MEDICARE CLINICAL ELIGIBLITY WORKSHEET

❑ NEW ADMISSION ❑ READMISSION ❑ HOSPITAL RETURN

NAME _____ ROOM _____ MR No. _____ DATE OF ADM. _____

FACILITY FROM _____ DATES OF STAY _____ DX CODE _____

PHYSICIAN ORDER FOR ONE OR MORE THERAPIES:

❑ PT ❑ OT ❑ ST ONE DISCIPLINE OR A COMBINATION OF (MINIMUM TOTAL 5X / WEEK AND 150 MINUTES / WEEK)

❑ PT ❑ OT ❑ ST ONE DISCIPLINE OR A COMBINATION OF (MINIMUM TOTAL 3X / WEEK AND 45 MINUTES / WEEK) PLUS 2 TYPES OF NURSING REHABILATION☞ AT LEAST 6 DAYS / WK

☞ NURSING REHABILITATION	SCHEDULED TOILETING PROGRAM/BLADDER RETRAINING PROGRAM, PASSIVE/ACTIVE RANGE OF MOTION, SPLINT/BRACE ASSISTANCE, BED MOBILITY/WALKING, TRANSFER TRAINING, DRESSING/GROOMING, EATING/SWALLOWING, AMPUTATION/PROSTHESIS CARE, COMMUNICATION TRAINING

If any checked, stop here. Case mix category ➡ **REHABILITATION**

LAST 14 DAYS:

❑ SUCTIONING

❑ TRACHEOSTOMY CARE

LAST 14 DAYS:

❑ VENTILATOR / RESPIRATOR TREATMENT

❑ IV MEDICATIONS

LAST 7 DAYS:

❑ PARENTERAL FEEDING

If any checked, stop here. Case mix category ➡ **EXTENSIVE CARE**

LAST 14 DAYS:

❑ RADIATION TREATMENTS

LAST 7 DAYS:

❑ RESPIRATORY THERAPY DAILY OR SINCE ADMISSION IF LESS THAN 7 DAYS IN THE FACILITY

CURRENT:

❑ QUADRIPLEGIA ADL SUM 10+

❑ MULTIPLE SCLEROSIS AND ADL SUM 10+

❑ CEREBRAL PALSY AND ADL SUM 10+

❑ ONE STAGE 3 OR 4 PRESSURE ULCER OR TWO ULCERS (any type) ACROSS ALL STAGES

CURRENT:

❑ FEVER WITH DEHYDRATION, PNEUMONIA, OR VOMITING, OR WEIGHT LOSS OR TUBE FEEDING

❑ A FEEDING TUBE AND APHASIA

❑ SURGICAL WOUND OR OPEN LESIONS WITH ONE OF THE FOLLOWING: *wound care or skin care treatments, or foot dressings or special applications, ointments or medications*

If any checked, stop here. Case mix category ➡ **SPECIAL CARE**

LAST 14 DAYS:

❑ TRANSFUSIONS

❑ DIALYSIS

❑ OXYGEN THERAPY

❑ CHEMOTHERAPY

CURRENT:

❑ COMA

❑ DEHYDRATION

❑ PNEUMONIA

❑ INTERNAL BLEEDING

❑ SEPTICEMIA

CURRENT:

❑ BURNS

❑ EXPLICIT TERMINAL PROGNOSIS

❑ HEMIPLEGIA AND ADL SUM 10+

❑ DIABETES WITH DAILY INJECTIONS

❑ TUBE FEEDING

LAST 7 DAYS:

❑ IN THE FIRST WEEK THE RESIDENT WILL BE MEDICALLY UNSTABLE ENOUGH TO REQUIRE MD EXAMS AND/OR ORDER CHANGES AT LEAST 2 DAYS

If any checked, stop here. Case mix category ➡ **CLINICALLY COMPLEX**

MEDICARE CLINICAL ELIGIBILITY WORKSHEET

❑ **NOT MEDICARE ELIGIBLE**
(NONE OF THE ABOVE CONDITIONS APPLY)

Assessor's Signature / Date _____