

Eli's Rehab Report

Reader Question: Intensity of Therapy Changed? COT OMRA Needed

Question: In what types of situations must I complete a COT OMRA since I render therapy in a SNF setting?

Answer: You must complete a Change of Therapy (COT) Other Medicare Required Assessment (OMRA) when the resident receives sufficient level of rehabilitation therapy to qualify for Ultra High, Very High, High, Medium, or Low Rehabilitation category, according to the **California Department of Public Health (CDPH)**.

A COT OMRA is required "when the intensity of the therapy changes to such a degree that no longer reflects the RUG-IV classification and payment assigned, based on the most recent assessment used for Medicare payment," CDPH explains.

But according to CDPH, you do not need to complete a COT OMRA when:

- A resident is discharged from your facility on or prior to Day 7 of the COT observation period (in cases where the date you code for Item A2000 □ Discharge Date is on or prior to Day 7 of the COT observation period). If you choose to complete the COT OMRA in this situation, you may combine the COT OMRA with the Discharge assessment.
- The last day of the Medicare Part A benefit (the date you used to code A2400C □ End date of most recent Medicare stay) is prior to Day 7 of the COT observation period. But keep in mind that a COT OMRA would be required if the date listed on A2400C is on or after Day 7 of the COT observation period and all other conditions are met.
- The date you used to code A2400C is equal to the date you coded for A2000 (cases in which discharge from Medicare Part A is the same day as the discharge from the facility), and this date is on or prior to Day 7 of the COT observation period. You may choose to combine the COT OMRA with the Discharge assessment in this case.