**Skilled Maintenance Therapy in Home Care**

Summary of MHCA Rehab Team 2014 Annual Meeting Presentation

What is Skilled Maintenance Therapy and how do the rules apply in a home care setting? By this time, we’ve all heard something of a court case *Jimmo vs. Sebelius.* This court case highlights the need to understand the difference between Restorative/Rehabilitative therapy and Maintenance therapy. The information below will provide you with some basic information as well as some resources to guide your agency’s practice.

**“Maintenance”** – CMS Definition

* *Maintenance Therapy – Where services that are required to maintain the patient’s current function or to prevent or slow further deterioration are of such complexity and sophistication that the skills of a qualified therapist are required to perform the procedure safely and effectively, the services would be covered physical therapy services (OT, SLP, Nursing). …* ***MBPM, Ch. 7, 40.2.2.E***

**“Restorative”** – CMS Definition

* *Restorative services- services whose purpose is to reverse, in whole or part, a previous loss of function.*

**Restorative vs. Maintenance:** What’s the difference?

* The intent of the services
* Goals – improvement in function vs. independence with program
* Restore vs. maintain
* Relevance of Prior Level of Function

**Goals:**

Restorative

* Focus on beneficiary or caregiver
* Factors in PLOF
* Written for improvement of:

-Function

-Objective measures

Maintenance

* Focus on beneficiary or caregiver
* Prior Level of Function not a factor
* Currently functioning at optimal stage of disease/illness/injury
* Written for prevention of deterioration or decline in function, ROM/Strength etc…

**Restorative vs. Maintenance:** What’s the same?

* Skills of a therapist required. Must be PT, OT, ST for maintenance – not PTA or COTA
* Need to meet Medicare qualifying coverage (homebound, reassessments, F2F etc.)
* Need to be reasonable and necessary
* Need a discharge plan

**Determination of Skilled Service** – Base decisions on 2 primary questions:

1. Is a skilled professional needed to ensure that the therapy care provided is safe and effective?
2. Is a qualified therapist needed to provide or supervise the care?

**NGS Statement** – Non-covered indication for maintenance include:

* Non-individualized services
* Routine or Non-skilled
* Patients without a complex condition
* Exercises or activities that could be done by the individual or a caregiver
* Non-cooperation by a patient or caregiver
* Continuation of treatment solely for the purpose of staff training and education, or program after rehab therapy has been completed.

**No Improvement Standard** – what is it?

* *…Coverage of skilled nursing care or therapy to perform a maintenance program does not turn on the presence or absence of a patient’s potential for improvement from the nursing care or therapy, but rather on the patient’s* ***need*** *for skilled care. Skilled care may be necessary to improve a patient’s current condition, to maintain the patient’s current condition, to prevent or slow further deterioration of the patient’s condition.****Medicare Benefit Policy Manual, Ch. 7, 20.1.2***

**No Improvement Standard:**

* Has always been there, does not expand coverage of services
* *Jimmo vs. Sebelius* brought more attention to this topic – regulations did not change
* CMS is required to provide education – see CMS fact sheet and the Medicare Benefit Policy Manual Changes.

**Supporting the Maintenance Claim** – Therapist documentation is critical

* Medical history
* Complicating factors
* Rationale for services
* Response to therapy
* Pertinent home environment
* Be sure to code correctly using G-Codes

-G0159 Physical Therapy

-G0160 Occupational Therapy

-G0161 Speech Language Pathology

* Appeal Denials

**Skilled Maintenance Therapy Summary**:

* Maintenance therapy is reimbursed by CMS as a “skilled” therapy service
* PTAs/COTAs cannot provide maintenance therapy
* Skilled therapy needs, goals and interventions must be clearly documented to support billing
* Follow standard documentation requirements including therapy reassessments

**References:**

* Medicare Benefit Policy Manual, chapter 7
* CMS.gov
* Article: Dispelling the Myth of Maintenance Care: Jimmo v Sebelius, PT in Motion, Sept 2013
* Webinar: Flexing Your Clinical Decision Making Skills: Maintenance and Reassessments Revisited, Kornetti and Krafft Healthcare Solutions, 2013
* NGS (CMS fiscal intermediary), Provider service phone number: 1-866-590-6728
* Webinar: Defining Skilled Maintenance Therapy and Minimizing Denials, APTA, April 2014
* MLN Matters Number MM8458 Revised

Respectfully Submitted by the MHCA Rehab Team