MDS Alert

What Do You Think?

Question: During the Sept. 1 SNF/LTC Open Door Forum, a caller asked how you know whether to do an End of Therapy-Resumption OMRA as opposed to the Start of Therapy OMRA.

Answer: CMS' **John Kane** replied that "in general, if you are not sure which one to do then it maybe more likely that the person is not able to resume and you may want to consider the Start of Therapy." Kane went on to say that "the kinds of cases that we have expected or anticipate for end of therapy resumption would be that say therapy was not provided over the weekend. And Monday rolls along and the person just did not want to ... do therapy or there was a family [visit] or doctor's appointment..." Thus the resident said, "I am not going to do [therapy] for three days but I ... will do my therapy on Tuesday." Kane noted that "in that case you can reasonably expect that the person is going to resume therapy at the same level."

But "say the reason that you missed therapy was that the person had to go to the ER or something occurred with regard to developing an illness," he added. "Then you might consider whether or not they are going to be able to continue with the same therapy regimen," Kane concluded.

Quick review: "To do the EOT-R, therapy has to resume at the same level within five days after [the patient's] last treatment day," says **Ron** O**rth, R**N**, R**A**C-M**T**,** president of Clinical Reimbursement Solutions in Milwaukee, Wis.

"You have to do a new therapy evaluation when an EOT OMRA has been done and therapy decides to resume either after five days of missed therapy -- or at a different intensity than before," adds **Shehla Rooney, PT,** president of Premier Therapy Solutions LLC in Cookeville, Tenn.

"Resuming therapy at the same level always has to have a clinical basis," says **Peter Arbuthnot, RAC-CT,** regulatory analyst for American HealthTech in Jackson, Miss.

Rooney recommends that the treating therapist document in the medical record why the patient missed the therapy session. "However, I feel it is the duty of the supervising therapist to determine the appropriate intensity level at which to resume therapy services after an interruption in therapy services occurs," she says. "A sample note may look like this," she suggests:

"Patient missed their PT session Monday due to being out of the facility for a prolonged time for an unanticipated MD appointment. Pt's last treatment session was rendered on Friday. Despite this brief interruption in PT services, skilled PT plans to resume services at the same level of intensity as prior, given that there are no new clinical issues that arose from the MD appt."

S**heila Capitosti, R**N**-BC,** N**H**A**, MH**SA**,** says "there may be times when it is assumed that an EOT-R will be appropriate," but the patient ends up going into a different rehab RUG level without the therapist having done an evaluation. But "these cases should be the exception rather than the norm," she cautions. "And the facility needs to be very careful to put processes in place to attempt to assure that this does not occur," adds Capitosti, compliance director for Functional Pathways, a therapy company in Knoxville, Tenn.

Payment and billing tips: "If you see that the non-therapy RUG [from the EOT OMRA] that will cover the person until the next scheduled assessment pays higher than the therapy RUG would pay" when you resume therapy, "then you don't have to do the SOT OMRA," which is an optional assessment, says Capitosti. "You would have to do another evaluation, however, before restarting therapy," she says.

Also: Rooney recommends "not transmitting the EOT OMRA prior to the fifth day, in case you might need to add the

resumption date."

In cases where you complete an EOT-R, "the HIPPS code used to bill the days affected by this assessment should include the AI code used on the EOT-R (Second character = A, B, or C)," states a PowerPoint slide from CMS' Nov. 3 national provider call. (See the RAI manual chart on page 117 of this issue.)

Question: What should SNFs do when CMS provides MDS instructions in its training materials that aren't in the RAI User's Manual?

Answer: "CMS has said publicly that it's the RAI manual and other materials on its website that are official [instructions]," says **Rena** S**hephard, MH**A**, R**N**, R**A**C-MT, C-NE,** president and CEO of RRS Healthcare Consulting Services in San Diego.

Shephard notes that one of the references for that is in the FY 2012 Proposed Rule, Federal Register, May 6, 2011, Page 26370, which reads:

"Because the MDS is a payment as well as a clinical document, we have provided extensive training on proper coding and the time frames for MDS completion in our Resident Assessment Instrument (RAI) Manual. For an MDS to be considered valid for use in determining payment, the MDS assessment must be completed in compliance with the instructions in the RAI Manual in effect at the time the assessment is completed. For payment and quality monitoring purposes, the RAI Manual consists of both the Manual instructions and the interpretive guidance and policy clarifications posted on the appropriate MDS Web site at www.cms.gov/NursingHomeQualityInits/25_NHQIMDS30.asp."