

SKILLED NURSING SERVICES

Issue Date: September 27, 1995

Authority: [32 CFR 199.2](#) and [32 CFR 199.4\(c\)](#)

I. ISSUE

How are claims to be reimbursed for skilled nursing services provided in the home?

II. DEFINITION

A skilled nursing service (**CPT codes 99341 - 99350**) is a service that can only be furnished by a registered nurse (RN), licensed practical nurse (LPN), or licensed vocational nurse (LVN), and is required to be performed under the supervision of a physician to ensure the safety of the patient and achieve the medically desired result. Skilled nursing services are other than those that could be performed by a layman adult with minimum instruction or supervision. (For example, the pre-filling of insulin syringes can be safely done by a nonmedical person without direct nursing supervision. Therefore, teaching how to pre-fill the syringe would be skilled, but pre-filling the syringes on an ongoing basis would not be skilled.) A service is not considered a skilled nursing service merely because it is performed by or under the direct supervision of a licensed nurse.

III. POLICY

A. The skilled nursing service must be medically necessary and appropriate to the diagnosis and treatment of the beneficiary's illness or injury within the context of the beneficiary's unique medical condition. To be considered medically necessary and appropriate for the diagnosis or treatment of the beneficiary's illness or injury, the services must be consistent with the nature and severity of the illness or injury, his or her particular medical needs, and accepted standards of medical and nursing practice. A beneficiary's overall medical condition is a valid factor in deciding whether skilled services are needed. A beneficiary's diagnosis should never be the sole factor in deciding that a service the beneficiary needs is either skilled or not skilled.

B. Skilled nursing services may be cost-shared provided all of the following conditions are met:

1. The services are ordered by and included in the plan of treatment established by the physician; and

2. The services are required on an intermittent or part-time basis; or are received under case management in those areas where case management is available, if for more than four hours per day; and

3. The services must require the skills of an RN, or the services of an LPN or LVN, under the supervision of a registered nurse or a physician; and

4. The services are medically necessary and appropriate to the treatment of an illness or injury.

NOTE: For clarification of the **32 CFR 199.4(c)(3)(xii)(A)** "...In addition, under specified circumstances, private duty (special) nursing in the home setting also is covered." "Under special circumstances" means under special programs; i.e., case management, managed care, or Program For Persons with Disabilities.

C. Skilled nursing services are limited to those services that are otherwise covered and will be payable only for that time actually required to perform medically necessary skilled nursing services, unless it is shift nursing under case management.

D. Only one initial visit (CPT Code 99341 - new patient) per episode of care is payable and that is when the patient is first entered into basic home health care or case management home health care.

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