

## SKILLED NURSING SERVICES

ISSUE DATE: September 27, 1995

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

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### I. APPLICABILITY

This policy is mandatory for reimbursement of services provided by either network or non-network providers. However, alternative network reimbursement methodologies are permitted when approved by TMA and specifically included in the network provider agreements.

### II. ISSUE

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

### III. DEFINITION

A skilled nursing service (CPT<sup>1</sup> procedure 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.

### IV. POLICY

A. The skilled nursing services are covered. 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.

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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;

2. 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;

3. The services must be rendered by a nurse who is neither a member of the immediate family nor is a member of the beneficiary's household; and

4. Detailed daily nursing notes must be maintained for all skilled nursing services.

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<sup>2</sup> procedure code 99341 - 99345 for a 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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