**Questions regarding providing maintenance therapy** are becoming more and more common since the *Jimmo* vs *Sebelius* court case, ruling and settlement agreement regarding the “non-improvement” standard. With this, it may help to define the difference between restorative/rehabilitative therapy and maintenance therapy and clarify the differences as well as the similarities of the two.

CMS states with restorative/rehabilitative (see MLN Matters® Number: MM8458)

In evaluating a claim for skilled therapy that is restorative/rehabilitative (i.e., whose goal and/or purpose is to reverse, in whole or in part, a previous loss of function), it would be entirely appropriate to consider the beneficiary’s potential for improvement from the services. We note that such a consideration must always be made in the IRF setting, where skilled therapy must be reasonably expected to improve the patient’s functional capacity or adaptation to impairments in order to be covered.

And with Maintenance Therapy

Even if no improvement is expected, under the SNF, HH, and OPT coverage standards, skilled therapy services are covered when an individualized assessment of the patient’s condition demonstrates that skilled care is necessary for the performance of a safe and effective maintenance program to maintain the patient’s current condition or prevent or slow further deterioration. Skilled maintenance therapy may be covered when the particular patient’s special medical complications or the complexity of the therapy procedures require skilled care.

The key factor being what the expectation or purpose of the care provided is going to be. Is the expectation or potential that they will improve (restorative) or not (maintenance). In either case, the requirements by CMS to cover therapy services still needs to be met. There needs to be a skill that is provided, it has to be reasonable and necessary, it has to meet the Medicare qualifying criteria and there needs to be documentation as to specific goals for the care provided. CMS is fairly clear when speaking of maintenance that the service provided needs to be provided by a therapist and cannot be provided by someone else that is not a therapist. In other word, if someone that is not a therapist can provide the care, it would not be reimbursed. E.g. coming out to a client’s home so they do their exercises. It can be a struggle for therapists when it comes to maintenance services as it is not a common thought process, to keep someone where they are at as the majority of clients that are seen are restorative and the goal for their treatment is to regain something that a client is not able to do or restore safety in someone that is not safe. Maintenance therapy services are covered and if provided should be coded as such with the proper G codes, G0159 Physical Therapy,G0160 Occupational Therapy, G0161 Speech Language Pathology.

For further information review the Medicare Benefit Policy Manual and view the document MLN Matters® # MM8458 from CMS.