

MDS Alert

MDS, Billing & Survey News To Use

The Centers for Medicare & Medicaid Services has clarified that therapy evaluations must occur in the SNF for therapy services to be covered under the SNF benefit.

"The services must be directly and specifically related to an active written treatment plan ... based upon an initial evaluation performed by a qualified physical therapist after admission to the SNF and prior to the start of physical therapy services in the SNF" that's approved by the physician after any needed consultation with the qualified physician therapist, states Transmittal 73 (change request 5532).

The transmittal has an effective date of July 30, 1999, and an implementation date of Oct. 1, 2007.

"It's always been true that SNFs can't use a therapy evaluation performed in another setting, such as the hospital," says **Pauline Franko, PT**, principal of **Encompass Consulting and Education** in Tamarac, FL.

Key point: You can't count the evaluation as part of the therapy minutes on the MDS, states the transmittal.

The transmittal directs FIs to deny rehab RUGs when a review of the medical record shows the initial evaluation is dated before the first day of covered care upon admission or readmission to the SNF.

Has your facility revisited its accident prevention programs lately? The time is right for doing so. CMS just released revised survey guidance for accidents and supervision. The agency has combined F323 and F324 to create F323. The guidance goes into effect Aug. 6, 2007. The interpretive guidelines clarify "resident supervision, hazard identification and resident risk, falls, unsafe wandering/elopement, environmental assessment of hazards, and resident-to-resident altercations," according to a survey & cert memo issued July 6. CMS will post a final copy of the new guidance at www.cms.hhs.gov/Transmittals/.