

# SKILLED NURSING HOME DOCUMENTATION GUIDELINES (FOR PART B COVERAGE)

## OSTOMY CARE SUPPLIES

**Face Sheet** including, SS#, Medicare or Managed Medicare ID#, DOB, MD, Responsible Party

**Signed Order** for ostomy supplies

**Diagnosis Sheet** including reason for ostomy (cancer, blockage, diverticulitis, etc.)

**List of Supplies** including wafer#, pouch#, skin prep, adhesive remover, wipes. Stoma paste or powder?

## ENTERAL NUTRITION

**Face Sheet** including, SS#, Medicare or Managed Medicare ID#, DOB, MD, Responsible Party

**Signed Doctors Order** for enteral nutrition - note the method of administration & the rate

H & P

**Diagnosis Sheet**

**Dietary Records**

**Signed Progress Notes**

**Speech Therapy Report**

**Labs** (GLYCO HGB, Fasting Glucose, Albumin, etc.)

**Infections ?**

**Patient's Height and Weight**

**More than Pleasure Needs?**

**If feeding pump is utilized, Diagnosis justification**

## UROLOGICAL SUPPLIES

**Face Sheet** including, SS#, Medicare or Managed Medicare ID#, DOB, MD, Responsible Party

**Signed Order** for urological supplies

**Diagnosis Sheet**

**If Order is for a Foley Cath** - note the size of the catheter and balloon (ex. 20FR, 10CC, 18 FR, 30 CC)

**Is silicone needed?**

**If Order is for a Straight Cath** - the size must be noted. Documentation to support frequency must be sent. Urine cultures and antibiotic therapy records must be provided for sterile kits to be used each time. *(There must have been treatment for UTI twice in the past twelve months.)*

## WOUND CARE SUPPLIES

**Face Sheet** including, SS#, Medicare or Managed Medicare ID#, DOB, MD, Diagnosis, Responsible Party

**Signed Order** for wound care supplies

**Diagnosis Sheet**

**Wound Accessment Sheet** Wound type, location, frequency of change, documentation of size including length, width, and depth, Stage of Pressure Ulcer, Drainage, any current Debridement, and Orders for Treatment.

*Measurements must be provided monthly, or with a treatment change or weekly if "high" drainage.*



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**Corporate Headquarters  
Showroom/Pharmacy**  
301 Corbet Street  
Tarentum, PA 15084  
**800-472-2440 ext. 1511**  
724-224-9450 (fax)

**Erie, PA  
Showroom**  
308 East Sixth Street  
Erie, PA 16507  
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