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| **Procedure SAMPLE:** | | **MHCA Rehab Team – Skilled Maintenance Therapy** | | |
| Department: | MHCA Rehab Team | | Review/Revision Date: | 5/15/14 |

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| Purpose (if applicable): | Standardize how the agency provides skilled maintenance therapy to clients who need and qualify for this service. |

Guidelines/Definitions:

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|  | * Maintenance Therapy: Applicable to Medicare skilled therapy (PT, OT, SLP) clients- “*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.” …* ***Medicare Benefit Policy Manual, Ch. 7, 40.2.2.E*** |

Procedural Steps:

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| 1. | Upon the assessment or re-assessment of a skilled Medicare client, a therapy clinician determines that the client is in need of skilled maintenance therapy services. |
| 2. | The therapy clinician collaborates with the agency Rehab Supervisor to make a final determination for care planning and billing based on patient history, patient needs, and information gathered from the skilled therapy assessment. If it is determined that the case is applicable for billing as skilled maintenance therapy services, this procedure continues to be followed. |
| 3. | The therapy clinician obtains MD orders to provide skilled maintenance therapy and notifies the agency team, including the reimbursement coordinator, of the plan to provide visits for the patient to be billed as maintenance therapy. |
| 4. | The therapy clinician enters maintenance therapy visits in the computer documentation system using a maintenance therapy indicator in the visit note. |
| 5. | The reimbursement coordinator bills CMS for skilled maintenance therapy visits using specific CMS billing codes for maintenance therapy as follows:   * G0159 Physical Therapy * G0160 Occupational Therapy * G0161 Speech Language Pathology |
| 6. | All other agency policies, procedures and processes continue to apply during the provision of maintenance therapy services. Examples:   * Medicare qualifying criteria and standards (homebound requirement, therapy reassessments, F2F, HHCCN and ABN forms, etc.) * Services provided must be reasonable and necessary * A care plan and discharge plan are implemented * The skills of a (qualified) therapist are required [Note: maintenance therapy services cannot be provided by a PTA or COTA]   A Significant Change in Condition may warrant a change from maintenance to restorative therapy services, even in the middle of an episode of care |