Codify
BY AAPC

Eli's Rehab Report

Home Health Therapy Reassessment: Look to 2015 PPS Rule for Possible Reprieve

Tracking days instead of counting visits proposed.

The **Centers for Medicare & Medicaid Services** (CMS) has not really spelled out the newly proposed requirement in the 2015 proposed PPS rule for scheduling therapy reassessments. However, it may not be such a good idea for home health agencies (HHAs) if it does get too specific. You could stand to forfeit flexibility. Baffled? Read on to understand why.

Old way: Effective January 2013, when a home health agency furnishes multiple types of therapy, each therapist must assess the patient after the 10th therapy visit but no later than the 13th therapy visit and after the 16th therapy visit but no later than the 19th therapy visit for the plan of care, CMS reminds HHAs in its 2015 proposed rule for the home health prospective payment system. Plus, "we specified that when a therapy reassessment is missed, any visits for that discipline prior to the next reassessment are non-covered," CMS points out in the rule scheduled for publication in the July 7 Federal Register.

New Way: "We propose to simplify [the regulation] to require a qualified therapist (instead of an assistant) from each discipline to provide the needed therapy service and functionally reassess the patient ... at least every 14 calendar days," CMS says in the rule issued July 1. "The requirement to perform a therapy reassessment at least once every 14 calendar days would apply to all episodes regardless of the number of therapy visits provided. All other requirements related to therapy reassessments would remain unchanged."

"We believe that revising this requirement would make it easier and less burdensome for HHAs to track and to schedule therapy reassessments every 14 calendar days as opposed to tracking and counting therapy visits, especially for multiple-discipline therapy episodes," CMS continues. "We also believe that this proposal would reduce the risk of non-covered visits so that therapists could focus more on providing quality care for their patients, while still promoting therapist involvement and quality treatment for all beneficiaries, regardless of the level of therapy provided."

This change is "a very positive step," praises physical therapist **Cindy Krafft** with **Kornetti & Krafft Healthcare Solutions** in Citrus Springs, Fla. While there will be operational challenges in complying with the 14-day timeframe, it's significantly better than counting visits, Krafft tells **Eli**.

One factor that helped make this change happen was HHAs' lack of utilization changes in response to the current visit-counting policy. "Our recent analysis of claims data from CY 2010 through CY 2013 shows no significant change in the percentage of cases reaching the 14 therapy visit and 20 therapy visit thresholds between CY 2010 and CY 2011," CMS says in the rule. "Moreover, payment increases at the 14 therapy visit and 20 therapy visit thresholds have been mitigated since the recalibration of the case-mix weights in CY 2012."

Krafft says she is "borderline giddy" that agencies won't have to count and track the visits for reassessment anymore, if the proposal is finalized. But she is also relieved to see that CMS does not devote a lengthy section of the PPS rule this year to therapy utilization and fraud and abuse issues.

Beware: Agencies may want to get specifics about the newly proposed requirement, but Krafft warns against asking CMS to get too specific.

"Learn the lesson from visit ranges," she tells agencies. HHAs that ask CMS to define "at least 14" exactly or pin down other details may end up with less flexibility as a result. "We don't want to turn it into something worse," she says.

Codify
BY AAPC