

# Home Health Lunch and Learn: Skilled Therapy Services

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# Today's Presenter

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## Objectives

Define skilled therapy service criteria for Medicare home health services

Learn what medical reviewers are looking for in documentation

Review examples of documentation to support skilled therapy services



## Agenda

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Medically Necessary Services

Plan of Care

Therapy Services

Documentation

Medical Review

References

# Medically Necessary Services



# Medically Reasonable and Necessary



Medicare guidelines state that all services must be medically necessary



Services need to be safe, effective, not experimental, and reasonable in type, intensity, duration and frequency



Reimbursement is based on each beneficiary's unique clinical characteristics

# Plan of Care



# Plan of Care (POC)

If the plan of care includes a course of treatment for therapy services:

- The course of therapy treatment must be established by the physician or allowed practitioner after any needed consultation with the qualified therapist;
- The plan must include measurable therapy treatment goals which pertain directly to the patient's illness or injury, and the patient's resultant impairments;
- The plan must include the expected duration of therapy services; and
- The plan must describe a course of treatment which is consistent with the qualified therapist's assessment of the patient's function.

# Plan of Care

- The POC must contain ALL the following information:

Diagnosis

Long term  
goals

Type of  
treatment

Amount of  
treatment

Frequency  
of  
treatment

Duration of  
treatment

# Therapy Services

# Therapy Services

- The service of a physical therapist, speech-language pathologist, or occupational therapist is a skilled therapy service if the **inherent complexity** of the service is such that it can be performed safely and/or effectively **only by or under the general supervision of a skilled therapist**.
- To be covered, assuming all other eligibility and coverage criteria have been met, the skilled services must also be reasonable and necessary to the treatment of the patient's illness or injury or to the restoration or maintenance of function affected by the patient's illness or injury.
- It is necessary to determine whether individual therapy services are skilled and whether, in view of the patient's overall condition, skilled management of the services provided is needed.



# Skilled Therapy vs. Unskilled Therapy

## Skilled Therapy

- Skilled therapy services may be necessary to improve a patient's current condition, to maintain the patient's current condition, or to prevent or slow further deterioration of the patient's condition.

## Unskilled Therapy

- A service is not considered a skilled therapy service merely because it is furnished by a therapist.
- If a service can be self administered or safely and effectively furnished by an unskilled person, without direct or general supervision, as applicable, of a therapist, the service cannot be regarded as a skilled therapy service even though a therapist actually furnishes the service.
- Services that do not require the professional skills of a therapist to perform or supervise are not medically necessary, even if they are performed or supervised by a therapist, physician or NPP.

# Medical Necessity for Rehabilitative Therapy

The beneficiary's condition has the potential to improve or is improving in response to therapy

Maximum improvement is yet to be attained

There is an expectation that the anticipated improvement is attainable in a reasonable and generally predictable period of time

# Medical Necessity for Maintenance Therapy

To maintain functional status or to prevent or slow further deterioration in function

Establish the beneficiary's need for skilled care

Deciding factors are always whether the services are considered reasonable, effective treatments for the patient's condition and require the skills of a therapist



Documentation



# Documentation Requirements

- Documentation **must be sufficient** to demonstrate the specifics of the therapy provided so that it may be determined that the treatment was medically necessary.
- Documentation should **paint a *clear picture*** of the patient's impairments and functional limitations requiring skilled intervention through objective measurements of functional and impaired testing.
- Documentation **should establish through objective measurements** that the patient is making progress towards goals.
- Not only should documentation describe the needs of the patient that require the unique skills of a therapist, but should **also describe the services** provided that require the expertise, knowledge, clinical judgement, decision making and abilities of a therapist.

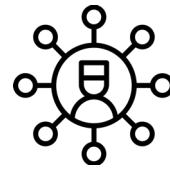


## Documentation of a Condition



### Diagnosis

Cerebrovascular accident with left hemiparesis



### Complexity

Spasticity, contractures, neglect



### Severity

LUE Brunnstrom stage 4, lack of shoulder/elbow/wrist ROM measured at...

# Evaluations/POC, Progress and Treatment Notes

- Only a clinician may perform an initial examination, evaluation, re-evaluation and assessment or establish a diagnosis or plan of care.
- Document the necessity for a course of therapy through objective findings and subjective patient self-reporting.
- The progress reports shall be written by the clinician.
- Documentation should contain information supporting illness, medical care from a prior episode of treatment, social reporting, and functional status.
- Clinical notes are expected to provide important communication among all members of the home care team regarding the development, course, and outcomes of the skilled observations, assessments, treatment and training performed.

# Unskilled Therapy Documentation

- Repeating the same activities from prior treatment sessions without noting modifications or observations
  - *Ambulated 100 feet, ROM to the shoulder, verbal cues, therapeutic exercises with ankle pumps, etc.*
- Reporting the beneficiary's performance during an activity without describing modification
  - *The patient tolerated treatment well*
- Reporting an activity without connecting the task to a functional activity or goal
  - *Patient has treatment plan to address intelligibility related to dysarthria, but the note simply states "patient able to read a sentence and fill in the blank on 90% of trials"*
- Observation of caregivers without education, feedback and/or without modifications of the treatment plan



# Medical Review

# Top Medical Necessity Denial for Therapy

- 55H4D - The medical documentation submitted did not show that the therapy services were reasonable and necessary and at a level of complexity which requires the skills of a therapist.

# Reasons for Denial 55H4D

- Documentation failed to show:

That the patient exhibited a significant change from their “usual” physical or functional ability to warrant an evaluation

That the services provided by the therapist would result in an increase in the patient's functional abilities

That the skills of the therapist were needed to treat the illness or injury

What skilled services were provided by the therapist during the visits(s)

That the amount, frequency and duration for each therapy service provided was reasonable

Measurable and comparative data to demonstrate continued progress

# 55H4D Documentation Tips

- Include specific documentation regarding the patient's prior level of function, including the acuity of the change in function
  - Record in objective, measurable and functional terms
  - **This is a key piece of information used for establishing potential, prognosis and realistic functional goals.**
- Provide an objective description of the changes in function that make skilled therapy necessary at the time
- Describe the skilled nature of the therapy treatment provided
  - Descriptions of the skilled treatment
  - Changes made to the treatment due to the assessment of the patients needs on a particular visit
  - Modifications of the treatments to the next more complex or difficult task

# 55H4D Documentation Tips

- Include information about the patient's living environment, social support and available assistance from caregivers (both skilled and nonskilled)
- Include documentation describing the beneficiary's condition (defined as diagnosis, severity or complexity and any complicating factors) to support why additional therapy is needed and why the services are at a level of complexity to require the skills of a therapist
- Document successive objective measurements whenever possible to demonstrate improvement
- Paint a picture of the patient's impairments and functional limitations requiring skilled intervention

# References



# References

- [CMS Internet-Only Manual \(IOM\) Publication 100-02, Medicare Benefit Policy Manual, Chapter 7 – Home Health Services Sections 20-50.1](#)
- [42 Code of Federal Regulations \(CFR\) Section 484 - Home Health Services](#)
- [NGSMedicare.com](#)
  - Job Aids
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