

## MDS Alert

### Therapy Coding: CMS Officials Answer Your 5 Top Therapy Coding Questions

Check out the latest guidance on when and how to complete SOTs, EOTs & COTs.

Providers had plenty of questions regarding therapy coding and the completion of SOTs, EOTs and COTs for CMS officials during the SNF Open Door Forum on May 24. Take a look at the questions and their guidance below for tackling critical therapy issues.

#### 1. Do You Code Therapy Start /End Dates for Residents with No Therapy Minutes?

Providers must code the therapy start and end dates on the MDS even if there are no therapy days or minutes coded on the MDS, clarified **John Kane, CMS, CM, CCPG**, health insurance specialist in CMS' Division of Institutional Post Acute Care.

"There has been some confusion as to whether or not a start and end date needed to be coded on an MDS when there is no active therapy regimen, i.e., there are no minutes or days coded on the MDS," Kane noted. However, the instructions provided in the MDS RAI manual for Items O0400A, B, and C, clearly state that you must still code the therapy start and end dates for the most recent therapy regimen since the most recent entry into the facility coded at A1600.

In addition, Kane noted, the instructions on the MDS itself specify that if there are no minutes coded, you would then skip down to the start and end dates for therapy (see O0400 box) on page 71. "So again, if there are no minutes coded on the MDS or no days, you would still need to code the latest or most recent start and end dates onto the MDS," Kane emphasized.

- **Therapy Start Date** -- Record the date the most recent therapy regimen (since the most recent entry) started. This is the date the initial therapy evaluation is conducted regardless if treatment was rendered or not or the date of resumption (O0450B) on the resident's EOT OMRA, in cases where the resident discontinued and then resumed therapy.
- **Therapy End Date** -- Record the date the most recent therapy regimen (since the most recent entry) ended. This is the last date the resident received skilled therapy treatment. Enter dashes if therapy is ongoing.

#### 2. How Far Back Do You Have to Go in Coding Therapy Start/End Dates?

The RAI manual states that providers must record the latest start/end of therapy dates since the resident's most recent entry, Kane noted. "So if that person entered the facility six months ago, and he/she has not left the facility and the date at A1600 is still the same, you still need to provide the most recent therapy start and end dates from that date of entry at A1600," he said.>> >>

Kane acknowledged that providers may have difficulty accessing therapy start/end dates for long-term residents whose most recent entry was many years ago, but he emphasized that it is important to have these kinds of records in place to identify when a resident last received therapy.

"This information could still have an impact on a resident's current care plan . . . Our basic instruction to providers is to try to do your best for those residents who entered your facility three, four or five years ago . . . You want to try to provide as much information as possible about your residents and to complete the assessment as fully as possible. This includes Part B, as well as Part A therapies," Kane said.

#### 3. Can You Enter "0" for Days of Therapy When No Therapy is Provided?

The instructions in the RAI manual and on the MDS 3.0 form require providers to leave blank the box for number of days therapy is provided if no minutes of therapy have been provided (see O0400 box) on page 71, Kane noted. So providers should not be putting in a "0" for days of therapy if they have entered "0" for number of minutes of therapy. The "0" entry for days of therapy is used for residents who have received therapy but for less than 15 minutes, Kane explained.

Some providers have indicated that they would like to be able to put in a "0" for days of therapy provided in O0400 A, B, C, D, E and F rather than skip this box as the current instructions require. As one caller to the SNF Open Door Forum explained, this is because the facility may have many people filling out different parts of the MDS, and they are concerned that an item may mistakenly be overlooked. These providers have been requesting software that would require an entry in each box before an MDS assessment could be closed. However, this would not be possible if the current MDS skip patterns were required, the caller explained.

Kane said they would review the matter and respond at the next forum.

Editor's note: The next SNF Open Door Forum will be held on Thursday, July 12, 2012, at 2 pm. Details on how to participate are available at: [www.cms.gov/Outreach-and-Education/Outreach/OpenDoorForums/ODF\\_SNFLTC.html](http://www.cms.gov/Outreach-and-Education/Outreach/OpenDoorForums/ODF_SNFLTC.html)

#### 4. Do You Have to Meet the Prior Planned Therapy Minutes on an EOT-R?

You do not have to have actually provided the planned minutes on an End-of-Therapy- Resumption (EOT-R) assessment when you resume therapy under the same plan of care, Kane said. The EOT-R reflects your intention to resume therapy at the same level on the SOT.

"The EOT-R was created in the first place to try to avoid having to do an EOT and an SOT in every case where a resident ends therapy for a temporary period and then restarts it at the exact same level or under the assumed same level, he explained. However, Kane added, if at the end of the 7-day period after the resumption of therapy, the planned number of minutes has not been met, you will need to complete a COT.

#### 5. Are EOTs and COTs Becoming a Survey Issue?

Kane confirmed that CMS is looking at how many Start-of-Therapy (SOT), End of Therapy (EOT) and Change-of-Therapy (COT) assessments are being completed, but said that the data collected thus far has revealed that there have been fewer COTs than the agency had expected (see Table 4: Distribution of MDS assessment types).

"Table 4 below shows the distribution of all MDS assessment types as a percent of all MDS assessments. [CMS] notes that the first part of FY 2012 quarter one included a transition period for the new policies, and therefore may not be entirely representative of all of FY 2012."

"In the FY 2012 SNF PPS final rule, [CMS] estimated that approximately 884,492 COT OMRAs would be submitted during FY 2012, based on an estimate of 62 COT OMRAs per facility per year for 14,266 SNF facilities (76 FR 49534). Based on the data presented in Table 4 and assuming that the number of COT OMRAs per quarter remains constant, we will have overestimated the total number of COT OMRAs that will be necessary in a given year. We will continue to monitor the number of COT OMRAs."

Source: FY 2012 SNF PPS Monitoring Activities: **Quarter 2**. Available at [www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/Spotlight.html](http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/Spotlight.html). Click on the SNF Monitoring link at the bottom of the web page.

