

Eli's Rehab Report

Industry Notes: Keep Your Therapy Reassessment Rules for Home Health Straight

Home health agencies continue to be confused about the timeframes for the therapy reassessments that were required as of April 1, said a CMS official in a home health Open Door Forum in mid-August. A provision meant to give HHAs more flexibility with timing of the reassessments is a main culprit, said CMS's **Lori Anderson**.

Under last year's final prospective payment system rule, HHAs can use a relaxed timeframe for conducting therapy reassessments for patients receiving therapy from multiple disciplines. Under the rule, the reassessment must occur "close to" and before the 14- and 20-visit mark, in the aggregate.

CMS didn't say "it has to be between this visit and that visit," Anderson pointed out. Just "close to" the threshold visits. (See "Count Your Therapy Reassessment Visits Like This" in Rehab Report, Vol. 18, No. 5.)

For single-therapy-discipline episodes, therapists must conduct the reassessment exactly on the 13th and 19th visit. In rural areas or for "documented circumstances outside the control of the therapist," therapists can make the reassessment in the 11-13 or 17-19 visit range, CMS says in the 2011 PPS final rule.

Understand this therapy reassessment loophole: Home health agencies will be off the hook for a therapy patient's 30-day reassessment if the patient is in the hospital, but you'll need a lot of paperwork to back it up. So says HHH Medicare Administrative Contractor NHIC in a question-and-answer set from an August Ask the Contractor Teleconference.

NHIC points to a recent CMS Q&A on the topic for guidance. "Where unexpected sudden changes in the patient's condition result in a stop therapy order, we would expect to see documentation and evidence in the medical record (including a physician order to stop therapy) which would support an unexpected change in the patient's condition which precludes delivery of the therapy service," CMS says in the Q&A, according to NHIC.

"We will modify our manual to describe that in such documented cases the 30-day qualified therapist visit/assessment/measurement requirement can be delayed until the patient's physician orders therapy to resume," CMS adds.

You should consider putting your patients who have diminished eyesight on the watch list for falls, suggest findings from a newly published study. Researchers at Trinity College Dublin in Dublin, Ireland compared "three groups: older adults who had fallen at least once in the past 12 months, older adults who had not fallen, and younger adults," states a release on the study.

The researchers published an article on the study, "Reduced Vision Impairs Spatial Cognition in Fall-Prone Older Adults," in a recent issue of *Insight: Research and Practice in Visual Impairment and Blindness*.

In the study, the researchers had the participants walk a course without and without vision-impairing goggles. When the younger adults and the older adults who hadn't fallen had reduced vision, they "reduced their walking speed," states the release. "They were compensating for their impairment by proceeding more slowly. The fall-prone group, however, did not walk more slowly. They also made more errors in returning to the starting point of the course," the release continues.

Conclusion: "The fall-prone older adults displayed an overreliance on visual information for spatial cognition, but at the same time they did not adjust their behavior to compensate for their lack of visual information," says the release. "Spatial cognition may be more greatly compromised among fall-prone older adults."

Read the release at http://allenpress.com/Publications/pr/AERJ4_3.

