2011 PPS RULE

Implications

For

Therapy

Objectives

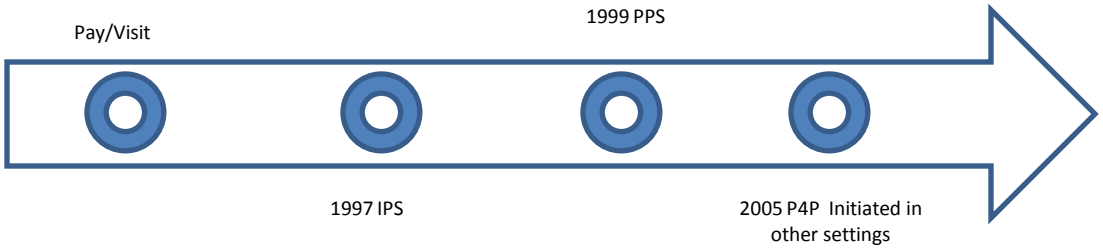
- Review the history of the Home Health Reimbursement Model and how it has influenced the upcoming changes in reimbursement and the associated therapy requirements
- Focus on CMS' final rule for CY2011 for those changes that will directly impact rehabilitation services

- Review documentation standards for therapy in order to support the need for “reasonable, necessary & skilled” therapy services
- Practice specific visit scenarios in order to grasp a greater understanding of when the special therapy reassessment visits will need to occur in order to continue receiving reimbursement for services.
- Provide attendees with various resources they can use to stay up to date on further guidance regarding the PPS final rule for CY2011, as well as resources that promote best practices

Quote

- A successful man (or woman) is one who can lay a firm foundation with the bricks others have thrown at him/her. David Brinkley

Background



- The one constant over the course of time is “change”
- Change is inevitable

PPS

- 10 visit threshold
- ✓ Impacted clinical decision making

- Reimbursement structure modified in 2008
- ✓ 3 visit thresholds (6,14 &20)
- ✓ Graduated steps

- Designed to:
- ✓ Reduce the 10 visit incentive “mentally”
- ✓ Restore clinical considerations when providing therapy
- ✓ Pay more accurately for utilization under 10 visits

Analysis of 2008 Data

- MedPAC March 2010 Report to Congress suggests:
- ✓ Provision of unnecessary therapy
- ✓ 26% increase of episodes with >/=14 visits
- ✓ Treatment patterns are directly related to payment policy
- ✓ Criteria for receiving the HH benefit are ill-defined

- In response to the report CMS came out with their final rule for CY 2011

2011 PPS Final Rule Implications For Therapy

- Measurable treatment goals in POC

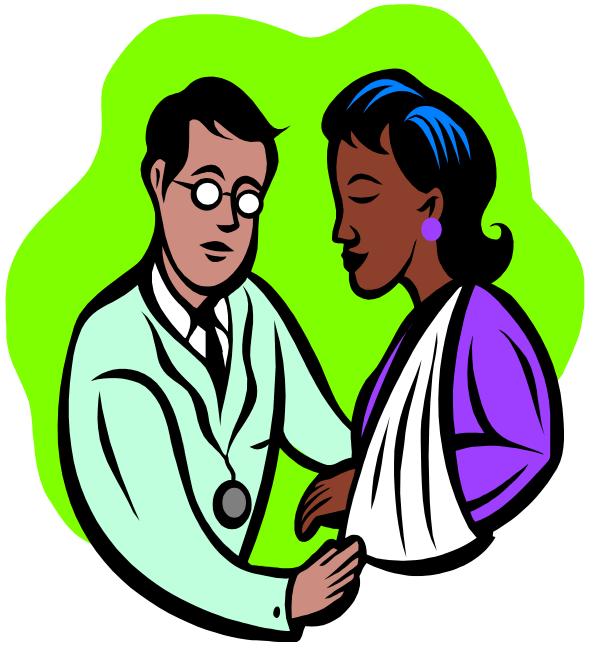
✓ Objective measurements

✓ Successive comparison of measurements

- Qualified therapist required to perform 13th & 19th visit, instead of the assistant

✓ Assess patient

✓ Measure & document effectiveness of the therapy



- Coverage would cease if

✓ Above requirements not met

✓ Progress can not be expected in a reasonable & predictable time frame

Documentation

- Therapy 101
  - ✓ Documentation should flow
    - ➢ Objective & measurable assessment
    - ➢ Goals should be tied to function
    - ➢ Plan of care should reflect the goals
    - ➢ Therapy documentation should back up coding

  - ✓ Each visit should stand alone
    - ➢ Reasonable & necessary
    - ➢ Ask yourself
      - ❖ Do I really need to have a “skilled” therapist involved for this pt. to progress?

Documentation Cont.

- Can not just do your evaluation & never look back until the D/C visit
- Every visit must present as another “chapter” in the “story” of our course of care for this patient

- All visit documentation should paint a clear picture
  - ✓ Care coordination
  - ✓ Obtaining orders
  - ✓ Arranging DME
  - ✓ Case conference/ meetings
  - ✓ Unexpected emergencies
  - ✓ A majority of documentation occurs outside of normal work hours

What Can You Do??

- Investigate to see if you can streamline processes
- Work with software vendors
- Consider productivity points for documenting & case conferencing
- Educate
- Provide tools
- Support

13th & 19th Visit Thresholds

- Need to be performed by the qualified therapist, not the assistant
- Reassessment occurs at the 13th and 19th visit threshold
- The visit count is *Cumulative* not per individual discipline
- Careful planning when more than 1 discipline is involved

Exceptions

- Rural areas

- Extenuating circumstances

regardless of service area

Special Considerations

- Re-evaluations/ROC's
- Missed Visits
- Extension of current orders
- Another re-assessment is required for patients that remain on service for the 30th day beyond the threshold assessments

Rationale Behind This Requirement

- Falls in line with longstanding Medicare COP's as well as accepted professional standards.
- Ensures that the therapist has first-hand knowledge of the pt.
- Performed at defined time points, to help reduce performance of unnecessary therapy visits

Quoted Research

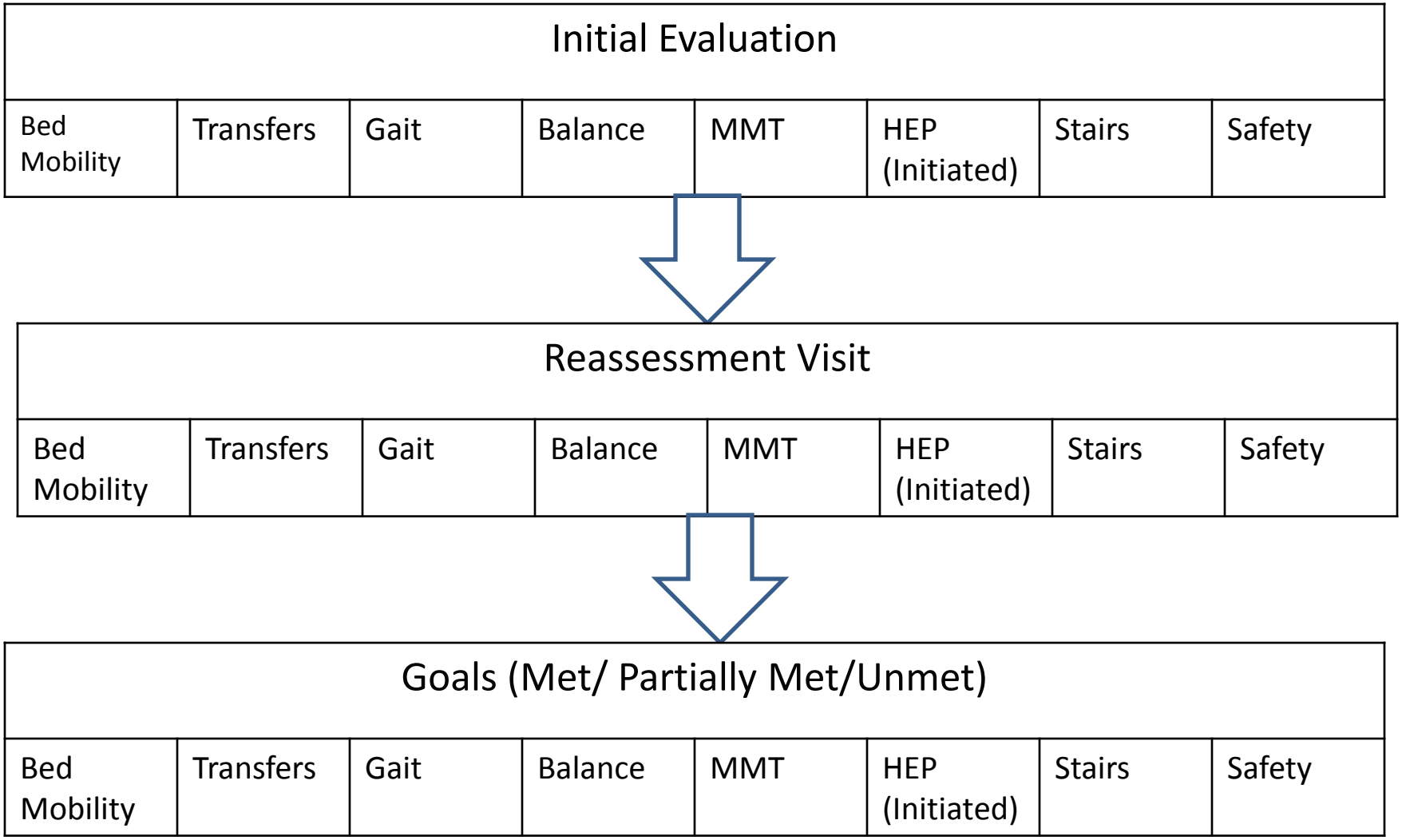
- “Predictors of Physical Therapy Clinic Performance” – Linda Resnik, Dawei Liu, Vince Mor and Dennis L Hart

- “State Regulation and the Delivery of Physical Therapy Services” – Linda Resnik, Z Hanlian Feng, and Dennis L Hart

Therapy Reassessment

- Therapist must assess a patient's function using objective measurement of function
- Items to include:
  - ✓ Current objective evidence/measurement
  - ✓ Assessment of the effectiveness of the current POC
  - ✓ If progress has been made, identify which goals have been met
  - ✓ If progress has not been made
    - ➢ Spell out why
    - ➢ Therapist & physician determine if continuation is appropriate
      - ✓ Plan to cont. or D/C
      - ✓ Identify changes to POC or goals
      - ✓ Supportable statement to cont.

Therapy Reassessment Cont.



Sample Template

- Created by Maryann Knee with input from the HCAF Membership

✓A sample of what to include

✓You may want to tweak it based on the needs and policies of your agency

Implementation

- The therapy requirements for the Final Rule for 2011 are effective 4/1/2011
  - ✓ Prepare now
  - ✓ Do not wait until 3/31/11 to put a plan into action
  - ✓ Required in <u>every</u> episode
  - ✓ The reassessment needs to be done at the 13th and 19th visit for each episode and then every 30 days

G-Codes

- The use of G-Codes is effective 1/1/2011
  - ✓ Codes have been released
  - ✓ Further guidance is pending

Rehab G-Codes

G0151	SERVICES PERFORMED BY A QUALIFIED PHYSICAL THERAPIST IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES
G0152	SERVICES PERFORMED BY A QUALIFIED OCCUPATIONAL THERAPIST IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES
G0153	SERVICES PERFORMED BY A QUALIFIED SPEECH-LANGUAGE PATHOLOGIST IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES

Rehab Assistant Codes

G0157	SERVICES PERFORMED BY A QUALIFIED PHYSICAL ASSISTANT IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES
G0158	SERVICES PERFORMED BY A QUALIFIED OCCUPATIONAL THERAPIST ASSISTANT IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES

Therapy Maintenance Codes

G0159	SERVICES PERFORMED BY A QUALIFIED PHYSICAL THERAPIST, IN THE HOME HEALTH SETTING, IN THE ESTABLISHMENT OR DELIVERY OF A SAFE AND EFFECTIVE THERAPY MAINTENANCE PROGRAM, EACH 15 MINUTES
G0160	SERVICES PERFORMED BY A QUALIFIED OCCUPATIONAL THERAPIST, IN THE HOME HEALTH SETTING, IN THE ESTABLISHMENT OR DELIVERY OF A SAFE AND EFFECTIVE THERAPY MAINTENANCE PROGRAM, EACH 15 MINUTES
G0161	SERVICES PERFORMED BY A QUALIFIED SPEECH-LANGUAGE PATHOLOGIST, IN THE HOME HEALTH SETTING, IN THE ESTABLISHMENT OR DELIVERY OF A SAFE AND EFFECTIVE THERAPY MAINTENANCE PROGRAM, EACH 15 MINUTES

Maintenance Therapy Examples

- ALS Patient

✓ Will show no improvement

✓ Will deteriorate over time

✓ Skill of therapist required to:

- Monitor the patient's condition and make modifications to equipment
- Splints or orthotic adjustments
- Train caregiver on patient handling techniques as condition progresses/worsens

- Unhealed, Unstable Fracture

✓ Functional progress has plateaued until patient's wt. bearing is increased

✓ Requires regular exercise to maintain function until the fractured extremity is maintained in proper position during the exercise

MSW & HHA Codes

G0155	SERVICES OF CLINICAL SOCIAL WORKER IN HOME HEALTH OR HOSPICE SETTINGS, EACH 15 MINUTES
G0156	SERVICES OF HOME HEALTH/HOSPICE AIDE IN HOME HEALTH OR HOSPICE SETTINGS, EACH 15 MINUTES