Skilled nursing visits are billed based on G-codes. As of January 1, 2017, all skilled nursing visits are coded based on the type of nursing skill performed at the visit and whether an RN or LPN/LVN performs them. CMS recognizes that, in the course of a visit, a nurse may provide more than one of the nursing services reflected in the G-codes. However, only one G-code may be reported for a nursing visit regardless of the variety of nursing services provided during that visit. When more than one nursing service is provided during a visit, the nurse should report the G-code that reflects the primary reason for the visit, which typically would be the service that the clinician spent most of his/her time performing.

Also, as of January 1, 2017, home health agencies must use new G-codes in their billing. Two nursing G-codes – G0163 and G0164 – have been retired by The Centers for Medicare and Medicaid Services (CMS) and replaced with four new codes. These new G-codes (G0493, G0494, G0495, and G0496) are described in this tip sheet to assist skilled nursing staff as they select the appropriate G-code for their visit.

### G-CODE | EXPLANATION | ADDITIONAL INFO | EXAMPLES | SPECIFIC GUIDELINES
--- | --- | --- | --- | ---
**G0493** (NEW IN 2017) RN Observation and Assessment | Patient’s condition requires skilled nursing to identify and evaluate the patient’s need for possible modification of treatment. This involves complete physical assessment of condition and/or response to medications and treatments. There must be a reasonable potential for change in a patient’s condition that requires skilled nursing to identify and evaluate the patient’s need for possible modification of treatment or initiation of additional medical procedures or medications. | Covered for three weeks or as long as there remains a reasonable potential for a complication or further acute episode. If using this code for more than three weeks, document the reasonable potential for a complication or further acute episode. | Examples of signs and symptoms for continued care are:
- Abnormal/fluctuating vital signs
- Weight changes
- Edema
- Symptoms of drug toxicity
- Fluctuating lab values
- Unstable angina
- Respiratory changes | Not used when there is no change in the treatment of the illness or injury, where fluctuating signs and symptoms are part of a longstanding pattern of the patient’s condition that have not previously required a change in the prescribed treatment. |
<table>
<thead>
<tr>
<th>G-CODE</th>
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<th>EXAMPLES</th>
<th>SPECIFIC GUIDELINES</th>
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<tr>
<td>G0495</td>
<td>Requires skilled nursing to teach a patient, the patient's family, or caregiver <strong>how to manage the treatment regimen.</strong> Teaching or training is appropriate for the patient's functional loss, illness, or injury.</td>
<td>In determining the reasonable and necessary number of teaching and training visits, consideration must be given to whether the teaching and training provided constitutes reinforcement of teaching provided previously in an institutional setting or in the home or whether it represents initial instruction.</td>
<td>Examples of teaching include, but are not limited to the following: • Medication • Diabetes education • Ostomy care • Wound care • IV/enteral therapy • Oxygen • Foley and self-catheter • Transfer training • Pressure ulcer prevention <strong>Re-teaching or retraining</strong> for an appropriate period may be considered reasonable and necessary when there is a change in the procedure or the patient's condition that requires re-teaching.</td>
<td>When it becomes apparent after a reasonable period of time that the patient, family, or caregiver will not or is not able to be trained, then further teaching and training would cease to be reasonable and necessary. <strong>The reason why the training was unsuccessful should be documented in the record.</strong></td>
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<td>G0299</td>
<td><strong>Hands-on, direct care</strong> to patient. Service is a nursing skill based on the complexity alone or the patient's condition is such that the service can be safely and effectively provided by only a nurse.</td>
<td>To be considered reasonable and necessary for the diagnosis or treatment of the patient's illness or injury, <strong>the services must be consistent with the nature and severity of the illness or injury,</strong> the patient's particular medical needs, and accepted standards of medical and nursing practice.</td>
<td>Examples of direct skilled care include: • Administration of IM/IV meds • Complex wound care • Foley catheter changes/care</td>
<td>Insulin injections are only covered when there is no other person who is able and willing to inject the patient. This must be documented on each visit.</td>
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<tr>
<td>G0162</td>
<td>Skilled nursing visits for management and evaluation of the patient's care plan are reasonable and necessary where underlying conditions or complications require that <strong>only a registered nurse</strong> can ensure that essential unskilled care is achieving its purpose.</td>
<td>The complexity of the necessary unskilled services that are a necessary part of the medical treatment <strong>must require the involvement of skilled nursing personnel to promote the patient's recovery and medical safety</strong> in view of the patient's overall condition.</td>
<td><strong>Used infrequently</strong> and requires additional documentation by physician on the plan of care.</td>
<td>Refer to the Medicare Benefit Policy Manual Chapter 7 for requirements.</td>
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<td>G-CODE</td>
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| G0494  | Patient's condition requires skilled nursing to identify and evaluate the patient's need for possible modification of treatment. This involves complete physical assessment of condition and/or response to medications and treatments. There must be a reasonable potential for change in a patient's condition that requires skilled nursing to identify and evaluate the patient's need for possible modification of treatment or initiation of additional medical procedures or medications. | Covered for three weeks or as long as there remains a reasonable potential for a complication or further acute episode. If using this code for more than three weeks, document the reasonable potential for a complication or further acute episode. | Examples of signs and symptoms for continued care are:  
- Abnormal/Fluctuating vital signs  
- Weight changes  
- Edema  
- Symptoms of drug toxicity  
- Fluctuating lab values  
- Unstable angina  
- Respiratory changes | Not used when there is no change in the treatment of the illness or injury, where fluctuating signs and symptoms are part of a longstanding pattern of the patient's condition that have not previously required a change in the prescribed treatment. |
| G0496  | Requires skilled nursing to teach a patient, the patient's family, or caregiver how to manage the treatment regimen. Teaching or training is appropriate for the patient's functional loss, illness, or injury. | In determining the reasonable and necessary number of teaching and training visits, consideration must be given to whether the teaching and training provided constitutes reinforcement of teaching provided previously in an institutional setting or in the home or whether it represents initial instruction. | Examples of teaching include, but are not limited to the following:  
- Medication  
- Diabetes education  
- Ostomy care  
- Wound care  
- IV/enteral therapy  
- Oxygen  
- Foley and self-catheter  
- Transfer training  
- Pressure ulcer prevention  
Re-teaching or retraining for an appropriate period may be considered reasonable and necessary where there is a change in the procedure or the patient's condition that requires re-teaching. | When it becomes apparent after a reasonable period of time that the patient, family, or caregiver will not or is not able to be trained, then further teaching and training would cease to be reasonable and necessary. The reason why the training was unsuccessful should be documented in the record. |
**G0300**  
**LPN/LVN Direct Skilled Nursing Services**

**EXPLANATION**
Hands-on, direct care to patient. Service is a nursing skill based on the complexity alone or the patient’s condition is such that the service can be safely and effectively provided by only a nurse.

**ADDITIONAL INFO**
To be considered reasonable and necessary for the diagnosis or treatment of the patient’s illness or injury, the services must be consistent with the nature and severity of the illness or injury, the patient’s particular medical needs, and accepted standards of medical and nursing practice.

**EXAMPLES**
Examples of direct skilled care include:
- Administration of IM/IV meds
- Complex wound care
- Foley catheter changes/care

**SPECIFIC GUIDELINES**
Insulin injections are only covered when there is no other person who is able and willing to inject the patient. This must be documented on each visit.

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**About the author**

Jill Dyer, BSN, RN, HCS-D, HCS-O is a senior level home health executive with progressive management experience in home health. Jill was co-owner and administrator of a 350+ patient home health agency, a position in which she served from 2005 to 2012. Jill is certified as a Home Care Coding and OASIS Specialist, and is an accomplished nurse with 33 years of experience as a home health administrator, home health director of nursing, and nurse consultant for home health.