Intermittent Care

1. Does the beneficiary receive Medicare covered physical therapy, speech therapy, or continued occupational therapy?

   ✔ Yes . . . Intermittent qualifying criteria is met. Refer to the “Part-time” Definition for Skilled Nursing and Home Health Aide Web page at https://www.cgsmedicare.com/hhh/coverage/HH_Coverage_Guidelines/4C.html.

   ❌ No . . . Go to question 2.

2. Does the beneficiary receive a Medicare covered skilled nurse visit at least once every 60-90 days?

   ✔ Yes . . . Go to question 3.

   ❌ No . . . Beneficiary does not qualify for the home health Medicare benefit.

3. Does the beneficiary receive Medicare covered skilled nurse visits 7 days per week?

   ✔ Yes . . . Go to question 4.

   ❌ No . . . The intermittent qualifying criteria is met. Refer to the “Part-time” Definition for Skilled Nursing and Home Health Aide web page at https://www.cgsmedicare.com/hhh/coverage/HH_Coverage_Guidelines/4C.html.

4. Is there a documented statement of predictable and finite endpoint to daily skilled nurse visits?

   ✔ Yes . . . Intermittent qualifying criteria is met.

   ❌ No . . . Beneficiary does not qualify for the Medicare benefit.

The one exception to the intermittent requirement is coverage of skilled nurse visits to administer insulin. Documentation in the medical record must show that the beneficiary is physically and/or mentally unable to self-inject and there is no willing and/or able caregiver to administer the insulin.

Limitation of liability applies to services denied because the care provided did not meet the intermittent criteria.