

n August 3, 2015, Livanta LLC, the Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO) responsible for reviewing all Medicare discharge appeals and quality of care concerns for beneficiaries in 17 states as well as Puerto Rico, the Virgin Islands and the Pacific Territories has released a request on the content of the discharge documentation being completed by providers. Going forward, Livanta is asking Physical Therapy providers to specifically address a patient's ability to participate in a maintenance program at time of discharge. The text of the letter is below.....

Livanta has received numerous appeals in which physician reviewers are being asked to identify if a patient continues to require skilled Physical Therapy based on the Jimmo v. Sebelius ruling on January 24, 2013 regarding coverage of a maintenance program when clinically appropriate. Unfortunately, at times, the documentation submitted by providers at the time of discharge can be unclear, making it difficult for reviewers to get a clear picture of the patient's clinical needs at discharge.

Livanta is now asking Physical Therapists to address the patient's ability to participate in a maintenance program on discharge. They have provided the following samples to assist providers in ensuring the documentation reflects this area specifically:

“(Restorative/therapeutic) PT goals have (been reached/plateaued) and the client/patient is discharged to (no further PT indicated/maintenance program). Maintenance program can be performed by (self/unskilled assistant) and has been reviewed with (patient/family/nurses/ aide) or Maintenance program requires continued skilled physical therapy services.”

If the patient is transitioning to another setting, such as skilled nursing facility to home, or hospital to custodial care, etc. include a note such as:

“Physical Therapy needs continue at discharge as restorative/therapeutic goals have not been reached. These Physical Therapy skilled services (can/cannot) occur in a (home/custodial/outpatient) setting.”

These templates represent examples of documentation that could be utilized, but Livanta has also acknowledged that similar verbiage is acceptable as long as the detail on the maintenance level of care can be identified. This documentation should include clinically relevant detail supporting the decision to continue skilled therapy services or to complete a discharge when all skilled services have been completed.

Harmony (HHI) also recommends including documentation in the medical record leading up to discharge on the education and training provided to the staff to support the ability to carry out a maintenance program once therapy has stopped. If trials leading up to discharge have not been successful with the carryover of a maintenance program, this could potentially support the necessity for skilled therapy involvement on a maintenance level.

Below is an example from Chapter 7 of the Medicare Benefit Policy:

Example 3: *A patient who has received gait training has reached their maximum restoration*

potential, and the physical therapist is teaching the patient and family how to safely perform the activities that are a part of the maintenance program. The visits by the physical therapist to demonstrate and teach the activities (which by themselves do not require the skills of a therapist) would be covered since they are needed to establish the program (refer to §40.2.1(d) (2)). The patient's and caregiver's understanding and implementation of the maintenance program must be documented. After the establishment of the maintenance program, any further visits would need to document why the skilled services of a physical therapist are still required.

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