

Qualified Therapy Visit Requirements – Effective April 1, 2011

There has already been major confusion over how the new therapy requirements must be met. Most of the confusion is focused around the question: is the count to 13 and 19 visits by individual discipline or is it cumulative? **The answer is that it is cumulative!** The main reason for the development of this requirement is to monitor the episodes that are reaching 14 and 20 therapy visits and ensuring that there is documentation to support the need for the 14th and 20th therapy visits being provided. The payment thresholds for increased payment are cumulative of all types of therapy visits and therefore the new, **visit by a qualified therapist (rather than a therapy assistant), requirement is cumulative.**

The regulation states:

(C) If a patient is expected to require 13 therapy visits, a **qualified therapist (instead of an assistant) must provide all of the therapy services on the 13th therapy visit and functionally reassess the patient** in accordance with §409.44(c)(2)(i)(A).

Exceptions to this requirement are as follows:

(1) The qualified therapist's visit can occur **after** the 10th therapy visit but no later than the 13th therapy visit when the **patient resides in a rural area or when documented circumstances outside the control of the therapist prevent the qualified therapist's visit at the 13th therapy visit.**

(11th, 12th, or 13th visit)

(2) **Where more than one discipline of therapy is being provided, the qualified therapist from each discipline must provide all of the therapy services and functionally reassess the patient in accordance with §409.44(c)(2)(i)(A) during the visit associated with that discipline which is scheduled to occur close to but no later than the 13th therapy visit per the plan of care. (10th, 11th, 12th, or 13th visit – see CMS Q&A below)**

(D) If a patient is expected to require 19 therapy visits, a **qualified therapist (instead of an assistant) must provide all of the therapy services on the 19th therapy visit and functionally reassess the patient** in accordance with §409.44(c)(2)(A).

Exceptions to this requirement are as follows:

(1) This required qualified therapist service can instead occur **after** the 16th therapy visit but no later than the 19th therapy visit when the **patient resides in a rural area or documented circumstances outside the control of the therapist preclude the qualified therapist service at the 19th therapy visit. (17th, 18th, or 19th visit)**

(2) **Where more than one discipline of therapy is being provided, the qualified therapist from each discipline must provide the therapy service and functionally reassess the patient in accordance with §409.44(c)(2)(i)(A) during the visit which would occur close to but before the 19th visit per the plan of care. (16th, 17th, 18th, or 19th visit – see CMS Q&A below)**

NAHC Report Article, February 7, 2011 - CMS Responds to Therapy Assessment

Q. If a patient is receiving multiple therapy services, must one of the qualified therapists' actually conduct a reassessment visit on the 13th/19th, or may all of the disciplines conduct their qualified therapist reassessments on the visit closest, but prior to, the 13th/19th? In other words, if PT is 10th, OT is 11th, SLP is 12th, may the PTA visit on the 13th therapy visit as long as the qualified PT assessed the patient on the 10th visit?

CMS RESPONSE: The visit close to (but before the 13th and 19th) is fine for all disciplines, when there are multiple disciplines.

***Beth Foster, OCHCH Regulatory Specialist asked for more clarification from Mary St. Pierre, NAHC Regulatory Affairs:**

1. **Question:** The assessment/reassessments at the 13th and 19th visit – Does this only occur in the first episode?

Answer: No, it must be done every episode.

2. **Question:** If this requirement occurs in every episode, then the visit count would start over due to the “services utilization level (therapy visits).” Correct?

Answer: Yes, the count would restart with the first therapy visit of each episode.

3. **Question:** “At least every 30 days by each discipline and by the 14th and 20th visit,” so when does the 30day count start? From the 19th visit or the SOC date? If the SOC date starts the 30day clock it is possible that the 19th visit could be within a few days after the 30days. Is the qualified therapist required to go two days in a row?

Answer: No, the 30 day clock starts from the date of the prior assessment. If the 19th visit occurs prior to the 30th calendar day of therapy, the count to 30 days begins with the date of the 19th therapy visit. However, if the 30th day of therapy occurs prior to the 13th and/or 19th visit, the therapist must conduct the 30 day assessment and the assessments on any subsequent 13th and 19th visits that occur in that episode.

(NAHC will seek some reasonable concessions from CMS on this-for example, if the 30th day assessment was one or two visits prior to the 13th or 19th, then we would expect this would fit in the 10-13th visit exception rationale.)

Click on the link below to access the Centers for Medicare & Medicaid Services ‘(CMS) “Therapy Requirements Fact Sheet.”

http://www.cms.gov/HomeHealthPPS/Downloads/Therapy_Requirements_Fact_Sheet.pdf