

## OASIS Alert

### Risk Management: IF YOU INCREASE THERAPY USE, DO IT RIGHT

#### Immunize against intermediary scrutiny.

It may seem risky to increase therapy use. But if you approach it correctly, you can avoid denials, provide better patient care, improve your outcomes and increase profitability.

**Warning:** "Significant changes in therapy utilization patterns can be a red flag," warns **Linda Krulish**, president of Redmond, WA-based **Home Therapy Services**. "And increasing therapy use often means increased reimbursement," notes Krulish, a physical therapist. That means increased scrutiny as well.

When Peoria, IL-based **OSF Home Care** started its campaign to increase its use of therapy (See Case Mix), it was very careful to toe the compliance line, says OSF director of rehabilitation **Cindy Krafft**. "We've really been committed to not gaming M0825," the OASIS item on therapy use, Krafft tells **Eli**. Home health patients who require 10 or more therapy visits have episode reimbursement as much as \$2,200 higher than patients who don't reach that threshold.

Krafft is critical of peers who are "now all of a sudden on the therapy bandwagon because of the reimbursement." By identifying therapy needs, agencies can have more episodes "go over 10 [therapy visits] without deliberately setting it up for that purpose," she says.

**Protect yourself:** Therapist documentation is the key to proving that you're furnishing medically necessary therapy services. "Agencies better ensure that the quality of documentation supports the care," Krulish warns.

"You have to show why you're in there, you can't just inflate it, there has to be a real reason" for the therapy services, Krafft stresses. That's why she has hammered home the documentation quality issue with OSF's therapists. "Every visit has to stand alone as skilled," she says.

An especially important point to document when physical therapists and occupational therapists are participating in the same case is how their services are different and don't duplicate each other, Krafft says. "Our approach is PT gets them up, gets them moving and works on general strengthening and OT helps them figure out what to do with it," she explains.

While OTs may engage in a few exercises, it's really about "translating strength into function," Krafft explains.

**Result:** While increased medical review is a widely expected result of increased OT utilization, OSF has yet to see any significant increases in additional development requests (ADRs), Krafft claims. "And I've been waiting, with our significant spike in OT, for some kind of look at it."

Of claims that have been reviewed "here and there," OSF hasn't had any denials, Krafft says. She attributes the company's clear record to strong care planning and documentation.