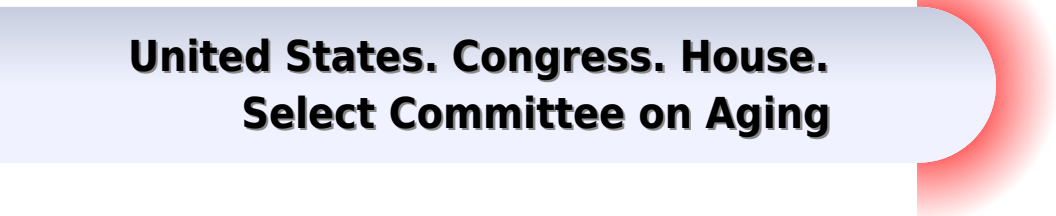


Medicare Coverage Quick Reference

Common Skilled Services	Not Skilled Services – unless rendered under circumstances detailed in §30.2
Intravenous or intramuscular injections and intravenous feeding	Administration of routine oral medications, eye drops, and ointments
Enteral feeding that comprises at least 26% of daily calorie requirements and provides at least 501 milliliters of fluid per day	Routine services to maintain satisfactory functioning of indwelling bladder catheters
Naso-pharyngeal and tracheotomy aspiration	General maintenance care of colostomy and ileostomy
Insertion, sterile irrigation, and replacement of suprapubic catheters	Changes of dressings for uninfected post-op or chronic conditions
*Application of dressings involving prescription medications and aseptic techniques §30.5	Routine administration of medical gases after a regimen of therapy has been established
*Treatment of decubitus ulcers, of a severity rated at Stage 3 or worse, or a widespread skin disorder §30.5	Prophylactic and palliative skin care, including bathing and application of creams, or treatment of minor skin problems
*Heat treatments which have been specifically ordered by a physician as part of active treatment and which require observation by skilled nursing personnel to evaluate the patient's progress adequately §30.5	General maintenance care in connection with a plaster cast (skilled supervision or observation may be required where the patient has a preexisting skin or circulatory condition or requires adjustment of traction)
Rehabilitation nursing procedures, including the related teaching and adaptive aspects of nursing, that are part of active treatment and require the presence of skilled nursing personnel	General supervision of exercises, which have been taught to the patient and the performance of repetitive exercises that do not require skilled rehabilitation personnel for their performance
Initial phases of a regimen involving administration of medical gases such as bronchodilator therapy	Routine care of the incontinent patient, including use of diapers and protective sheets
Care of a colostomy during the early post-operative period in the presence of associated complications	Use of heat as a palliative and comfort measure, such as whirlpool or steam pack
Teaching Patients	Assistance in dressing, eating, and going to the toilet
- Self-administration of injectable medications or a complex range of medications - A newly diagnosed diabetic to administer insulin injections, to prepare and follow a diabetic diet, and to observe foot-care precautions - Self-administration of medical gases to a patient - How to care for a recent colostomy or ileostomy - Gait training and teaching of prosthesis care for a patient who has had a recent leg amputation - How to perform self-catheterization and self-administration of gastrostomy feedings - How to care for and maintain central venous lines, such as Hickman Catheters - The use and care of braces, splints and orthotics, and any associated skin care - The proper care of any specialized dressings or skin treatments	Routine care in connection with braces and similar devices
	Periodic turning and positioning in bed
	Questionable Services
	There must be specific evidence that daily skilled nursing or skilled rehabilitation services are required and received if: - The patient is capable of independent ambulation, dressing, feeding, and hygiene, or - The primary service needed is oral medication

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**United States. Congress. House.
Select Committee on Aging**



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Clinical Guide to Transcranial Magnetic Stimulation Paul E. Holtzheimer, William McDonald, 2014-02-21 The Clinical Guide serves as a reference tool for clinicians in the administration of transcranial magnetic stimulation TMS for neuropsychiatric disorders The primary intent of this Guide is to focus on the clinical applications of TMS and to offer detailed information on the safe and effective administration of TMS with consideration of the neurophysiological effects particularly in relation to safety targeting specific cortical areas and practical issues such as the length of treatment sessions and the durability of the TMS response The Guide focuses on the evidenced based literature and utilizes this literature to inform specific recommendations on the use of rTMS in a clinical setting The efficacy and safety of TMS for neuropsychiatric disorders including its use in special populations such as the elderly will be reviewed to facilitate clinical decision making The Guide will also outline setting up a TMS service including practical issues such as considerations for the qualifications of the person administering the treatment the use of concomitant medications what equipment is necessary to have in the treatment room and monitoring the outcomes to treatment The Guide is intended to be a practical reference for the practicing clinician in the safe and effective administration of TMS

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