

Therapy Questions and Answers – Revised March 2012

Question 1: Did the April 1, 2011, effective date for the therapy requirements mean that these requirements were effective for episodes beginning on or after April 1, 2011?

Answer 1: Yes

Question 2: Is the 13/19th-visit requirement per episode?

Answer 2: Yes

Question 3: How are therapy visits counted when trying to determine when the required 13th, 19th, and “at least every 30 days” therapy assessment visits are to be performed? How is the counting of therapy visits affected, when any one of those required therapy assessment visits does not occur?

Answer 3: For the purpose of determining when certain required therapy assessment visits need to occur, only Medicare-covered visits are to be considered. That is to say, non-covered therapy visits are not to be included in the counting of therapy visits for the purpose of determining when certain required therapy assessment visits need to occur. If a required therapy assessment visit were to not be performed timely (i.e. not meet the therapy assessment visit requirements), all subsequent therapy visits would be considered non-covered and would not contribute towards the counting of Medicare-covered visits used to determine when certain therapy assessment visits are to be performed. Once all therapy assessment visit requirements have been met, subsequent therapy visits would be considered Medicare-covered and would be counted for the purpose of determining when certain required therapy assessment visits need to occur.

That said, we also note the following: (1) the classifications of Medicare-covered and non-Medicare covered visits refer to how the visits would be reported on the claim; (2) agencies and therapists should not change the number of therapy visits a patient receives based on whether prior visits were Medicare-covered or not; and (3) patients should only receive the number of therapy visits called for in the patient’s plan of care.

Question 4: In the case of multiple therapy disciplines, how is the count handled for the 13th and 19th visits?

Answer 4: The count is cumulative and includes all therapy disciplines. Therefore, if someone were, for example, receiving physical therapy (PT) three times a week and occupational therapy (OT) once a week, the 13th therapy visit would presumably be at the beginning of the fourth week.

Question 5: Is the “at least every 30-days”-reassessment requirement measured by episode or the patient’s full course of treatment?

Answer 5: The patient’s full course of treatment (i.e., starting from the therapist’s first assessment/visit and continuing until the patient is discharged from home health). Note that because this requirement is designed to ensure that at a minimum, a home health patient is visited by a therapist (rather than an assistant) at least once every 30 days, the intent is not for a therapist to wait until the 30th day to visit a patient, but instead to ensure that a therapist rather than a therapy assistant is assessing a home health patient at least once during a given 30-day period.

Question 6: When does the “at least every 30-days”-reassessment clock begin?

Answer 6: It begins with the therapist’s first visit. (Note: In cases where more than one type of therapy is being provided, each therapy discipline has its own separate count or clock.)

Question 7: How should home health agencies and providers count therapy visits to ensure that they are meeting the “at least every 30 days”-visit requirement?

Answer 7: For determining when the next therapy reassessment visit by a qualified therapist (for each discipline if multiple therapists are caring for the patient) would be required as it relates to the “at least every 30 days-requirement, the counting should begin the day after the service is provided. For example, if a therapist conducted and documented the assessment of a patient during a visit on April 1, the count would begin on April 2. In this case, to meet the requirement of making at least one visit every 30 days, the therapist rather than an assistant would need to return by May 1. On this May 1 therapist’s visit the clock resets and the next 30-day count would begin May 2. We note that the intent of the policy is to ensure that at a minimum, a patient sees a therapist rather than an assistant at least once every 30 days. Also, this requirement is in addition to the 13th and 19th visit requirements that occur for each episode that a beneficiary receives home health services.

Question 8: If the 13th and 19th therapy visits occur before the “at least every 30-days” reassessment, when does the 30-day clock reset?

Answer 8: The 30-day clock resets after every therapy assessment visit (per discipline). Therapy assessment visits can only be performed by qualified therapists. A therapy assessment visit includes providing the actual therapy service(s), functionally assessing/reassessing the patient, measuring progress to determine if the goals have been met, documenting measurement results and corresponding therapy effectiveness in the clinical record.

Question 9: If a therapist’s reassessment that satisfies the “at least every 30 days” therapy reassessment requirement occurs before the required 13th therapy reassessment visit, is the qualified therapist still required to perform the 13th therapy reassessment visit?

Answer 9: Yes, the therapist would need to perform the therapy service/reassessment/measurement/documentation at the 13th visit. We note that conversely, if the therapist had completed and documented the assessment for the 13th visit within the 30 days, the “at least every 30 days” reassessment requirement would have been met. We also note that there is some flexibility for the timing of the 13th and 19th therapy visits for patients living in rural areas or receiving more than one type of therapy, or when documented exceptional circumstances that prevented the therapist from completing the 13th/19th visit exist.

Question 10: In multiple-therapy discipline situations, is it only the therapist that comes for the 13th visit that does the reassessment?

Answer 10: No; if a patient is receiving more than one type of therapy, all therapists must do their respective assessments close to but no later than the 13th or 19th Medicare-covered visit.

Question 11: Regarding the non-coverage of therapy visits, in the case of multiple therapy disciplines being provided, using the example of more than 13 visits to be provided by 2 therapy types (e.g., OT and PT), if one therapist makes the reassessment visit on visit 12, but the other qualified therapist does not do the reassessment until visit 17, would visits 14, 15, and 16 possibly be covered?

Answer 11: No; not until all therapists have performed all required assessments.

Question 12: Does the non-coverage policy apply for both the 30-day requirement and the 13th/19th-visit requirement?

Answer 12: Yes

Question 13: What tools can therapists use to do the objective assessments?

Answer 13: CMS does not want to be prescriptive regarding which tools should be used and instead recommends that therapists look to their respective national and state associations and accrediting bodies for such resources.

Question 14: What happens if a doctor does not order multiple therapies at the start of care, but instead orders another type of therapy after the patient has been in home health for a few

weeks. For example, if a patient receives PT for a couple weeks and then the doctor adds OT to the orders; how would the count be adjusted then?

Answer 14: We note that it is the sum of all therapy provided, from all disciplines, that must be considered when counting visits. In this case, if the 13th or 19th visit would have occurred before the OT was ordered, the PT should have performed the ordered service/assessment/measurement/documentation. Otherwise, the OT visits would be added to the overall therapy count. Both OT and PT would need to do their respective assessments by the 13th or 19th therapy visit (cumulative count).

Question 15: Are there any instances in which the “at least every 30-days reassessment can be delayed yet still be covered if the patient is unavailable due to circumstances beyond the control of the therapist?

Answer 15: CMS believes that the policy that requires a qualified therapist to perform the necessary therapy service, assess the patient, measure, and document the effectiveness of the therapy at least once every 30 days during a course of therapy treatment is essential to ensuring that effective, reasonable, and necessary therapy services are being provided to the patient. In the case of a home health patient where the therapy goals in the plan of care have not been met, but the doctor has instead ordered a temporary interruption in therapy, we would usually expect that the unique clinical condition of the patient would enable the home health agency to anticipate that an interruption in therapy may be needed. In such cases, the HHA should ensure that the requirements are met earlier than the end of the “at least every 30-days” period to ensure the HHA meets this requirement.

Where unexpected sudden changes in the patient’s condition result in a stop therapy order, we would expect to see documentation and evidence in the medical record (including a physician order to stop therapy) which would support an unexpected change in the patient’s condition which precludes delivery of the therapy service. We will modify our manual to describe that in such documented cases, the 30-day qualified therapist visit/assessment/measurement requirement can be delayed until the patient’s physician orders therapy to resume.

Question 16: Which scenarios do the 11th to 13th and 17th to 19th Medicare-covered visit ranges apply to?

Answer 16: Only documented exceptional circumstances preventing the therapist from seeing the patient and patients in rural areas. (Note: No range has been specified for patients receiving multiple therapy types.)

Question 17: With respect to the requirement that a visit be, “close to” the 13th/19th Medicare-covered visit in multiple therapy cases, would CMS consider a visit prior to the 11th or 17th visits “close to”?

Answer 17: Yes