

Eli's Rehab Report

DOCUMENTATION ~ Beef Up Your Documentation With New Outcomes Measurements

Hint: Professional guidelines will help lead the way

The **Centers for Medicare and Medicaid Services** decided it wasn't done updating its therapy documentation requirements last December, so it released Transmittal 63 with a few more tweaks -- and an interesting twist. The agency decided to publish four recommended outcomes measurement instruments to better support medical necessity:

- National Outcomes Measurement System (NOMS) -- by the American Speech- Language Hearing Association
- Patient Inquiry by Focus On Therapeutic Outcomes Inc. (FOTO)
- Active Measure-Post Acute Care (AM-PAC)
- OPTIMAL by Cedaron, through the American Physical Therapy Association.

Occupational therapists: If you're wondering why your professional association doesn't have an outcomes tool on CMS' list, don't worry. "We believe that if you follow the best practice as our guidelines define it, you'll meet these CMS criteria," says **Chris Metzler,** chief public affairs officer for the American Occupational Therapy Association (AOTA). Besides, you have an alternative option CMS spells out for those who choose not to use one of the four tools above.

Know Your Backup

If you're one of the vast majority of therapists who do not use these instruments, Transmittal 63 outlines the required alternative. But first, it asks all therapists -- regardless of whether they use the four recommended outcome measures -- to build some groundwork with certain documentation, as applicable. For starters, you must include documentation that

- supports the illness severity or complexity;
- supports medical care prior to the current episode;
- indicates the beneficiary's quality of life; and
- indicates the beneficiary's social support, such as where the patient intends to live after the outpatient therapy episode.

The good news: Although this may sound like a handful, remember, "these are standard questions that an OT [and a PT or SLP] asks when doing an evaluation," Metzler says.

Your Outcome Measurements Are as Easy as 1-2-3

Once you've established this groundwork, if you choose not to use one of CMS' recommended outcomes tools, you must instead submit documentation indicating "objective, measurable beneficiary physical function," including at least one of these three items:

• Functional assessment individual item and summary scores from commercially available therapy outcomes instruments. "An example of a commercially available measurement could be a FIM score," says Rick



Gawenda, PT, director of physical medicine and rehabilitation at Detroit Receiving Hospital.

- Functional assessment scores from tests and measurements validated in professional literature. "A valid test could be results of a manual muscle test or a range-of-motion test," Gawenda adds.
- Other measurable progress toward identified goals for functioning in the home environment after the therapy episode is finished. "This could be noting that the patient progressed from using a walker to a standard cane, or that the patient can now do upper-extremity dressing," Gawenda says.

The bottom line: If you've followed your professional documentation guidelines faithfully, you shouldn't have a problem with the new documentation requirements or the outcomes information. In fact, this shouldn't be new to you. "People shouldn't be too intimidated by the red ink in the transmittal because when you compare what CMS is asking for to what AOTA [or your other professional association] has always suggested, it's not very different," Metzler says.

Note: Watch the next issue for more on CMS' latest documentation updates.