

Nurse Practitioner Peer-to-Peer Talking Points

Presumption of Coverage

The patient has a qualifying hospital stay and groups into one of the following categories

Special Care Low

- Cerebral palsy, MS,
or Parkinson's Disease with ADL ≥ 5 ☐
- Respiratory failure with oxygen while a resident..... ☐
- Tube feeding meets requirements..... ☐
- Fluid _____
- Calorie % _____
- 2 or more Stage 2 pressure ulcers with 2 TX..... ☐
- Stage 3 pressure ulcer..... ☐
- Stage 4 pressure ulcer..... ☐
- Unstageable slough or eschar..... ☐
- 2 or more venous or arterial ulcers with 2 TX..... ☐
- 1 stage 2 and 1 venous or arterial ulcers with 2 TX..... ☐
- Infection of the foot..... ☐
- Diabetic foot ulcer..... ☐
- Other open lesion of the foot with dressing..... ☐
- Radiation while a resident..... ☐
- Dialysis while a resident..... ☐

Special Care High

- Comatose with ADL self-performance of 4 or 8..... ☐
- Septicemia..... ☐
- DM with insulin injections x7 days, 2 days of insulin
order changes..... ☐
- Quadriplegia with ADL score ≥ 5 ☐
- COPD with SOB lying flat..... ☐
- Feaver with..... ☐
- pneumonia
- vomiting
- weight loss
- feeding tube with requirements
- Tube feeding..... ☐
- Fluid _____
- Calorie % _____
- Parenteral or IV feeding..... ☐
- Respiratory therapy..... ☐
- Number of Days _____

Clinically Complex

- Pneumonia..... ☐
- Hemiplegia/hemiparesis with ADL ≥ 5 ☐
- Surgical wound with TX..... ☐
- Open lesion (not ulcer)..... ☐
- Burn (2nd or 3rd degree)..... ☐
- Chemo while a resident..... ☐
- Oxygen while a resident..... ☐
- IV meds while a resident..... ☐
- Transfusion while a resident..... ☐

Extensive Services

- Trach while a resident..... ☐
- Isolation while a resident..... ☐
- Ventilator while a resident..... ☐

Skilled Services as Defined in Chapter 8 of the Medicare Benefits Manual

Observation and Assessment

TPR/BP/Pulse ox _____	
Lung/heart sounds.....	☐
Irregularities.....	☐
Symptomatic.....	☐
Supplemental oxygen.....	☐
New Medication.....	☐
Side effects.....	☐
Therapeutic.....	☐
Cough.....	☐
Productive.....	☐
Sputum color/viscosity.....	☐
Controlled.....	☐
Non-pharm interventions.....	☐
Skin integrity.....	☐
Incision.....	☐
PU.....	☐
Ordered Tx.....	☐
Dialysis access.....	☐
Bruit/thrill.....	☐
Central line.....	☐
Fistula.....	☐
Diabetes.....	☐
Controlled.....	☐
Insulin changes.....	☐
SS.....	☐
Enteral/parenteral nutrition.....	☐
% of calories _____	
Lab Work.....	☐
Abnormal results.....	☐
Intervention.....	☐
New ostomy or urinary catheter.....	☐
Stoma care/condition.....	☐
Working properly.....	☐

Teaching and Training

New ostomy.....	☐
New diabetic.....	☐
Insulin dependent.....	☐
Non-insulin dependent.....	☐
New anticoagulant.....	☐
Wound care.....	☐
Diet change.....	☐
Consistency.....	☐
Therapeutic.....	☐
Hip precautions/transfer techniques.....	☐
Caregiver/responsible party training.....	☐

Other

Skilled Therapy Services

Physical Therapy

Speech Therapy

Occupational Therapy

Respiratory Therapy

Skilled Nursing Services

Tube feeding

- ☐ 26-50% of calories and >501 ml/tube/day
- ☐ 51% or more calories per tube

Daily dressing change for

- ☐ Surgical incision
- ☐ PU stage 3/4
- ☐ Multiple stage 2 PU, arterial, venous, or diabetic ulcers

IV Medications/feedings/fluids delivered

- ☐ Care to IV line/site
- ☐ Dressing change
- ☐ Restart

Respiratory treatment

- ☐ Aerosols
- ☐ IS
- ☐ OPEP
- ☐ Percussion vest
- ☐ Cough/deep breathe

Tracheostomy care

- ☐ Suctioning
- ☐ Clean cannula
- ☐ Change ties/strap

Other

Medical Social Services

Additional social/emotional support required

- ☐ Related to current illness
- ☐ Need for care
- ☐ Response to treatment
- ☐ Adjustment to care in the facility

Assessment of the relationship of medical/nursing requirements related to

- ☐ Home situation
- ☐ Financial resources
- ☐ Community resources
- ☐ Making decisions regarding discharge

Assessment and planning of needed related to

- ☐ Transportation within the community
- ☐ Literacy issues reading medication/care instructions as identified during interview

Other

CMS Ruling on Medicare Advantage Plans

Prior Authorizations

- MA plans must follow traditional Medicare criteria
- Can only be used to confirm medical/clinical criteria are satisfied
- Cannot be used to steer patients to lower cost pose acute settings (HHC vs. SNF)
- When Medicare covers SNF care, MA cannot deny it
- Medical necessity determination and LOS are based off Medicare criteria
- MA plans must respond to requests for coverage within 14 days
- Expedited requests must be answered within 72 hours
- Must be reviewed by the appropriate medical professional

Peer-to-Peer Outcome

Denial Overturned..... ☐

Denial Upheld..... ☐

Reason Denial was Upheld

Next Steps

Provider

Please return this completed form to the Case Manager

Case Manager

Please scan/send a copy of this form to:

- MDS
- DOR
- Administrator
- Case manager
- Regional MDS nurse
- Regional director of rehabilitation
- Regional MDS coordinator