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Setting Quality Goals in Home Health PT Incorporating Objective Testing & Outcome Measures

Ellen R. Strunk, PT, MS, GCS, CEEAA, CHC
Rehab Resources & Consulting
Birmingham, AL

Course Objectives

• Identify at least three objective measures that are appropriate for their patient's condition.
• Formulate at least three goals that are measurable and meaningful for their patient's condition.
• Describe at least two differences between a skilled and an unskilled treatment.
• List at least three ways to identify when therapy services are no longer medically necessary.
Why the fuss?

• Negative publicity from Medicare, MedPAC, Office of Inspector General, WSJ, Congress
• Their reports do not necessarily demonstrate trends we can be proud of
• Payments vs Patients served
• Payments vs Patient Need
• Payments vs Outcome
• Profit

Medicare Program Integrity

• The CMS strives in every case to pay the right amount to a legitimate provider, for covered, correctly coded and correctly billed services, provided to an eligible beneficiary.

  MBPM 100-8: Chapter 1

• The Affordable Care Act gave the Secretary of Health & Human Services increased authority to set up programs to detect and identify overpayments, as well as prosecute those who commit fraud and abuse.
Data Analysis

• **Identify areas that pose the greatest risk**
  – Services which may be non-covered
  – Services not correctly coded
  – Services that may have low $$ values, but are billed in multiple increments
  – “Grey” areas in coverage guidelines such as SNF, HHA and Outpatient Therapy

• **Identify patterns of use:**
  – Increases in utilization over time
  – Overutilization of new codes when they are first valued
  – Schemes to inappropriately maximize reimbursement

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**Fraud Defined**

**Fraud:** Knowingly & willfully executing, or attempting to execute a scheme or artifice to defraud a health care benefit program, or to obtain, by means of false or fraudulent pretenses...any of the money or property owned by...any health care benefit program.
Abuse Defined

- Abuse: That which may directly or indirectly result in unnecessary costs to the Medicare or Medicaid program, improper payment or payment for services which fail to meet professionally recognized standards of care, or that are medically unnecessary.
- Abuse involves payment for services... & the provider has not knowingly &/or intentionally misrepresented facts to obtain payment.

Waste Defined

- Waste alone may account for 30% of overall healthcare costs
- Overall.... few providers will abuse or defraud the system, but nearly all contribute to waste

FY 2016: Justice Department Recoveries

- Obtained >$4.7 billion in settlements and judgments from cases involving fraud and false claims
  - $2.5 billion from health care industry for allegedly providing unnecessary or inadequate care, paying kickbacks to health care providers or overcharging for services/goods (↑ by 0.5b)
  - Drug companies, medical device companies, hospitals, nursing homes, laboratories, MDs, home health agencies, physical therapy clinics

US DOJ Office of Public Affairs; December 14, 2016

FY 2016: Enforcement actions against PT providers

- July 13, 2017: National Health Care Fraud Takedown against > 412 individuals
  - Largest in history
  - Included fraudulent billing of PT, home health services
- $7 million: Drayer Physical Therapy Institute, LLC
- $28.5 million: North American Health Care
- $29.9 million: Fox Rehabilitation
- $125 million: RehabCare Group/Kindred
- $145 million: Life Care Centers of America
What is the downstream effect?

• To the profession:
  – Current therapists may reconsider being a part of the profession because of the public profession
  – Prospective students may reconsider entering the profession
  – Recommendation of therapy services constrained
• To the patient
  – Improper care by fraudulent actors
  – Rejection of services due to mistrust
• To society
  – Drain on public funds

Need to strike a balance

Providing appropriate care without fear of retribution

Increased burden on honest providers, increased regulatory oversight
Reduce Your Risk

• Do not fall into repetitive treatment/documentation patterns of:

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Duration</th>
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</thead>
<tbody>
<tr>
<td>Goals</td>
<td>Number of visits</td>
</tr>
<tr>
<td>Exercises</td>
<td>Plan</td>
</tr>
</tbody>
</table>

**UNIQUE PATIENT** ➔ **INDIVIDUALIZED PLAN OF CARE**

Why Now?

• Payments are directly tied to therapy utilization
• Therapy utilization is under scrutiny.
• Questions are being asked:
  – Why do we provide the level of therapy/number of visits we provide?
  – How do we choose to do individual, concurrent or group?
  – How do we choose when to use which CPT?
• CMS expects appropriate documentation to justify the medical necessity and appropriateness of therapy as well as the modes of therapy delivered.
What is Value?

Quality

Cost

Value

Medicare is Changing

- 2003 - Medicare Modernization Act
- 2005 – Pay for Performance
- 2007 – Home Health Quality Measures
- 2008 – Hospital Acquired Conditions, Five Star Nursing Home Rating System, PQRI
- 2009 – Post Acute Care Demonstration Project (CARE)
- 2010 AFFORDABLE CARE ACT (e.g. Health Care Reform bill): new demonstrations on managing chronic disease in innovative ways
- 2011: National Quality Forum; Nursing Home Value Based Purchasing Plan; Focus on rehospitalizations; Bundling & Alternative Payment Systems
- 2012: More focus on rehospitalizations; Care Transitions; Money Follows the Person (MFP)
- 2014: Improving Medicare Post-Acute Care Transitions
- 2016: Home Health Value-Based Purchasing Demonstration (January 1, 2016 through December 31, 2022)
- 2019: Home Health Grouper Model ??
Questions at the Center of the Issue

- How will Medicare of the future pay health care providers?
- Are there ways to reward us for care delivered in safe, effective, efficient manner?
- Are there ways to recognize & reward care that is coordinated, that encourages communication?
- Are there ways to reward providers who eliminate redundancy and care that is proven to be ineffective?

Target Percentages by 2016 and 2018

- Source: PH Conway (CMS)
What does this mean?

<table>
<thead>
<tr>
<th>Description</th>
<th>FFS – No Link to Quality</th>
<th>FFS – Link to Quality</th>
<th>Alternative Payment Models – Built on FFS</th>
<th>Population-Based Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payment based on volume</td>
<td>A least a portion of payments based on quality or efficiency</td>
<td>Some payment linked to effective management of a population or episode</td>
<td>Payment is not linked to volume. Providers are paid &amp; responsible for care of patient over long period</td>
<td></td>
</tr>
</tbody>
</table>

**Examples**
- SNF – PPS
- HH – PPS
- Part B OutPt
- Hospital HAC
- SNF QRP
- HH QRP
- ACOs
- BPCI
- CJR
- HH-VBP demo
- Eligible Pioneer ACOs

---

**Home Health VBP**

[Map showing Home Health VBP locations]
Quality Measurement Themes

<table>
<thead>
<tr>
<th>OUTCOMES</th>
<th>PROCESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Focus on specific aspect of care or specific component of care</td>
<td>• Focus on actions taken by person or entity</td>
</tr>
<tr>
<td>• Can measure technical skill</td>
<td>• Assess whether certain case processes recommended in clinical guidelines are administered</td>
</tr>
<tr>
<td>• More difficult to gather due to case mix, influence of external variables</td>
<td>• Ex:</td>
</tr>
<tr>
<td>• Ex:</td>
<td>– Aspirin given within 24 hrs of MI?</td>
</tr>
<tr>
<td>– Does front-loading HH visits result in better rehab outcome?</td>
<td>– Everyone &gt; 65 assessed for fall risk?</td>
</tr>
<tr>
<td>– Does 7 dy/wk therapy decrease LOS?</td>
<td>– Medications reviewed at each encounter?</td>
</tr>
<tr>
<td>– Does higher intensity resistance exercise result in improved balance scores?</td>
<td></td>
</tr>
</tbody>
</table>

Categories

- Function
- Cognitive Function
- Special services
- Medical conditions
- Impairments

Domains

- Functional, Cognitive & Changes
- Skin Integrity & Changes
- Medication Reconciliation
- Incidence of major falls
- Communicate & Transfer HI & preferences
Goal of the IMPACT Act

Achieve Uniformity to Facilitate Effective Communication for Better Care of Individuals and Communities

How?
• Standardized patient assessment data across post-acute care (PAC) settings

Timeline: IMPACT Act

<table>
<thead>
<tr>
<th>FY 2017</th>
<th>FY 2018</th>
<th>FY 2019</th>
<th>FY 2022</th>
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<tbody>
<tr>
<td>Standardized</td>
<td>Confidential</td>
<td>Standardized</td>
<td>CMS and MedPAC</td>
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<tr>
<td>resource use</td>
<td>feedback</td>
<td>assessment data</td>
<td>report on PAC</td>
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<tr>
<td>measure; some</td>
<td>provided on</td>
<td>required. Public</td>
<td>prospective</td>
</tr>
<tr>
<td>Quality</td>
<td>previous year’s</td>
<td>Quality Data</td>
<td>payment. Study</td>
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<td>Reporting</td>
<td>reports</td>
<td>available.</td>
<td>on hospital</td>
</tr>
<tr>
<td>begins</td>
<td></td>
<td>Penalties</td>
<td>assessment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>take effect</td>
<td>data due</td>
</tr>
<tr>
<td></td>
<td></td>
<td>for those not</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>reporting</td>
<td></td>
</tr>
</tbody>
</table>
Standardized Resident Assessment Data

- **Collection of standardized resident data will help CMS:**
  - Drive improvements in health care quality
  - Facilitate exchange and longitudinal use among health care providers
  - Enable high quality care, outcomes, care coordination
  - Identify comorbidities that might increase medical complexity

- **Definition:** Patient or resident assessment questions and response options that are identical in all four PAC assessment instruments, and to which identical standards and definitions apply.

### Application of Measures in PAC

<table>
<thead>
<tr>
<th>Measure</th>
<th>IMPACT Domain</th>
<th>Method</th>
<th>SNF</th>
<th>LTCH</th>
<th>IRF</th>
<th>HH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Functional Status</td>
<td>Functional, Cognitive Status &amp; Changes</td>
<td>Facility Assessment</td>
<td>10/1/16</td>
<td>10/1/18</td>
<td>10/1/16</td>
<td>1/1/19</td>
</tr>
<tr>
<td>Incidence of 1 or more falls with major injury</td>
<td>Incidence of Major Falls</td>
<td>Facility Assessment</td>
<td>10/1/16</td>
<td>10/1/16</td>
<td>10/1/16</td>
<td>1/1/19</td>
</tr>
<tr>
<td>Drug Regimen Review identifies issues for follow up</td>
<td>Medication Reconciliation</td>
<td>Facility Assessment</td>
<td>10/1/18</td>
<td>10/1/18</td>
<td>10/1/18</td>
<td>1/1/17</td>
</tr>
<tr>
<td>Pressure Ulcers new or worsened</td>
<td>Skin Integrity &amp; Changes</td>
<td>Facility Assessment</td>
<td>10/1/16</td>
<td>10/1/16</td>
<td>10/1/16</td>
<td>1/1/17</td>
</tr>
<tr>
<td>DC to Community</td>
<td>Resource Use</td>
<td>Claims</td>
<td>10/1/16</td>
<td>10/1/16</td>
<td>10/1/16</td>
<td>1/1/17</td>
</tr>
<tr>
<td>Medicare Spend</td>
<td>Resource Use</td>
<td>Claims</td>
<td>10/1/16</td>
<td>10/1/16</td>
<td>10/1/16</td>
<td>1/1/17</td>
</tr>
<tr>
<td>PPRM post DC</td>
<td>Resource Use</td>
<td>Claims</td>
<td>10/1/16</td>
<td>10/1/16</td>
<td>10/1/16</td>
<td>1/1/17</td>
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<tr>
<td>Transfer of Health Information</td>
<td>Communicate &amp; Transfer HI, Preferences</td>
<td>TBD</td>
<td>10/1/18</td>
<td>10/1/18</td>
<td>10/1/18</td>
<td>1/1/19</td>
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</tbody>
</table>
## Standardized Assessment Data Activities

<table>
<thead>
<tr>
<th>Cognitive Mental Status</th>
<th>Pain</th>
<th>Hearing and Vision</th>
<th>Special Services Treatments</th>
</tr>
</thead>
<tbody>
<tr>
<td>• BIMS</td>
<td>• Pain Presence</td>
<td>• Ability to Hear</td>
<td>• Hemodialysis</td>
</tr>
<tr>
<td>• Expression of Ideas &amp; Wants</td>
<td>• Pain Severity</td>
<td>• Ability to see in Adequate Light</td>
<td>• IV Chemotherapy</td>
</tr>
<tr>
<td>• Ability to Understand</td>
<td></td>
<td></td>
<td>• Radiation</td>
</tr>
<tr>
<td>• CAM</td>
<td></td>
<td></td>
<td>• Central Line Mgmt</td>
</tr>
<tr>
<td>• Behavioral Signs/Sx</td>
<td></td>
<td></td>
<td>• TPN</td>
</tr>
<tr>
<td>• PHQ-9, PHQ-2, Hybrid</td>
<td></td>
<td></td>
<td>• Enteral Nutrition</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Vasoactive meds</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• O2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Suctioning</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Tracheostomy Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Invasive Mech Vent Weaning</td>
</tr>
</tbody>
</table>

### Does this matter for documentation?
Home Health Services

Qualifying criteria for Part A:

- Need intermittent skilled care
  - PT, ST, SN
  - Or ongoing OT
- Homebound
- Face-to-face MD visit requirement
- Comprehensive Plan of care certified by physician
- Episode is 60 days
2018 Proposed HH Final Rule

• Updates rates by 1% for those who submit quality data and -1% for those who do not

2018 Home Health Quality Reporting Program

• (P) Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function
• (P) Percent of Residents Experiencing One of More Falls with Major Injury
• 1. Discharge to Community
• 2. Potentially Preventable 30-Day Post-Discharge Readmission Measure for HH
• 3. Drug regimen Review Conducted with Follow-Up for Identified Issues
• 4. Acute Care Hospitalization
• 5. Emergency Department Use without Hospitalization
• 6. Rehospitalization during the first 30 days of HH
• 7. ED use during the first 30 days of HH without Hospitalization
• 8. Medicare Spending per Beneficiary (MSPB)—PAC HH QRP
Overview

• 2018 payments may decrease by $80 million
  – Sunset of the rural add-on
  – Reducing payments by .97% to account for increase in case mix

<table>
<thead>
<tr>
<th>Proposed 2018 60-day Episode Rates</th>
<th>HHAs submitting Quality Data</th>
<th>HHAs not submitting Quality Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>HHAs submitting Quality Data</td>
<td>$3,038.43</td>
<td>$2,978.26</td>
</tr>
</tbody>
</table>

Home health proposed
PPS rule for CY 2018

• Includes implementing a new Home Health Grouper Model on January 1, 2019
What is the HHGM?

- HHGM designed to combat overutilization of therapy
- Removes therapy visits to determine payment
- CMS hopes the HHGM will better align payments with patient care needs

Overview of HHGM

- **Admission**
  - Community
  - Post-Acute Care Hospital

- **Timing**
  - Early
  - Late

- **Clinical Groupings**
  - Musculoskeletal Rehab, Neuro/Stroke Rehab, Wounds, Complex RN interv, Behav Health, MMTA (med mgt, teach, assess)

- **Functional Level**
  - Grooming, Ability to dress, Bathing, Toilet Transfer, Transfer, Amb/Loco, Risk of Hospitalization = Lo/Med/High

- **Comorbidity**
  - 15 subcategories (occurrence rate of 0.1%)
HH PPS: Current Case-Mix System

Clinical
- Add the scores from a range of clinical indicators such as:
  - Primary home care diagnosis
  - NIV/IVCC or potentially invasive therapy
  - Severe ulcer stage
  - Venous obstruction
  - Wound stage
  - Burn area
  - Multiple pressure ulcers

Functional
- Add items from each of these factors:
  - Drawing
  - Walking
  - Bathing
  - Transferring

Service utilization
- Based on the number of therapy visits

Admission Source and Timing of the Episode
- Community Early
- Community Late
- Institutional Early
- Institutional Late

Clinical Grouping (From Principal Diagnosis Reported on Claim)
- MHTA
- Neuro Rehab
- Wounds
- Complex neo Interventions
- MS Rehab
- Behavioral Health

Functional Level (From OASIS Items)
- Low
- Medium
- High

Comorbidity Adjustment (From Secondary Diagnoses)
- No
- Yes

HHRG
How do we Document Medical Necessity?

Medicare Regulations

• [http://www.cms.hhs.gov/Manuals/IOM/list.asp](http://www.cms.hhs.gov/Manuals/IOM/list.asp)
• IOM 100-2 – Medicare Benefit Policy
• Chap 7 – Home Health Services
• Section 40.2 – Skilled Therapy Services
STRUCTURE.......... 

Centers for Medicare & Medicaid Services (CMS) 

MACs - Medicare Administrative Contractors (Part A & B) 

Medicare HMO’s 

D-MACs (DME) 

Providers 

State Medicaid programs 

MACs - LCDs 

Fi & Carriers – Local Coverage Decisions 

D-MACs – Local Coverage Decisions 

Providers 

CMS - National Coverage Decisions
Home Health & Hospice MAC Areas as of December 2015

Medicare Coverage Database
http://www.cms.gov/medicare-coverage-database/

Welcome to the Medicare Coverage Database

MCD Notice Board

Welcome to the Medicare Coverage Database

Quick Search

An asterisk (*) indicates a required field.

You may search by ID:

- Document ID: Enter ID

You may also search by document type (currently in effect only):

- National and Local Coverage Documents
- National Coverage Documents
- Local Coverage Documents

Select Geographic Area/Region:

- Select Area

View county listings for split states
View region descriptions

How to Use This Site

- ICD vs. Medicare.gov
- Information about LCDs and LCD Challenges
### Medicare Coverage Database

**http://www.cms.gov/medicare-coverage-database/**

#### Articles

<table>
<thead>
<tr>
<th>ARTICLE ID#</th>
<th>TITLE</th>
<th>CONTRACTOR NAME</th>
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<tbody>
<tr>
<td>A50050</td>
<td>Case Scenario 1 Home Health Skilled Nursing Care Teaching and Training: Alzheimer’s Disease</td>
<td>Palmetto GBA</td>
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<tr>
<td>A50051</td>
<td>Case Scenario 2 Home Health Skilled Nursing Care Teaching and Training: Alzheimer’s Disease</td>
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<td>A50052</td>
<td>Coding Guidelines for Home Health Speech-Language Pathology</td>
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<td>A52845</td>
<td>Home Health Skilled Nursing Care Teaching and Training for Dementia Patients with Behavioral Disturbances - Medical Policy Article</td>
<td>National Government Services, Inc.</td>
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<td>A50057</td>
<td>Occupational Therapy for Home Health</td>
<td>Palmetto GBA</td>
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<td>A50058</td>
<td>Physical Therapy for Home Health</td>
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Accessed on 10/14/2017

### Medicare Coverage Database

**http://www.cms.gov/medicare-coverage-database/**

#### Local Coverage Determinations (LCDs)

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<tr>
<td>L34561</td>
<td>Home Health - Psychiatric Care</td>
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<td>L34560</td>
<td>Home Health Occupational Therapy</td>
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<td>L34554</td>
<td>Home Health Physical Therapy</td>
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<tr>
<td>L35132</td>
<td>Home Health Plans of Care: Monitoring Glucose Control in the Medicare Home Health Population with Type II Diabetes Mellitus</td>
<td>Palmetto GBA</td>
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<td>L34562</td>
<td>Home Health Skilled Nursing Care Teaching and Training: Alzheimer’s Disease and Behavioral Disturbances</td>
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<td>L34563</td>
<td>Home Health Speech-Language Pathology</td>
<td>Palmetto GBA</td>
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<td>L34565</td>
<td>Home Health-Surface Electrical Stimulation in the Treatment of Dysphagia</td>
<td>Palmetto GBA</td>
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<td>L33942</td>
<td>Physical Therapy - Home Health</td>
<td>CGS Administrators, LLC</td>
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<td>L33934</td>
<td>Physician Certification and Recertification of Home Health Services</td>
<td>First Coast Service Options, Inc.</td>
<td>☐</td>
</tr>
</tbody>
</table>

Accessed on 10/14/2017
Who Defines Skilled Therapy?

- Home Health
- Medicare Benefit Policy Manual; Chp 7; 40.2.1
  - “The service of a PT, SLP, or OT is a skilled therapy service if the inherent complexity of the service is such that it can be performed safely &/or effectively only by or under the general supervision of a skilled therapist.”
General Principles Governing Reasonable & Necessary Therapy

- Home Health
- Medicare Benefit Policy Manual – 40.2.1
  - “To be covered, the skilled services must also be reasonable and necessary to the treatment of the patient’s illness or injury or to the restoration or maintenance of function affected by the patient’s illness or injury”
  - “The development, implementation, management & evaluation of a patient care plan based on the physician’s order constitute skilled therapy services, when, because of the patient’s condition, those activities require the skills of a qualified therapist to ensure the effectiveness of the treatment goals and ensure medical safety.”

Who Defines Skilled Therapy?

- Palmetto Local Coverage Decision (LCD)
- LCD for Home Health Physical Therapy (L34564)
  - “To be covered as skilled therapy, the services must require the skills of a qualified therapist and must be reasonable and necessary for the treatment of the patient’s illness or injury.”
Who Defines Skilled Therapy?

- Palmetto LCD for Home Health Physical Therapy (L34564)
  - “The development, implementation, management & evaluation of a patient care plan based on the physician’s order constitute skilled therapy services, when, because of the patient’s condition, those activities require the skills of a qualified therapist to ensure the effectiveness of the treatment goals and ensure medical safety.”

Who Defines Skilled Therapy?

- Palmetto LCD for Home Health Physical Therapy (L34564)
  - “While a patient’s particular medical condition is a valid factor in deciding if skilled therapy services are needed, a patient’s diagnosis or prognosis should never be the sole factor in deciding that a service is or is not skilled. The key issue is whether the skills of a therapist are needed to treat the illness or injury, or whether the services can be carried out by unskilled personnel.”
Who Defines Skilled Therapy?

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  – “While a patient’s particular medical condition is a valid factor in deciding if skilled therapy services are needed, a patient’s diagnosis or prognosis should never be the sole factor in deciding that a service is or is not skilled. The key issue is whether the skills of a therapist are needed to treat the illness or injury, or whether the services can be carried out by unskilled personnel.”
Defining Key Therapy Concepts

Skill

• proficiency, facility, or dexterity that is acquired or developed through training or experience; an art, trade, or technique

Reasonable

• governed by or being in accordance with reason or sound thinking; not excessive or extreme

Necessary

• Absolutely essential; needed to achieve a certain result or effect; requisite

The Evaluation

Laying the foundation for medically necessary services
Evaluation

- Sets the stage for everything else that follows
- Reviewers begin to think about “how much therapy will be needed?”
- If the evaluation is weak, then you risk that everything that follows will be denied.

<table>
<thead>
<tr>
<th>PT Evaluations</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activity Limitations</strong></td>
<td>Difficulties an individual may have in executing a task, action or activities (e.g. inability to perform tasks due to abnormal vital sign response to increase movement of activity.)</td>
</tr>
<tr>
<td><strong>Body Functions</strong></td>
<td>Physiological functions of body systems, including psychological functions</td>
</tr>
<tr>
<td><strong>Body Regions</strong></td>
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<td><strong>Body Structures</strong></td>
<td>Structural or anatomical parts of the body, such as organs, limbs, and their components, classified according to body systems.</td>
</tr>
</tbody>
</table>
| **Body Systems** | Systems review includes:  
1. CV/Pulmonary: HR, RR, BP, edema  
2. Integumentary: Texture, Scar Formation, Color, Integrity  
3. MS: gross symmetry, ROM, strength, height, weight  
4. NM: gross coordination movements, e.g. balance, gait, locomotion, transfers, transitions; & motor control, motor learning  
### PT Evaluations

<table>
<thead>
<tr>
<th>Participation Restrictions</th>
<th>Difficulties an individual may have in executing a task, action or activities (e.g. inability to perform tasks due to abnormal vital sign response to increase movement of activity.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Factors</td>
<td>Sex, age, coping styles, social background, education, profession, past and current experience, overall behavior pattern, character, and other factors that influence how disability is experienced by the individual. May exist, but may or may not negatively impact the PT plan of care.</td>
</tr>
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</tbody>
</table>

### OT Evaluations

<table>
<thead>
<tr>
<th>Occupational Profile</th>
<th>Client’s occupational history and experiences, patterns of daily living, interests, values and needs; Client’s concerns and problems about performing occupational and daily life activities. Clients priorities for outcomes. Consider the presenting problem(s), the reasons(s) for referral, and the client’s goals.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical History</td>
<td>Prior level of function, presenting diagnosis, medical records of past and current care. How much is necessary is dependent on the client’s reason for seeking services</td>
</tr>
<tr>
<td>Performance Deficits</td>
<td>Activity limitations and/or participation restrictions that result from skills deficits. Occupations the client is experiencing problems in. Factors, such as client capacity and endurance, as well as any deficits or restrictions in the referral, influence how many performance deficits (occupations) will be addressed in this episode. Ideally, standardized assessments to identify performance deficits should be used.</td>
</tr>
<tr>
<td>Physical skills</td>
<td>Body structure or function – balance, mobility, strength, endurance, fine or gross motor coordination, sensation, dexterity.</td>
</tr>
</tbody>
</table>
## OT Evaluations

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cognitive skills</strong></td>
<td>The ability to attend, perceive, think, understand, problem solve, mentally sequence, learn, and remember, resulting in the ability to organize performance in a timely and safe manner. These skills are observed when a person (1) attends to and selects, interacts with, and uses task tools and materials; (2) carries out individual actions and steps; and (3) modifies performance when problems are encountered.</td>
</tr>
<tr>
<td><strong>Psychosocial skills</strong></td>
<td>Interpersonal interactions, habits, routines and behaviors, active use of coping strategies, and/or environmental adaptations to develop skills necessary to successfully and appropriately participate in everyday tasks and social situations.</td>
</tr>
<tr>
<td><strong>Assessment Modification</strong></td>
<td>The therapist may need to make modification of directions, task complexity, environment, time or other factors. These modifications are necessary to get a clear picture of the scope of performance deficits resulting in activity limitations and/or performance limitations.</td>
</tr>
<tr>
<td><strong>Selection of Interventions</strong></td>
<td>Selecting from multiple options as opposed to considering limited options raises the level of clinical decision-making.</td>
</tr>
</tbody>
</table>

### What does Medicare require in a Home Health Therapy POC?

- 1. Established by the physician after any needed consultation with the qualified therapist
- 2. Measurable therapy treatment goals which pertain directly to the patient’s illness, injury and resultant impairments
- 3. Expected duration of therapy services
- 4. Course of treatment consistent with the therapist’s assessment of the patient’s function
What do the Payers Require?

- Patient history
- Prior level of function
- Relevant systems review
- Tests and measures
- Current functional status (abilities and deficits)
- Evaluation of patient’s, physicians, and as appropriate, the caregiver’s goals
- Factors that influence the complexity of the examination and evaluation

Diagnoses

- Begins to describe the patient’s problems
- Refrain from “dressing it up”
- The diagnoses should be supported throughout the episode
- Code all the way to the 7th digit, if available.
Reason for Referral

• A VERY important piece
• WHY do they need therapy now?
• WHAT happened?
• Should be SPECIFIC, not general:
  – “decline”
  – “impaired”
• Should not be limited to a single phrase or sentence

Prior Level of Function

• Must be easy to see that there is a difference between the patient’s PLOF & CLOF for every functional limitation to be addressed in therapy
• If there is little change or no change, need justifying statements for why therapy is required
  – Is it a quality thing?
  – Is it now preventing them from ADL or work?
  – If yes….then describe this in a short paragraph
• Don’t “assume” the reviewer will figure it out
Measures of Impairment

- Systems review
- Specific tests
- Specific measures

Standardized Tests

- Medicare says:
  - “For each therapy discipline...a qualified therapist...must assess the patient’s function using a method which objectively measures activities of daily living, such as, but not limited to, eating, swallowing, bathing, dressing, toileting, walking, climbing stairs, using assistive devices, and mental and cognitive factors. The measurement results must be documented in the clinical record.”
- MBPM; Chapter 7; 40.2.1
- If you don’t measure it, how do you really know your treatments are effective?
Examples of Standardized Tests

- Ashworth Scale
- Oswestry Scale
- McGill Pain Questionnaire
- Six-Minute Walk Test
- Berg Balance Test
- FIM
- Short Form-36 health questionnaire
- Four Square Step Test
- Timed Up and Go
- Sit to Stand Test
- Katz ADL Scale
- Functional Reach Test
- Barthel Index
- NOMS
- Visual Analog Scale
- Faces Pain Scale
- Dynamic Gait Index
- Walking Speed
- PUSH
- One Legged Stance
- Activities Balance Confidence (ABC)

At this point, consider.....

Do Diagnosis, History, Reason for referral support the need for therapy?

Is there a measurable change in function that will not likely resolve on its own?

Is the amount and type of therapy reasonable for what has been assessed?
Writing Goals

• Short & Long term goals must be:
  • FUNCTIONAL
  • MEASURABLE
  • OBJECTIVE

• Components of a goal include:
  1. WHO?
  2. WHAT?
  3. HOW MUCH?
  4. WHY?

---

Writing Goals

• 1. WHO
  – All goals should be patient-focused
  – Goals are not checklists for the therapist to complete

• 2. WHAT
  – What is the activity or skilled component that is involved?
  – What problem is being addressed?
Writing Goals

• 3. HOW MUCH?
  – Each goal must be measurable
  – Objective, not subjective

• 4. WHY?
  – This is the functional reason for the goal
  – What outcome is likely, given the diagnosis?
  – Why does achieving this outcome matter?
  – How will it improve the patient’s quality of life?

You Decide: Good, Bad or Ugly?

<table>
<thead>
<tr>
<th></th>
<th>Good</th>
<th>Bad</th>
<th>Ugly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pt will tolerate 10 min of a functional activity while standing w/o rest break</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perform 3 sets of 20 reps LE exer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase DF to 0 deg and left knee ext to 10 deg bilat to allow increased upright posture</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase LE strength ½ grade to increase indep with gait &amp; transfers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improve balance to F+ to G- in 2 wks</td>
<td></td>
<td></td>
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You Decide: Good, Bad or Ugly?

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<tr>
<td>Return to PLOF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulate to 3,000 feet with least restrictive device</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient will have no falls during the episode of care to demonstrate improved balance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decrease LE pain to 3/10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient to be indep in HEP</td>
<td></td>
<td></td>
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</table>

Next Step…..Check!

- Are the interventions included in the plan of care supported as necessary?

- Can you treat it if you didn’t measure it?
  - No evaluation of gait? then ≠ gait training
  - No skilled wheelchair assessment? then ≠ no wheelchair mgmt or training
  - No assessment of pain location, intensity, type, then how do you know which physical agent modalities will be effective?
Next Step…..Check!

- What if it’s WFL or WNL?
  - Strength is WFL? then ≠ no strengthening with therapeutic exercise

- Is treatment necessary it if its SBA?
  - Gait is SBA? then why are there 6 visits spent on gait training?

Plan of Care

- Interventions – be specific
- Duration – be specific
- Frequency – be specific
- Established in collaboration with patient/client
- Include anticipated discharge plan
Treatment Notes

Are you providing services that require the skills of a therapist?

Are you providing services that require your skills?

• Palmetto LCD for Home Health Physical Therapy (L34564)
  — “While a patient’s particular medical condition is a valid factor in deciding if skilled therapy services are needed, a patient’s diagnosis or prognosis should never be the sole factor in deciding that a service is or is not skilled. The key issue is whether the skills of a therapist are needed to treat the illness or injury, or whether the services can be carried out by unskilled personnel.”
Are you providing services that require your skills?

- Palmetto LCD for Home Health Physical Therapy (L34564)
  - “It is expected that the home health records for every visit will reflect the need for the skilled medical care provided.”

- CGS LCD for Home Health Physical Therapy (L34564)
  - “Documentation to support that the skills and expertise of the physical therapist were required”
  - “Response of patient to treatment and/or education”
Are you providing services that require your skills?

• Palmetto LCD for Home Health Occupational Therapy (L34560)
  — “While a patient’s particular medical condition is a valid factor in deciding if skilled therapy services are needed, a patient’s diagnosis or prognosis should never be the sole factor in deciding that a service is or is not skilled. The key issue is whether the skills of a therapist are needed to treat the illness or injury, or whether the services can be carried out by unskilled personnel.”

Are you providing services that require your skills?

• Palmetto LCD for Home Health Occupational Therapy (L34560)
  — “It is expected that the home health records for every visit will reflect the need for the skilled medical care provided.”
Are you providing services that require your skills?

- CGS LCD for Home Health Physical Therapy (L33942)
  - “Documentation to support that the skills and expertise of the physical therapist were required”
  - “Response of patient to treatment and/or education”

CGS HH L33942: Skilled Services

- Services must be of such a level of
  [ ] and [ ]

  or

- The condition of the patient must be such that the services required can be [ ] performed only by a qualified therapist or under his/her supervision.
Documenting Appropriately for Interventions

- **Only** a therapist could have provided the treatment
- **More than** sets/reps
- **Avoid ‘generic’** terms
  - Dynamic activities, functional tasks, ADLs, LE exercises
  - What were the activities? The tasks? The ADL? The exercises?
- **Assessments reflect** skilled knowledge of movement, function, occupation

---

Therapeutic Exercise (97110)

- “…to develop strength & endurance, ROM and flexibility”
- **Address:**
  - Technique
  - The functional limitation associated with impairment
  - Progression of the exercises
  - How exercises relate to function
  - Physical assistance; Cognitive assistance
  - Equipment used
  - Teaching may be required, but once it has been taught, monitoring alone is not covered
Neuro. Re-education (97112)

- “neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture &/or proprioception for sitting &/or standing activities”
- Report how the client’s balance may change with the different dynamic activities you are working on
- What assistance – physical & cognitive – is required?
- Document the skilled techniques you are using to accomplish the activities (e.g., NDT and PNF)
- Report the improvement in function
- Routine verbal cues for skills already taught are not skilled/covered

Gait Training (97116)

- Gait training, stair climbing
- Ambulation vs Gait
  - Address:
    - Balance
    - Gait pattern
    - Physical assistance; Cognitive assistance
    - Safety
    - Posture
    - Assistive devices
    - Antalgic gait that is expected to resolve spontaneously is not covered
Massage Therapy (97124)

- “effleurage, petrissage &/or tapotement)”
- Specify how this is an adjunct to other therapeutic interventions
- How will it reduce edema? Improve joint motion? Relieve muscle spasm?
- Address
  - Technique used
  - Location
  - Skin integrity
  - Muscle tightness

Manual Therapy (97140)

- “..(eg mobilization/ manipulation, manual lymphatic drainage, manual traction”
- Specify how Joint Mobs are an adjunct to therapeutic exercise
- What specific areas are treated
- Address soft tissue mobilization (STM) used: MFR, Cranio-sacral, neural tissue mob, strain/counterstrain
- Describe the joints “end feel” before & after joint mob, pain descriptors, effect on function
- Document obj & subj measures of areas treated (ROM, capsular endfeel, pain ratings)
Therapeutic Activities  (97530)

• “...use of dynamic activities to improve functional performance”
• Techniques that involved: Bending, lifting, reaching, catching, transfers, pinching, grasping

ADDRESS:
• The type of transfer taught
• Balance and safety
• Physical cues required
• Cognitive cues required
• Safety issues
• Correlation between type of TA performed & the patient’s underlying condition/impairment

Self-care/home management training  (97535)

• “...(eg ADL & compensatory training, meal prep, safety procedures, & instructions in use of assistive tech devices/AE)”

• ADDRESS:
  – The type of activity being taught
  – Balance and safety
  – Physical cues required
  – Cognitive cues required
  – Safety issues
  – How the activity will relate back to an ADL
WC Management/ Propulsion (97542)

- WC Management (eg assessment, fitting, training)
- Assessing and fitting patient with a WC custom seating system to provide stabilization, support, balance, and pressure management.
- Training the patient in the safe operation and management of the WC in the home and community environment.
- Typically 3-4 sessions
- Must address the patients and or caregivers ability to learn

Functional Reassessments

Is continued treatment justified?
Are you providing services that remain skilled?

- Palmetto LCD for Home Health Physical Therapy (L34564)
  - “The services must be considered, under accepted standards of medical practice, to be specific, safe, and effective treatment for the patient’s condition... The home health record must specify the purpose of the skilled service provided.
  - “The treatment/clinical progress note should document any treatment variations with the associated rationale.”

- Palmetto LCD for Home Health Occupational Therapy (L34560)
  - “The services must be considered, under accepted standards of medical practice, to be specific, safe, and effective treatment for the patient’s condition... The home health record must specify the purpose of the skilled service provided.
  - “The treatment/clinical progress note should document any treatment variations with the associated rationale.”
**Functional Reassessments**

- Once per 30 days
- For each therapy discipline – By the PT
- Objective Evidence
- Assessment, Plans, Changes
- Justification for Ongoing Treatment

**For Therapy to Continue**

- 1
- 2
- 3
For Therapy to Continue

1. Skills of a qualified therapist are needed to restore patient function

2. Patient’s condition requires specialized skills, knowledge, & judgment of qualified therapist to establish or design a maintenance program, in order to ensure the safety of the patient and the effectiveness of the program

3. Skills of a qualified therapist* are needed to perform maintenance therapy (*not an assistant)

Progress Reports

- Remeasure!
- If patient hasn’t made progress, then list what is going to be done differently next time
  - Lack of progress should not always be attributed to patient
  - Assistants should be talking with Supervising Therapists
- The patient may be making “progress” in therapy terms, but is that progress transferrable to their real world?
  - Increasing reps or weights with exercise is progress…what does it mean they can do now?
  - Decreasing pain …..means they can now do?
Clinical Notes – Assistants

• Clinical notes written by therapy assistants may supplement the clinical record & if included, must include:
  – Date written
  – Signature
  – Professional designation
  – Objective measurements or descriptions of change in status relative to each goal addressed by treatment
  – “Assistants may not make clinical judgments about why progress was or was not made, but must report the progress or the effectiveness of therapy (or lack thereof) objectively

Clinical Notes – Therapists

• Documentation by the qualified therapist must include:
  – Therapists assessment of the effectiveness of therapy as it relates to therapy goals
  – Plans for continuing or discontinuing treatment with reference to evaluation results &/or treatment plan revisions
  – Changes to therapy goals or an updated POC that is sent to the MD for signature or DC
  – Documentation of objective evidence of clinically supportable statement of expectation that the patient can continue to progress toward the treatment goals & is responding in a reasonable & generally predictable period of time OR the patient is responding to the maintenance therapy.
Yes! Therapy is necessary

- Compare baseline functional levels from evaluation to current
- Describe benefits patient received from the skilled interventions
- Describe positive outcomes patient experienced
- Describe the restorative or maintenance program
- Describe what is going to be done differently during the next treatment period

Does Jimmo Change This?
Transmittal 179; MBPM; 1/14/2014
Jimmo versus Sebelius

• Key Points:
  – There never was a “Medicare Improvement Standard” in the regulations

• What was reality?
  – If the Medicare provider did not provide adequate documentation and objective information to prove the patient’s condition will “materially” improve as a result of the skilled services billed, the services will be denied.

• Result:
  • There was an improvement standard imposed by the Medicare Administrative Contractors and Fiscal Intermediaries

What is “Rehabilitative Therapy”?

What is “Maintenance Therapy”?
<table>
<thead>
<tr>
<th>Maintenance</th>
<th>Rehabilitative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment of patient’s condition demonstrates skilled care is necessary for performance of safe and effective program</td>
<td>Goal and/or purpose is to restore/reverse, in whole or part, a previous loss of function</td>
</tr>
<tr>
<td>Program may be necessary to maintain current condition or prevent or slow further deterioration</td>
<td>Consider beneficiary’s potential for improvement from the services</td>
</tr>
<tr>
<td>Consider the patient’s special medical complications or complexity of therapy procedures</td>
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</tr>
</tbody>
</table>

**How long is Maintenance covered?**

As long as the specialized judgment, knowledge, and skills are necessary for the performance of a safe and effective program.
Defensible Documentation

Necessary

Skilled

Reasonable

Necessary

Documentation Tips: For Paper Entry

• Write legibly
• Sign entry and include title
• Be factual and specific
• Avoid relying on memory
• Do not use white out or write over entries
• Only use acceptable abbreviations
• Demonstrate the care provided is patient centered
• Avoid using “lists” of activities or exercises the patient completed
• Information in the record should “flow” and “connect” the patient story
• Document the patient’s response to care interventions
• Each note stands alone
• Homebound status should be documented on each note
• Address orders and goals
• Address pain on every visit
• Ask about new medications every visit
Documentation Tips: for EMR

- Check spelling
- Sign entry and include title
- Be factual and specific
- Avoid relying on memory
- Only use acceptable abbreviations
- Demonstrate the care provided is patient centered
- Avoid over-utilizing check-boxes!
- Information in the record should “flow” and “connect” the patient story
- Document the patient’s response to care interventions
- Each note stands alone
- Homebound status should be documented on each note
- Address orders and goals
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Questions?

- Contact: Ellen@RehabResourcesAndConsulting.com
- Website: RehabResourcesAndConsulting.com