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Eli's Rehab Report

Compliance: Count Your Therapy Reassessment Visits Like This

Newly published CMS fact sheet attempts to clear up confusion.

Without Medicare manual instructions on how home health agencies should implement new therapy reassessment requirements when they're required April 1, you can expect a lot of scrambling.

Good news: The feds have issued some informal instructions that may help you better understand what therapists must do to comply with the requirements. For example, the final rule says a new therapy reassessment is required at the 13th and 19th visits -- but do you know how to count the visits?

Look no further than the "Therapy Requirements Fact Sheet" the **Centers for Medicare & Medicaid Services** recently posted to its website. "While changes to Publication 100-02, Chapter 7, Home Health Services are pending, the following information related to therapy requirements contained in the Calendar Year 2011 Final Home Health Rule is being provided to assist HHAs and therapists with these requirements that are effective April 1, 2011," the sheet says.

"Where more than one discipline of therapy is being provided, a qualified therapist from each of the disciplines must provide the ordered therapy service and functionally reassess, measure, and document the effectiveness of therapy or lack thereof close to but no later than the 13th and 19th therapy visit," CMS says in the fact sheet. "The 13th and 19th therapy visit timepoints relate to the sum total of therapy visits from all therapy disciplines. In multi-discipline therapy cases, the qualified therapist would reassess functional items and measure those which correspond to the therapist's discipline and care plan goals."

In other words, you have to count all the therapy visits together for the 13- and 19-visit timepoints, even though each individual discipline must conduct a reassessment, CMS clarifies.

Watch out: Make sure any home health agencies you work with understand that if you or other contracted therapists aren't able to conduct the necessary reassessments and related documentation thy will be furnishing non-covered care after those timepoints, CMS also makes clear in the sheet. CMS still needs to answer some vital reimbursement questions about this new therapy requirement, insists the **National Association for Home Care & Hospice**.

For example, what happens if a physical therapist completes the reassessment but an occupational therapist doesn't -- will their visits still be covered and paid? And will Medicare cover and pay for therapy reassessment visits furnished after the required timepoints?

Resource: The sheet is at www.cms.gov/HomeHealthPPS/Downloads/Therapy_Requirements_Fact_Sheet.pdf.

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