

Home Health ICD-9/ICD-10 Alert

READER QUESTIONS: Skilled Nursing Care Must Be Intermittent

Question: I have a question about "Does Nursing Nix V57.X?" which ran in your November 2008 issue. In the scenario you discussed, nursing was just a one-time visit and therapy was the primary focus. You said "First you have to understand that a one-time visit is not considered skilled nursing care because skilled nursing must be intermittent. In this case, because the nursing visit is not billable, the case is still therapy only so V57.x would be appropriate as primary."

There is no question about V57.x as primary, however, from an OASIS guideline/standpoint, an RN (SN) can open a case and be followed by therapist only for the sole purpose of evaluating patient that includes assessment of homebound status, medical necessity, and explanation of four components of patient's rights, consent, etc., according to the conditions or participation. If the case has been opened by an RN, and the SOC OASIS was done by a SN, and the billable visit posts when you RAP, it would be the SN's visit, correct?

Montana Subscriber

Answer: The nursing visit in this case is non-billable; therefore, this visit cannot be the SOC date. A visit made by an RN solely for the purpose of establishing eligibility for care (homebound, medically necessary care, etc.) is not considered skilled care.

Even if the RN provides teaching at the visit, it still will not be considered skilled care because the medically necessary care must be intermittent for the RN's visit to be considered billable. Any information collected for the comprehensive assessment prior to the SOC date (the therapist's date) is void and must be completed once the SOC has been established by a billable visit.