

## Eli's Rehab Report

### SNFs: Don't Miss This Critical Update to Therapy Eval Requirements

#### CMS transmittal 73 spells out this small but important change

Gear up your SNF for more therapy evaluations. Just in case you missed the announcement late last June, CMS is requiring all of your patients receiving therapy to have an initial evaluation after they're admitted into your skilled nursing facility.

Transmittal 73 explains that this is one of the conditions you must meet to count your therapists' work as "skilled physical therapy"--aka, get paid.

**Planning:** This means you can no longer use an evaluation that a therapist performed, for instance, in an acute care hospital or IRF setting because the beneficiary's status must be evaluated in the SNF setting, says **Rick Gawenda PT, director** of physical medicine and rehabilitation for Detroit Receiving Hospital and owner of Gawenda Seminars.

Naturally, the requirements that already existed for skilled therapy services still stand, such as the overall treatment plan having a physician signature and the therapy being reasonable and necessary.

**Don't miss:** The new requirements also note that if a patient receiving therapy in your SNF is discharged and later readmitted, you must still perform an initial evaluation upon readmission to the SNF, prior to the start of physical therapy services.

#### The Transition Should Be Easy

Luckily, rehab providers across the board already abide by this practice in SNFs, so there shouldn't be much of a change on your part, if any, to implement this new rule. "To be honest, I was surprised that this was a 'new requirement,' " says **Wendy Apgar, OTR/L**, clinical development specialist for Rehab Choice Inc. in St. Louis. "Our FIs have always told us that when a patient has a change in his or her setting that a new evaluation is needed."

That even includes the times when a patient transfers just a couple floors away to a skilled nursing unit within a hospital and the same therapist follows him, Apgar tells **Eli**.

**Reasoning:** Usually when you perform an initial evaluation in the SNF setting, the patient's status is so different that it isn't really appropriate to refer to a plan of care from the previous setting, Apgar says.

#### Keep Billing Practices the Same

If for some reason you haven't been performing initial evaluations for new patients entering your facility, remember that the cost of an initial therapy evaluation is included in the SNF prospective payment system (PPS). In other words, "you can't bill for the evaluation under Medicare Part A," Apgar says. Instead, you begin counting minutes when the treatment starts.

**Part B review:** As for billing in an SNF under Part B, you can bill for an evaluation, Apgar says. But remember that 97001 (Physical therapy evaluation), 97003 (Occupational therapy evaluation) and 92506 (Evaluation of speech, language, voice, communication, and/or auditory processing) are untimed, so you would report only one unit on your claim form--regardless of whether your eval was 8 or 45 minutes.

To view the full transmittal, see [www.cms.hhs.gov/transmittals/downloads/R73BP.pdf](http://www.cms.hhs.gov/transmittals/downloads/R73BP.pdf).

