

Eli's Rehab Report

IRFs and SNFs: Equip Yourself for 2014 PPS Updates Now -- and Prevent Headaches Later

Group therapy now being monitored in both SNFs and IRFs.

The **Centers for Medicare & Medicaid Services** (CMS) has released its 2015 final rules for inpatient rehab facilities and skilled nursing facilities. While these settings can expect a payment increase of 2.2 percent and 2 percent, respectively, deeper changes are in the works.

Presumptive Compliance Belt Tightens for IRFs

As the proposed rule foreshadowed, CMS has confirmed in the final IRF rule that 10 status post-amputation diagnosis codes will be removed from the 60 Percent Rule's presumptive compliance list.

Plus: CMS has required another IRF-PAI item ☐ a yes/no question on whether prior treatment and severity requirements have been met for arthritis patients.

"Medicare Administrative Contractors (MACs) will determine whether inclusion of the arthritis codes indicated with a 'Yes' on the IRF-PAI would be enough for the facility to comply with the 60 Percent Rule requirement. If so, then the MAC would be required to take a random sample of these cases to verify that the requirements were indeed being met," states CMS on a fact sheet for the rule.

Type of Therapy Matters More Than Ever

CMS has required in the final rule an additional IRF-PAI item to record the amount of group, individual, co-treatments, and concurrent treatments per discipline for the first two weeks of the patient's stay. CMS added concurrent treatments to the final rule. Concurrent refers to 2 patients treated at the same time, not necessarily in the same activity, but in the clinician's line of sight.

This is similar to data already collected for SNF residents on the Minimum Data Set (MDS) sheet.

Clarification: Right now the agency is just gathering data; there are no limits on group therapy in IRFs ...yet.

"CMS, however, will probably put a limitation on group therapy after gathering the data, just as they did in SNFs," predicts **Mark Kander, MPH**, director of regulatory analysis for the **American Speech-Language Hearing Association**. (The current limit in the SNF setting is 25 percent group therapy per discipline per week.)

"We are not pleased with [the scrutinizing of group therapy in IRFs] because there is very little research on the types of therapy and what's more efficacious than another type," Kander remarks. "What about the professional judgment of the clinician deciding what will be good for that patient?"

SNFs Await Big Changes

Rehab providers in SNFs will see minimal changes in 2015 ☐ just the ability for SNFs to use a change of therapy (COT) other Medicare required assessment (OMRA) to reclassify residents into a new therapy RUG. A COT OMRA, however, will not be allowed to initially classify a patient into a therapy RUG.

Although not finalized in the 2015 rule, CMS is considering allowing providers to use the COT OMRA to reclassify a resident into a therapy RUG from a non-therapy RUG, but "only in certain limited circumstances."

Watch for: The low impact of the 2015 rule may simply be the calm before the storm. CMS acknowledged in the rule that it is continuing to develop an alternative therapy payment model for SNFs.

"We aren't supporting a particular model at this point," says **Christina Metzler**, chief public affairs officer for the **American Occupational Therapy Association** (AOTA). "AOTA is seeking to gather its own internal experts to discuss appropriate, consumer-sensitive payment options."