE TEACHING GIVEN IN THE
IN-PATIENT FACILITY AND/OR THE HOME SETTING IS SUCH THAT ADDITIONAL
TEACHING VISITS TO THE HOME ARE REQUIRED.

III. PROCEDURES: EYE - EAR - NOSE AND THROAT

A. EYE CARE

IN GENERAL MEDICARE ALLOWS VERY LIMITED COVERAGE FOR EYE CARE, EVEN IN POST SURGICAL CASES. HOWEVER, THE PHYSICIAN MAY REQUEST INSTRUCTION FOR THE PATIENT AND/OR FAMILY MEMBER IN A PROCEDURE GENERALLY REQUIRING SKILLED NURSING e.g. DRESSING CHANGE. SUCH WOULD THEREFORE BE DETERMINED AS A SKILLED PROCEDURE AND CLASSIFIED AS AN AVAILABLE COVERED SERVICE UNDER THE MEDICARE HOME HEALTH PROGRAM.

THE FOLLOWING MAY BE INCLUDED IN THIS CATEGORY:

1. TEACHING OF IRRIGATION AND INSTILLATION PROCEDURES WHERE INFECTION OR OTHER TRAUMA IS INVOLVED (ACUTE) e.g. ULCER OR AN INFECTION WITH DRAINAGE.
 2. TEACHING OF POST - SURGICAL SUPPORTIVE WOUND CARE PROCEDURES.
- NUMBER OF VISITS: MAXIMUM COVERAGE IS LIMITED TO APPROXIMATELY ONE WEEK. DEPENDING ON INDIVIDUAL RESPONSE AND/OR CIRCUMSTANCES OF THE IMMEDIATE ENVIRONMENT, ROUTINE ADMINISTRATION OF EYE DROPS AND TOPICAL OINTMENTS ARE CONSIDERED NON-SKILLED AND ARE THEREFORE CLASSIFIED AS NON-COVERED SERVICES.

B. EAR CARE

SKILLED NURSING SERVICES INVOLVING THE EAR IS PRIMARILY LIMITED TO SPECIAL PROCEDURES THAT CANNOT ORDINARILY BE CARRIED OUT BY A NON-MEDICAL PERSON.

1. EAR IRRIGATIONS
2. INSTILLATION OF MEDICATION REQUIRING SPECIAL CARE AND TECHNIQUES.
3. WHEN FEASIBLE AND CIRCUMSTANCES PERMIT, PROCEDURES WILL BE TAUGHT TO PATIENT AND/OR FAMILY MEMBER

NUMBER OF VISITS GENERALLY COVERAGE IS LIMITED TO APPROXIMATELY ONE WEEK -ADDITIONAL VISITS ARE DEPENDENT UPON PHYSICIAN'S REASSESSMENT REQUEST FOR EXTENSION OF SERVICES.

C. NOSE AND THROAT

THE PROCEDURES LISTED BELOW HAVE BEEN DETERMINED AS REQUIRING SKILLED NURSING CARE AND ARE, THEREFORE, CLASSIFIED AS AVAILABLE COVERED SERVICES UNDER THE MEDICARE HOME HEALTH PROGRAM.

1. MUCOUS SUCTIONING

- a. ACTUAL NURSING PROCEDURE AND/OR DEMONSTRATION.
- b. INSTRUCTION OF A FAMILY MEMBER IN PROCEDURE AND MAINTENANCE OF EQUIPMENT.

NUMBER OF VISITS: COVERAGE IS LIMITED TO APPROXIMATELY ONE WEEK OR LESS, OR WHENEVER REQUIRED TRAINING IN USE OF EQUIPMENT HAS BEEN ACCOMPLISHED. VISITS ARE MAINLY ALLOTTED FOR TEACHING PURPOSES.

2. TRACHEOSTOMY CARE

- a. ALL SPECIFICALLY RELATED SKILLED NURSING PROCEDURES.
- b. INSTRUCTION OF FAMILY MEMBERS IN SUPPORTIVE SKILLS AND MAINTENANCE OF EQUIPMENT.

ASSISTANCE WITH THE ACQUISITION OF NEEDED EQUIPMENT WHEN ORDERED BY ATTENDING PHYSICIAN (THROUGH ARRANGEMENT WITH MEDICAL SUPPLY AND RENTAL).

NUMBER OF VISITS ALLOTTED ARE DEPENDENT ON OVERALL NURSING REQUIREMENTS. GENERALLY THE ABOVE CARE IS GROUPED WITH OTHER SKILLED NURSING NEEDS WHICH MAY REQUIRE INDEFINITE COVERAGE OF NURSING SERVICES AND SUPERVISION.

IN ADDITION AND UPON THE REQUEST OF THE ATTENDING PHYSICIAN, SKILLED NURSING VISITS MAY BE PROVIDED FOR OBSERVATION AND EVALUATION TO DETERMINE THE NEED FOR MODIFYING THE PLAN OF TREATMENT OR TO CONSIDER INSTITUTIONALIZATION.

IV. PROCEDURES - GASTROINTESTINAL TRACT (UPPER)

A. GAVAGE

SKILLED NURSING PROCEDURES RELATED TO GAVAGE HAVE BEEN DETERMINED AS REQUIRING THE SERVICES OF A PROFESSIONAL NURSE AND ARE THEREFORE CLASSIFIED AS AVAILABLE COVERED SERVICES UNDER THE MEDICARE HOME HEALTH PROGRAM.

INCLUDED ARE THE FOLLOWING:

1. NASO GASTRIC TUBE INSERTION -CHANGED AT INTERVALS AS PRESCRIBED BY THE ATTENDING PHYSICIAN.
2. INSTRUCTION OF FAMILY MEMBER IN SUPPORTIVE PROCEDURES.
 - a. FEEDING
 - b. OBSERVATION AND REPORTING OF RELATED PROBLEMS.

NUMBER OF VISITS FOR SERVICES TO PATIENTS IN THIS CATEGORY ARE UNLIMITED WITHIN THE ALLOTTED PLAN A AND PLAN B COVERAGE (100 VISITS UNDER EACH PLAN PER YEAR) AS LONG AS THE ATTENDING PHYSICIAN REQUESTS SERVICES AND INDICATES SUCH IS MEDICALLY NECESSARY.

B. PROCEDURES RELATED TO THE GASTROSTOMY PATIENT

INSTRUCTING THE PATIENT AND/OR FAMILY MEMBER IN PROCEDURES RELATED TO GASTROSTOMY CARE HAVE BEEN DETERMINED AS SKILLED NURSING SERVICES AND ARE THEREFORE CLASSIFIED AS AVAILABLE COVERED SERVICES UNDER THE MEDICARE HOME HEALTH PROGRAM.

SERVICES INCLUDED IN THIS AREA:

1. INSTRUCTIONS IN FEEDING
2. SKILLED OBSERVATION AND EVALUATION OF RELATED NEEDS.

TIME ALLOTTED FOR SERVICES - ONE TO THREE WEEK PERIOD.

V. PROCEDURES - GASTROINTESTINAL TRACT (LOWER)

A. SPECIFIC NURSING PROCEDURES RELATED TO PROBLEMS OF ELIMINATION INVOLVING THE BOWEL TRACT HAVE BEEN DETERMINED AS SKILLED CARE AND ARE THEREFORE, CLASSIFIED AS AVAILABLE COVERED SERVICES UNDER THE MEDICARE HOME HEALTH PROGRAM.

INCLUDED IN THIS CATEGORY ARE THE FOLLOWING:

1. CHECK AND REMOVAL OF FECAL IMPACTIONS - NO LIMITATIONS OF VISITS WITH FREQUENCY DETERMINED BY THE ATTENDING PHYSICIAN. ENEMAS MAY BE GIVEN IN CONJUNCTION WITH THE ABOVE PROCEDURE AS FREQUENCY DEMANDS AND WHEN DETERMINED AS MEDICALLY INDICATED BY THE ATTENDING PHYSICIAN.

NOTE: ENEMAS ARE NOT CONSIDERED AS A COVERED SERVICE WHEN ADMINISTERED AS THE SOLE PRESCRIBED THERAPEUTIC PROCEDURE.

2. INSTRUCTION OF FAMILY MEMBER IN SUPPORTIVE NON-SKILLED PROCEDURES e.g. BOWEL TRAINING FOR BEDFAST PATIENT - SIGNS AND SYMPTOMS OF UNTOWARD PROBLEMS - OBSERVATION AND REPORTING.

NUMBER OF VISITS FOR SERVICES TO PATIENTS IN THIS CATEGORY ARE UNLIMITED (WITHIN THE ALLOTTED PLAN A AND PLAN B COVERAGE (100 VISITS UNDER EACH PLAN PER YEAR) AS LONG AS THE ATTENDING PHYSICIAN REQUESTS SERVICES AND INDICATES THAT SUCH IS MEDICALLY NECESSARY.

- B. COLOSTOMIES: ILEOSTOMIES AND COMPARABLE PROCEDURES.

PROVIDING INSTRUCTIONS TO THE PATIENTS AND/OR FAMILY MEMBER IN THE CARE OF COLOSTOMY, ILEOSTOMY AND OTHER POST SURGICAL SITES REQUIRING SIMILAR CARE ARE CLASSIFIED AS PROCEDURES NECESSITATING

SKILLED NURSING AND ARE THEREFORE AVAILABLE COVERED SERVICES,
UNDER THE MEDICARE HOME HEALTH PROGRAM.

INCLUDED IN THIS CATEGORY ARE THE FOLLOWING:

1. IRRIGATION PROCEDURE (COLOSTOMY).
2. CARE OF THE STOMA AND SKIN.
3. APPLICATION OF PRESCRIBED APPLIANCE (INCLUDES COLOSTOMY AND ILEOSTOMY BAG).

(ASSISTANCE CAN ALSO BE GIVEN WITH THE ACQUISITION OF PRE-
SCRIBED APPLIANCES).

THE LENGTH OF TIME ALLOTTED FOR INSTRUCTING THE PATIENT AND/OR
FAMILY MEMBER IN THESE PROCEDURES IS DEPENDENT UPON WHETHER THE
TEACHING PROVIDED IN THE HOME CONSTITUTES A REINFORCEMENT OF
TEACHING PROVIDED IN AN INSTITUTIONAL SETTING OR CONSTITUTES THE
INITIAL INSTRUCTION RECEIVED BY THE PATIENT AND/OR FAMILY MEMBER.

MINIMUM TIME: AVERAGE APPROXIMATELY ONE WEEK.

MAXIMUM TIME: AVERAGE APPROXIMATELY THREE WEEKS.

HOWEVER, THIS DOES NOT PRECLUDE THE EXTENSION OF THE AVERAGE
NUMBER OF VISITS WHERE THE FACTS INDICATE THAT THE ABILITY OF THE
PATIENT TO COMPREHEND AND UTILIZE THE TEACHING GIVEN IN THE IN-
PATIENT FACILITY AND/OR THE HOME SETTING IS SUCH THAT ADDITIONAL
TEACHING VISITS TO THE HOME ARE REQUIRED.

VI. PROCEDURES: BLADDER

A. CATHETER CARE

SKILLED NURSING PROCEDURES RELATED TO PROBLEMS OF ELIMINATION INVOLVING THE BLADDER (CATHETER CARE) HAVE BEEN DETERMINED AS REQUIRING THE SERVICES OF THE LICENSED NURSE AND ARE THEREFORE CLASSIFIED AS COVERED SERVICES AVAILABLE UNDER THE MEDICARE HOME HEALTH PROGRAM.

INCLUDED ARE THE FOLLOWING:

1. ROUTINE CATHETERIZATION
2. CATHETER INSERTION - REGULAR RETENTION
3. CATHETER INSERTION - SUPRA PUBIC RETENTION
4. IRRIGATIONS
5. INSTILLATIONS
6. EMERGENCY PROCEDURES
 - a. OCCLUSION - (PRN CHANGE)
 - b. DISCONTINUANCE
 - c. INFECTION AND/OR TRAUMA
 - d. REPORT TO PHYSICIAN

B. INSTRUCTION OF FAMILY MEMBER

1. EMERGENCY PROCEDURES
2. SAFETY FACTORS
3. POSITIONING AND TRANSFER OF PATIENT WITH CATHETER
4. ROUTINE CARE FOR MAINTENANCE OF BLADDER TONE
5. CLEANSING AND MAINTENANCE OF SUPPORTIVE EQUIPMENT

LENGTH OF TIME ALLOTTED FOR SERVICES - INDEFINITELY

NUMBER OF VISITS TO PATIENTS REQUIRING THESE SERVICES ARE UNLIMITED WITHIN THE ALLOTTED PLAN A AND PLAN B COVERAGE (100 VISITS UNDER EACH PLAN PER YEAR) AS LONG AS THE ATTENDING PHYSICIAN REQUESTS SERVICES AND INDICATES THAT SUCH IS MEDICALLY NECESSARY.

BLADDER TRAINING

INSTRUCTING THE PATIENT AND/OR FAMILY MEMBER IN TECHNIQUES RELATED TO THE TEMPORARY USE OF THE RETENTION CATHETER AND OTHER PROCEDURES THAT WILL ASSIST THE PATIENT TO REGAIN CONTROL OF BLADDER FUNCTIONS ARE CLASSIFIED AS SKILLED NURSING SERVICES.

THE PROCEDURES INCLUDE:

1. DISCONTINUANCE OF THE RETENTION CATHETER BY A LICENSED NURSE.
2. INSTRUCTIONS OF THE PATIENT AND/OR FAMILY MEMBER IN SUPPORTIVE MEASURES.
3. ASSESSMENT VISITS TO EVALUATE THE EFFECTIVENESS OF BLADDER TRAINING (CHECK FOR RESIDUAL URINE). GENERALLY THESE PROCEDURES REQUIRE TWO TO THREE VISITS.

VII. INHALATION THERAPY

INSTRUCTING THE PATIENT AND/OR FAMILY MEMBER IN THE USE OF IPPB EQUIPMENT IS CLASSIFIED AS A PROCEDURE REQUIRING SKILLED NURSING AND IS THEREFORE A COVERED SERVICE WHICH IS AVAILABLE TO THE HOMEBOUND PATIENT UNDER THE MEDICARE HOME HEALTH PROGRAM.

ASSISTANCE CAN BE GIVEN IN ARRANGING FOR THE ACQUISITION OF EQUIPMENT PRESCRIBED BY THE ATTENDING PHYSICIAN.

INSTRUCTIONS ARE GIVEN IN THE PROPER ADMINISTRATION AND MAINTENANCE OF PERSONAL EQUIPMENT e.g. MASK, TUBING etc.

NUMBER OF VISITS ARE LIMITED. HOWEVER, SUCH IS DEPENDENT UPON INDIVIDUAL RESPONSE AND THE CIRCUMSTANCES OF THE IMMEDIATE ENVIRONMENT.

INSTRUCTIONS ARE USUALLY COMPLETED IN FROM THREE TO FIVE VISITS.

THIS ALLOWS FOR RETURN DEMONSTRATIONS AND A BRIEF PERIOD OF MONITORING RESPONSE TO TEACHING.

POSTURAL DRAINAGE AND PULMONARY EXERCISES:

INSTRUCTION OF THE PATIENT AND/OR FAMILY MEMBER IN THE PROCEDURES OF POSTURAL DRAINAGE AND PULMONARY EXERCISES HAVE BEEN DETERMINED AS SKILLED NURSING SERVICES AND ARE THEREFORE CLASSIFIED AS AVAILABLE COVERED SERVICES UNDER THE MEDICARE HOME HEALTH PROGRAM.

NUMBER OF VISITS: APPROXIMATELY THREE VISITS WITHIN A TWO WEEK PERIOD.

VIII. INJECTIONS

- A. SKILLED NURSING SERVICES HAVE BEEN DETERMINED AS REQUIRED FOR THE ADMINISTRATION OF INTRAMUSCULAR AND INTRAVENOUS INJECTIONS AND ARE THEREFORE AVAILABLE COVERED SERVICES UNDER THE MEDICARE HOME HEALTH PROGRAM, PROVIDING THE FOLLOWING CONDITIONS ARE MET:
1. THE MEDICATION ADMINISTERED MUST BE CONSIDERED AN EFFECTIVE TREATMENT FOR THE SPECIFIC DISEASE PROBLEM AND NECESSARY TO ACCOMPLISH THE DESIRED THERAPEUTIC RESPONSE.
 2. MEDICAL REASONS MUST EXIST FOR NECESSITATING THE INJECTABLE ROUTE OF ADMINISTRATION RATHER THAN THE ORAL ROUTE (PLEASE INDICATE REASON FOR INJECTABLE ROUTE PREFERENCE ON REFERRAL).
 3. THE PRESCRIBED TREATMENT (SERIES OF INJECTIONS) MUST NOT EXCEED THE FREQUENCY OR DURATION OF INJECTIONS INDICATED BY ACCEPTED STANDARDS OF MEDICAL PRACTICE AS AN APPROPRIATE LEVEL OF CARE FOR THE DISEASE PROBLEM OR CONDITION. THE FOLLOWING ARE EXAMPLES FALLING INTO THIS CATEGORY:
 - a. ANTIBIOTIC THERAPY NOT TO EXCEED A FOURTEEN DAY SERIES UNLESS RECERTIFIED AND DETERMINED MEDICALLY NECESSARY BY THE ATTENDING PHYSICIAN. IT SHOULD BE INDICATED IN THE EXTENSION REQUEST WHY INJECTABLE ROUTE IS PREFERRED AND ORAL ROUTE CONTRAINDICATED OR LESS DESIRABLE.
 - b. IMFERON PRESCRIBED SERIES MUST BE COMPLETED WITHIN FOURTEEN DAYS.
 - c. DIURETICS ONLY DURING ACUTE PHASES OF CONDITION WITH MANIFESTATIONS OF ACUTE EDEMA.

d. VITAMIN THERAPY VITAMIN B-12 INJECTIONS ARE CONSIDERED SPECIFIC THERAPY ONLY FOR THE FOLLOWING CONDITIONS:

- (1) MACROCYTIC ANEMIAS
- (2) MEGALOBLASTIC ANEMIAS
- (3) FISH TAPEWORM ANEMIA
- (4) PERNICIOUS ANEMIA: INITIAL THERAPEUTIC REGIMEN OF ONE INJECTION WEEKLY; SUBSEQUENT MAINTENANCE DOSAGE ONE INJECTION PER MONTH, INDEFINITELY.
- (5) GASTROINTESTINAL DISORDERS e.g. GASTRECTOMY; OTHER SURGICAL AND MECHANICAL DISORDERS; MALABSORPTION SYNDROME.
- (6) NEUROPATHIES: e.g. THOSE ASSOCIATED WITH PERNICIOUS ANEMIA, MALNUTRITION AND ALCOHOLISM; POSTERIOR LATERAL SCLEROSIS:

4. ANALGESICS: INJECTABLE MEDICATIONS MAY BE ADMINISTERED FOR ANALGESIC PURPOSES BY THE LICENSED NURSE. HOWEVER, UNDER NORMAL CIRCUMSTANCES AND DUE TO THE FREQUENCY SUCH WOULD BE REQUIRED, A FAMILY MEMBER IS GENERALLY INSTRUCTED IN THE PROCEDURE.

NUMBER OF VISITS ARE DEPENDENT ON THE AVAILABILITY OF SOMEONE FOR THE NURSE TO TEACH AND THE PATIENT'S RESPONSE TO MEDICATION e.g. MEDICATION IS NON EFFECTIVE REQUIRES CHANGE. AS A RULE OTHER NURSING NEEDS ARE GENERALLY PRESENT. TEACHING IS GENERALLY COMPLETED WITHIN A FIVE DAY PERIOD.

HOWEVER, ADDITIONAL SKILLED VISITS MAY BE PROVIDED FOR
NURSING OBSERVATION AND EVALUATION OF THE PATIENT'S OVERALL
RESPONSE TO THE CURRENT TREATMENT PLAN AND NECESSARY
MODIFICATION AS REQUESTED BY THE ATTENDING PHYSICIAN.

B. INSULIN INJECTIONS AS DESCRIBED UNDER DIABETIC TEACHING

PAGE 1.

IX. PROCEDURES RELATED TO LABORATORY SERVICES

A. SKILLED NURSING SERVICES HAVE BEEN DETERMINED AS REQUIRED FOR THE PERFORMANCE OF THOSE SKILLS INVOLVED IN THE ACQUISITION OF BLOOD SAMPLES AND ARE THEREFORE CLASSIFIED AS AVAILABLE COVERED SERVICES UNDER THE MEDICARE HOME HEALTH PROGRAM.

AT THE DISCRETION OF THE ATTENDING PHYSICIAN.

1. BLOOD SAMPLES MAY BE ACQUIRED AND BROUGHT INTO THE SAN ANTONIO METROPOLITAN HEALTH DISTRICT LABORATORY (LABORATORY SERVICES ARE NON-CHARGEABLE).

2. BLOOD SAMPLES MAY BE ACQUIRED AND FORWARDED TO A PRIVATE LABORATORY.

B. OTHER PROCEDURES RELATED TO LABORATORY SERVICES INCLUDE:

1. CATHETERIZED SPECIMEN FOR URINALYSIS.

2. INSTRUCTION IN CLEAN CATCH PROCEDURE TO ACQUIRE SPECIMEN FOR URINALYSIS (ONE VISIT).

NUMBER OF VISITS: UNLIMITED AS SUCH RELATES TO SPECIFIC DISEASE PROBLEMS AND/OR OTHER MANIFESTATIONS. GENERALLY THESE PROCEDURES ARE CARRIED OUT AS PART OF A MORE EXTENSIVE PLAN OF CARE.

HOWEVER, THESE PROCEDURES MAY ALSO BE ORDERED ON AN INDIVIDUAL BASIS BY THE ATTENDING PHYSICIAN.

X. NUTRITION

INSTRUCTING THE PATIENT AND/OR FAMILY MEMBER IN THE SPECIFICS RELATING TO SPECIAL DIETARY REQUIREMENTS IS CLASSIFIED AS A SKILLED NURSING PROCEDURE AND IS AN AVAILABLE COVERED SERVICE UNDER THE MEDICARE HOME HEALTH PROGRAM.

SPECIAL DIETS MUST BE PRESCRIBED IN DIRECT RELATIONSHIP TO THE PATIENT'S DIAGNOSIS AND/OR POST SURGICAL AND MECHANICAL DISORDERS
e.g. LOW CHOLESTEROL, LOW SODIUM - CARDIOVASCULAR DISEASE DISORDERS;
LOW RESIDUE - ABDOMINO PERINEAL RESECTION.

REVIEW OF TEACHING TECHNIQUES TO ASSURE DESIRED RESPONSE.

NUMBER OF VISITS ALLOTTED: TWO TO THREE IN A TWO WEEK PERIOD.

XI. MONITORING OF VITAL SIGNS AND NURSING ASSESSMENTS

A. SKILLED NURSING SERVICES HAVE BEEN DETERMINED AS REQUIRED FOR THE MONITORING OF VITAL SIGNS ON PATIENTS MANIFESTING SIGNIFICANT PROBLEMS FROM CARDIO-VASCULAR DISEASE DISORDERS. THEREFORE, THE SERVICES OF THE PROFESSIONAL NURSE ARE CLASSIFIED AS COVERED IN THE FOLLOWING SITUATIONS:

1. MONITORING OF UNSTABILIZED BLOOD PRESSURE IN RESPONSE TO CURRENT MEDICATION REGIMEN AND/OR CHANGE IN MEDICATION.
2. SKILLED OBSERVATION OF ANY CONDITION CHARACTERIZED BY SIGNIFICANT FLUCTUATIONS IN VITAL SIGNS AND/OR PROBLEMS OF MARKED EDEMA.
3. NURSING ASSESSMENTS UPON THE PHYSICIAN'S REQUEST TO EVALUATE THE OVERALL NEED FOR THE MODIFICATION OF THE TREATMENT PLAN, WHEN IT IS FELT THAT SIGNIFICANT CHANGES HAVE OCCURRED IN THE PATIENT'S CONDITION.

B. A FAMILY MEMBER MAY BE INSTRUCTED IN SUPPORTIVE MEASURES.

NUMBER OF VISITS: NINE SKILLED NURSING VISITS IN A THREE WEEK PERIOD THIS IS DEPENDENT UPON THE PATIENT'S RESPONSE TO THE PLAN OF TREATMENT - STABILIZATION OF PATIENT'S CONDITION.

XII. WOUND CARE

A. SKILLED NURSING SERVICES HAVE BEEN DETERMINED AS REQUIRED FOR THE PERFORMANCE OF PROCEDURES RELATED TO THE SKILLED OBSERVATIONS AND ASEPTIC TECHNIQUES INVOLVED IN WOUND CARE. SUCH PROCEDURES ARE THEREFORE CLASSIFIED AS AVAILABLE COVERED SERVICES UNDER THE MEDICARE HOME HEALTH PROGRAM.

INCLUDED IN THIS CATEGORY ARE THE FOLLOWING:

1. DRESSING CHANGES - POST SURGICAL - REQUIRING ASEPTIC TECHNIQUES.
2. DRESSING CHANGES - POST TRAUMA REQUIRING ASEPTIC TECHNIQUES.
3. APPLICATION OF PRESCRIPTION MEDICATION AS PART OF DRESSING PROCEDURE.
4. SKILLED OBSERVATION AND NURSING EVALUATION OF SIGNS AND SYMPTOMS INDICATIVE OF ANY UNTOWARD PROBLEMS AND/OR COMPLI-CATIONS (e.g. INFECTIONS, HEMORRHAGE) WHICH WOULD REQUIRE THE MODIFICATION OF THE PLAN OF TREATMENT.
5. REPORTS MADE TO PHYSICIAN FOR TREATMENT PLAN MODIFICATION.
6. MEDICAL SUPPLIES REQUIRED TO CARRY OUT PROCEDURE e.g. DRESSINGS, BANDAGES AND TAPE ARE MADE AVAILABLE TO THE PATIENT (ALL MEDICATIONS ARE EXCLUDED FROM COVERAGE).

B. A FAMILY MEMBER MAY BE INSTRUCTED IN SUPPORTIVE PROCEDURES e.g. REINFORCEMENT OF DRESSING; OBSERVATION AND REPORTING OF UNTOWARD PROBLEMS.

NUMBER OF VISITS: TEN SKILLED NURSING VISITS IN A TWO WEEK PERIOD. VISITS MAY BE EXTENDED IF SPECIAL CIRCUMSTANCES EXIST AND THE ATTENDING PHYSICIAN INDICATES THERE IS A MEDICAL NECESSITY.

XIII. ASSISTANCE WITH PERSONAL CARE AND ACTIVITIES OF DAILY LIVING

A. THE SERVICES OF THE HOME HEALTH AIDE (AS PROVIDED BY THE HOME HEALTH AGENCY) ARE CLASSIFIED AS NON-SKILLED, SUPPORTIVE AND CUSTODIAL IN NATURE, AND MUST THEREFORE BE RENDERED IN CONJUNCTION WITH THE PROVISION OF INTERMITTENT SKILLED SERVICES. THE SERVICES OF THE HOME HEALTH AIDE MUST BE PROVIDED UNDER THE SUPERVISION OF THE PROFESSIONAL NURSE. THEREFORE, WHERE THE PLAN OF TREATMENT INCLUDES THE SERVICES OF THE HOME HEALTH AIDE AND THE PROFESSIONAL NURSE, THE SERVICES ARE CLASSIFIED AS AVAILABLE AND COVERED UNDER THE MEDICARE HOME HEALTH PROGRAM.

INCLUDED IN THIS CATEGORY ARE THE FOLLOWING:

1. BATHS
2. ORAL HYGIENE
3. SHAMPOOS
4. TRANSFER AND EXERCISE ACTIVITIES
5. ASSISTANCE WITH SELF HELP SKILLS
6. ASSISTANCE WITH SELF-ADMINISTERED MEDICATIONS
7. SERVICES INDICATED TO PREVENT AND POSTPONE INSTITUTIONALIZATION
 - a. MAINTENANCE OF A SAFE ENVIRONMENT
 - b. BED-LINEN CHANGE
 - c. LIGHT HOUSEKEEPING (IN THE IMMEDIATE ENVIRONMENT)
 - d. LIGHT LAUNDRY NEEDS (ESSENTIAL FOR THE COMFORT OF THE PATIENT)
 - e. FOOD PREPARATION (LIGHT)
 - f. GROCERY SHOPPING (LIGHT)

B. THE PRIMARY FUNCTION OF THE HOME HEALTH AIDE IS THE PERSONAL CARE OF THE PATIENT. THEREFORE, THESE HOUSEHOLD DUTIES ARE CONSIDERED INCIDENTALS AND MUST NOT BE SUCH AS TO SUBSTANTIALLY INCREASE THE TIME SPENT IN THE HOME BY THE AIDE.

NUMBER OF VISITS: BY THE HOME HEALTH AIDE ARE GENERALLY LIMITED TO TWO TO THREE TIMES A WEEK-DEPENDENT UPON THE CONTINUED MEDICAL NECESSITY FOR SKILLED SERVICES AS WELL AS THE ALLOTTED NUMBER OF VISITS UNDER THE CURRENT PLAN OF COVERAGE.

XIV. MEDICAL SUPPLIES

A. THOSE MEDICAL SUPPLIES CONSIDERED AS ESSENTIAL FOR EFFECTIVELY CARRYING OUT THE PRESCRIBED REGIMEN OF CARE ARE PROVIDED AS PART OF THE TOTAL SERVICES OFFERED TO THE HOMEBOUND PATIENT UNDER THE MEDICARE HOME HEALTH PROGRAM.

THE FOLLOWING LIST PROVIDES EXAMPLES OF SUPPLIES FURNISHED:

1. CATHETERS
2. CATHETER UNITS
3. IRRIGATION SOLUTIONS
4. INSULIN SYRINGES
5. REGULAR SYRINGES
6. NEEDLES
7. ALCOHOL - BETADINE
8. NASO-GASTRIC TUBES
9. ENEMA UNITS
10. GLOVES STERILE AND UNSTERILE
11. COLOPLAST BAGS
12. SURGICAL DRESSINGS - SURGI-PADS AND 4x4 GAUZE DRESSINGS
13. KERLIX GAUZE BANDAGES
14. TAPE
15. UNDERPADS

B. LIMITED AMOUNTS OF MEDICAL SUPPLIES MAY BE LEFT IN THE PATIENT'S HOME TO BE USED BY THE PATIENT AND/OR FAMILY MEMBER BETWEEN NURSING VISITS.

GLOSSARY OF TERMS

ATTENDING PHYSICIAN

The physician who establishes the plan of treatment, and who will certify (and recertify) the medical necessity of the Home Health visits.

BENEFICIARY

Individuals 65 and over, entitled to Social Security benefits; 65 and over, on other retirement groups e.g. Railroad workers; disabled workers under 65; chronic renal disease patients under 65; 65 and over paying monthly premiums under Part A and Part B.

BENEFICIARY - UNDER DISABILITY

Individuals under age 65 who are entitled to Health Insurance benefits, are eligible for Home Health services under both the hospital and supplementary medical insurance programs with services rendered accordingly.

CERTIFICATION

The physician's signed statement usually included as part of the Home Health referral form indicating that the patient referred is under his care; homebound for health reasons; in need of intermittent skilled nursing visits, for which he has established a plan of treatment.

COVERED SERVICES

Services provided that meet with the specified guidelines for reimbursement purposes under the Medicare program.

ELIGIBLE RECIPIENT

Individuals entitled to Health Insurance benefits under the hospital insurance; supplementary medical insurance; disability or chronic renal disease coverage.

FAMILY MEMBER

Relative or substitute (any interested individual) who is able and willing to participate in patient's care.

HOMEBOUND

A beneficiary who has a condition due to an illness or injury which restricts his ability to leave his place of residence except with the aid of a supportive device such as crutches, canes, wheelchairs, and walkers, the use of special

transportation, or the assistance of another person or if he has a condition which is such that leaving the home is medically contraindicated.

HOME HEALTH AIDE

An individual whose primary function is to render personal care services with such being given under the supervision of a registered professional nurse.

INTERMITTENT SERVICES

Skilled and/or non-skilled services furnished on a part-time basis. The nurse and/or aide is in the home only for the time required to carry out the procedures ordered by the physician e.g. one to three hours a day several times a week.

NOTE: Under unusual circumstances more time may be provided for a limited period.

MEDICAL EQUIPMENT - DURABLE MEDICAL APPLIANCES

Items of medical equipment rented or purchased by medicare on behalf of the patient when such is needed to facilitate the treatment and rehabilitation of the patient. This equipment must be categorized as being primarily used for medical purposes and is not generally useful in the absence of illness or injury. Such items include but are not limited to hospital beds, trapeze bars, wheelchairs, crutches and IPPB machines.

LICENSED NURSE

Individual holding a valid license to practice nursing in the state of Texas. Registered professional nurse, licensed practical nurse or licensed vocational nurse.

MEDICALLY INDICATED

Services determined as reasonable and necessary for the treatment of the individual's illness or injury. Services furnished must be consistent with the nature and severity of the patient's particular medical needs and accepted standard of medical practice.

MEDICAL PLAN DEDUCTIBLE

A \$60.00 annual deductible must first be met prior to Medicare making payment under Part B. Such may be incurred through medical costs other than Home Health services.

NON-SKILLED SERVICES

Services which could be performed by the average non-medical person, the fact that a competent person is not available in the home to perform the service would not convert the service to a skilled level of care.

PLACE OF RESIDENCE

A patient's place of residence is wherever the patient makes his home. This may be his own dwelling, and apartment, a relative's home, a home for the aged, or other type of custodial institution that does not provide therapeutic and/or other skilled services.

PLAN OF TREATMENT

A procedure whereby the physician who is responsible for the care of the patient, establishes a specified plan of care spelling out those services to be provided by the Home Health Agency. The total plan is reviewed by the attending physician, in consultation with agency professional personnel at such intervals as the severity of the patient's illness requires, but in any instance, at least once every sixty days.

PART A (PLAN A)

Hospital Insurance

PART B (PLAN B)

Supplementary Medical Insurance

SKILLED NURSING SERVICE

Services provided by or under the direct supervision of a registered professional nurse. The licensed practical or vocational nurse may provide those skilled services as deemed appropriate by the professional nurse.

REASONABLE AND NECESSARY

The provision of skilled nursing services when such has been determined as medically reasonable and necessary for the treatment of the individual's illness or injury.

BIBLIOGRAPHY OF SUGGESTED REFERENCES

ABC'S of Medicare Dallas: Group Hospital Services Inc.

Davis, Karen. National Health Insurance: Benefits Costs and Consequences.
Washington: The Brookings Institution, 1975.

Federal Health Insurance for the Aged, Conditions of Participation Home Health Agencies. U. S. Department of Health Education and Welfare: Social Security Administration, 1968.

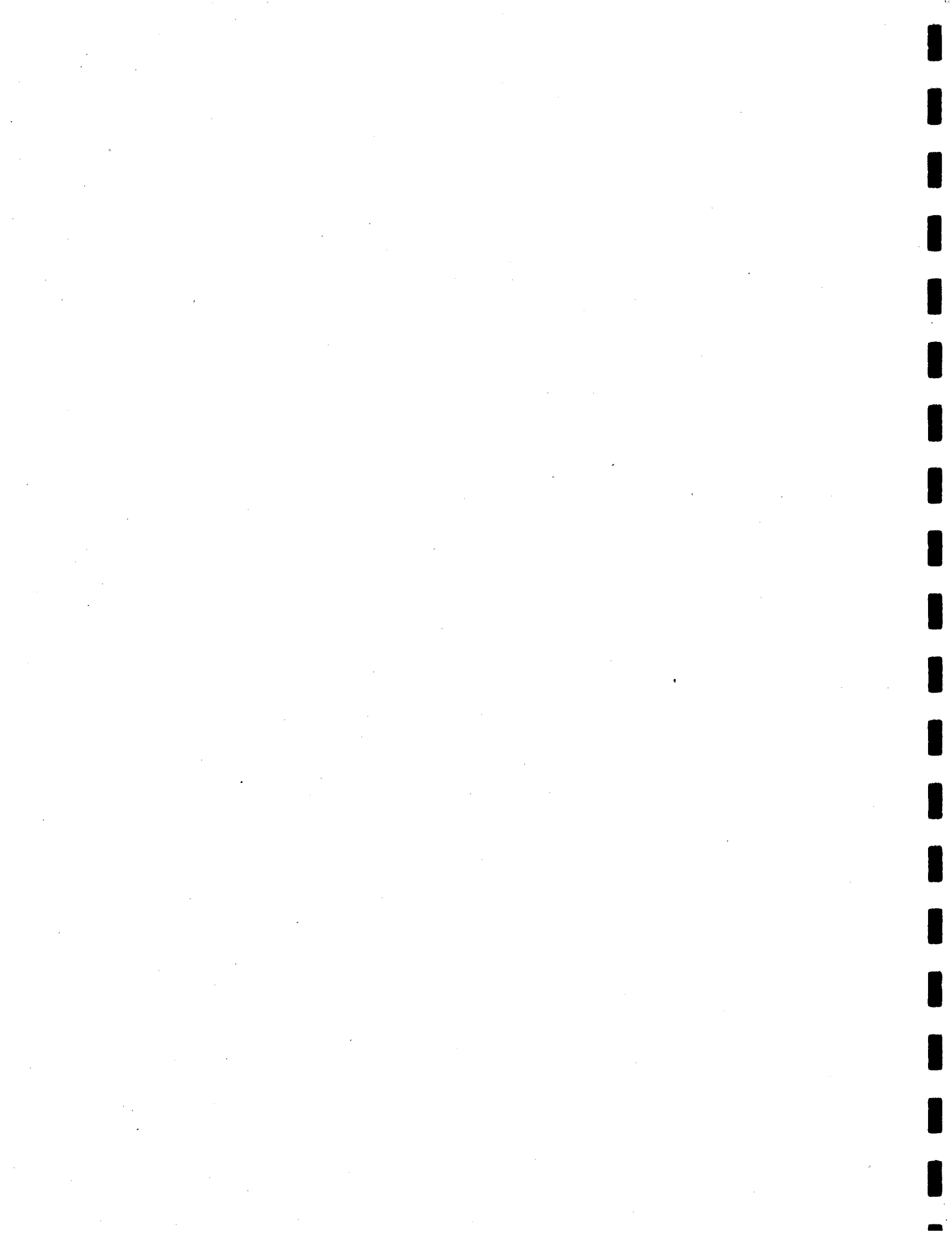
Home Health Agency Manual. U. S. Department of Health, Education, and Welfare: Social Security Administration, 1966 - 75.

Meyers, Robert J. Medicare: Bryn Maur: Mc Cahan Foundation, 1970.

Your Medicare Handbook. U. S. Department of Health, Education, and Welfare: Social Security Administration, 1976.

Comptroller General of United States. Report to the Congress, Home Health Care Benefits under Medicare and Medicaid. (Department of Health, Education, and Welfare, (1974).

U. S. Congress, House. National Health Planning and Resources Development Act of 1974 (H.R. Report No. 93-1640, 93rd. Congress, 2d. Session., (1974).



ST. MARY'S UNIVERSITY LIBRARY