Eli's Rehab Report

Home Health Regulations: Ensure You Count Therapy Visits Correctly

No coverage of extra visit if reassessment is missed.

The **Centers for Medicare & Medicaid Services** have clarified certain misconceptions which cropped after the release of the PPS final rule in November. The language left home health agencies cheering too early, since they mistook it to mean that coverage for an extra visit had been approved.

Old way: When a qualified therapist misses one of the required reassessment visits, once the therapist has completed the required reassessment, coverage resumes after this reassessment visit, the CMS explained in its 2013 home health prospective payment system proposed rule this summer.

New way: Starting Jan. 1, when a therapist misses a reassessment, "therapy coverage would resume with the visit during which the qualified therapist completed the late reassessment, not the visit after the therapist completed the late reassessment," CMS confirms in the final rule published in the Nov. 8 Federal Register.

Many home health agencies cheered this change, reading it to mean an extra visit's coverage -- the visit during which the therapist's reassessment takes place.

Not so fast, CMS's **Hillary Loeffler** said in the forum. Currently, the visit prior to the make-up reassessment visit is counted, while the visit during which the reassessment occurs is not, Loeffler explained in response to a question from therapy expert **Cindy Krafft**. Starting Jan. 1, the opposite will occur -- Medicare will not cover the visit prior to the reassessment, but will cover the reassessment visit.

"I think that's a piece that a lot of people have missed," Krafft told CMS in the forum. They "didn't see that little piece about a different visit ... ending up non-covered."

Forthcoming questions-and-answers and manual provisions on the topic will aim to help clarify any misconceptions, Loeffler said.

Trouble ahead: "I am very concerned the vast majority of agencies don't know about this," Krafft tells **Eli.** "I have to question if the vendors even do." Krafft expects frequent errors based on this confusion in 2013. "Even one visit can impact payment levels," worries Krafft, with **Fazzi Associates** and president of the **American Physical Therapy Association's Home Health Section.**

Date clarification: The therapy provisions in the final rule are effective for episodes beginning on or after Jan. 1, Loeffler explained in the forum. That effective date was not included in the final rule, although CMS did post it on its website, she said.

In response to a provider question, CMS's **Randy Throndset** also confirmed that CMS still allows a reassessment visit range (11-13 or 17-19) for patients in rural areas.

Other HHA issues addressed in the forum include:

- **CAHPS exemption deadline.** Under the home health CAHPS requirement, HHAs must file participation exemption request forms for 2014 by Jan. 17, 2013, CMS's **Lori Teichman** reminded agencies. HHAs that had 59 or fewer CAHPS-eligible patients from April 1, 2011 to March 31, 2012 can submit the form,
- **New OASIS training.** CMS has added another module to its OASIS web-based training series, said CMS's **Pat Sevast**. The newest of the seven modules covers the patient tracking domain. All of the training is available in a newly arranged format at http://surveyortraining.cms.hhs.gov/pubs/CourseMenu.aspx?cid=0CMSOASISCWBT.

- **Therapy caps.** Don't sweat the newly instituted $3,700 cap on Part B therapy services if you furnish only therapy under a home health plan of care, Throndset told an agency caller. The cap and related exemption authorization process apply only when HHAs are furnishing outpatient therapy in the home under Part B.

If you do furnish Part B outpatient therapy in the home, however, other providers' late therapy billing may be bedeviling your efforts to gain preapproval of therapy cap exceptions. Late claims from hospitals, skilled nursing facilities, and other therapists can lead you to misjudge whether your patient currently exceeds the cap and thus needs a preapproval, an agency caller lamented.