

Eli's Rehab Report

Reimbursement: Protect Your Therapy Dollars This Way

Tip: Ensure goals are realistic.

If you have been wondering whether capturing deserved therapy reimbursement requires some kind of voodoo, rest assured you'll find the process simpler than it appears. Balancing federal regulations and local coverage determinations (LCDs) and foolproof documentation hold the key. Read on to find out how.

1. Know the requirements. In a recent article detailing therapy medical review results, Home Health & Hospice Medicare Administrative Contractor **Palmetto GBA** spells out the 11 elements its reviewers are looking for in therapy evaluations/revaluations (see box on this page). The list should prove good guidance for HHAs served by all MACs, experts agree. Make sure your documentation covers all 11 elements, they urge.

2. Monitor LCDs. Some HHAs have been caught flat footed by Palmetto's requirement for short- and long-term goals for therapy claims. The requirement isn't contained in federal regulations, but is articulated in a Local Coverage Determination (see story, p. 75).

"Home health agencies should routinely monitor the LCDs published by their intermediary," advises PT **Chris Chimenti**, Director of Therapeutic Services for **HCR Home Care** in Rochester, N.Y. That will ensure your therapy documentation supports changes in required elements.

3. Use a template. "In my experience, a properly configured therapy documentation template is an important driver to ensure consistent capture of the 11 elements by each and every therapist on the team," Chimenti says. "Most electronic medical record formats allow for individual user-based customization of clinical assessment templates. By ensuring each of the 11 elements is prompted in the initial therapy assessment and subsequent visits, an agency has the best chance to secure defensible documentation and avoid therapy-based denials or downcodes."

Don't forget: Keep your template updated as requirements change, on both the national and local level, Chimenti counsels.

4. Focus on goals. Palmetto has been penalizing HHAs for missing goals, and other MACs are likely to follow suit. "We need to hit auditors in the face with the short- and long-term goals," urges clinical consultant **Dana Eichler** with **Smart Healthcare Resources** in Denver, Co. "The dates only are not catching it."

Resource: To view a free half-hour webcast, "Therapy Goals and Denials," by consulting firm **Kornetti & Krafft Health Care Solutions**, go to www.valuebeyondthevisit.com, click on "Therapy" in the top bar, and scroll down to the webcast link.

5. Bulletproof your goals. But even goals that are present may not pass muster with reviewers. Therapists are having trouble meeting the "functional, objective, and measurable" criteria for goals, says PT consultant **Karen Vance** with **BKD**. Vance recommends using the following definitions: "'Functional' means it must satisfy the question, 'So what?'; 'Objective' means that any term being used means the same thing by anyone who uses it; 'Measurable' means countable progress toward the goal."

And make sure the goals are realistic, Eichler adds. Therapists must take the prior level of function into account, she stresses. "I see PLF indicated, but rarely is it indicated as how long ago that occurred," she notes. "A patient is not going to ambulate in nine weeks if they have not stood in three years."

6. Improve communication between disciplines. Nurses and therapists have their own strengths and weaknesses in assessing the patient and completing/supporting OASIS (see previous story). "More communication between disciplines is clearly indicated in today's environment," Eichler recommends.

PTs' and OTs' documentation should "demonstrate consistency with the functional domain of the Start Of Care OASIS," Chimenti says.