

MDS Alert

READER QUESTIONS :To Give an ABN or Not for a Part B Resident Who's Exhausted the Therapy Cap

Question: Should our facility give a beneficiary the CMS-R-131 when the resident has exhausted the therapy cap and the resident or his family requests continuation of therapy services?

Answer: Keep in mind that all patients with Part B coverage qualify for the exception to the cap if their therapy is medically necessary, notes **Pauline Franko, PT, MCSP**, a consultant in Tamarac, Fla. If the person doesn't qualify for an exception, which means the therapy isn't medically necessary for purposes of Medicare guidelines, the facility isn't required to give him or his family the CMS-R-131. But if the patient or his family wants him to continue with "maintenance therapy," which Part B doesn't cover, he can continue receiving services, says Franko.

In that case, the facility should have the resident or family sign a liability form of some sort in order to protect itself from non-payment, advises **Marilyn Mines, RN, RAC-CT, BC**, a consultant in Deerfield, Ill. "The R-131 serves that purpose." (Reader questions continued on p. 84.)