

## Physical Therapy in a Value-Based World

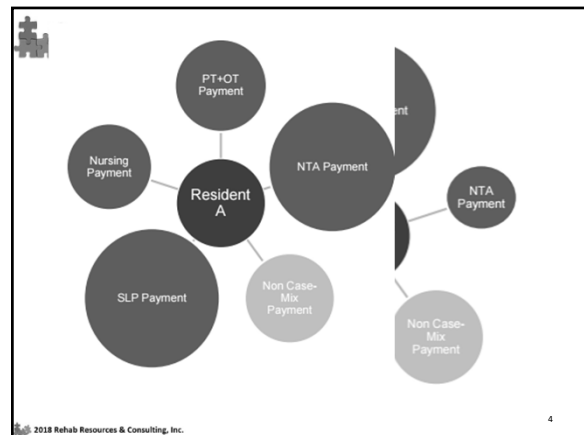
Ellen R. Strunk, PT, MS, GCS, CEEAA, CHC  
 Rehab Resources & Consulting, Inc.  
[www.RehabResourcesAndConsulting.com](http://www.RehabResourcesAndConsulting.com)

## Objectives

- Describe the components of the PDPM, PDGM and MIPS payment systems
- Define staff competencies that will support success in a value-based payment model
- Articulate your role and responsibilities in physical therapy practice as well as the role of others with whom you work.
- Develop action steps to insure quality of care does not diminish.

### What is Changing? What is Not Changing?

IS	IS NOT
Volume is out	3-night hospital stay
Patient characteristics are in	Daily skilled need
	Physician Certification



### What is Daily Skilled Need?

- Skilled nursing services or skilled rehabilitation services (or a combination of these services) must be needed and provided on a "daily basis," i.e., on essentially a 7-days-a-week basis.
- A patient whose inpatient stay is based solely on the need for skilled rehabilitation services would meet the "daily basis" requirement when they need and receive those services on at least 5 days a week.
  - < 5 days a week? "Daily" requirement would not be met
  - "...arbitrarily staggering the timing of various therapy modalities through the week, merely in order to have some type of therapy session occur each day, would not satisfy the SNF coverage requirement for skilled care to be needed on a "daily basis.""

### Illustration of Payment Under PDPM

PT	PT Base Rate	×	PT CMI	×	Daily Adjustment	+	
OT	OT Base Rate	×	OT CMI	×	Daily Adjustment		
SLP	SLP Base Rate	×	SLP CMI			+	
Nursing	Nursing Base Rate	×	Nursing CMI				
NTA	NTA Base Rate	×	NTA CMI	×	Daily Adjustment	+	
Non-Case Mix	Non-Case Mix Base Rate						
						=	Total Daily Rate

### 1. PT Case Mix 2. OT Case Mix

**Primary Reason for SNF Stay**

- Major Joint Replacement or Spinal Surgery
- Non-Ortho Surgery/Acute Neurological
- Other Orthopedic
- Medical Management

16  
payment  
groups

**Functional Status**

- One eating item
- One toileting item
- One oral hygiene item
- 2 bed mobility items
- 3 transfer items
- Two walking item

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### PT and OT: Primary Reason for SNF Stay

**I0020. Indicate the resident's primary medical condition category**  
Complete only if AG310B = 01

Enter Code

Indicate the resident's primary medical condition category that best describes the primary reason for admission

- 01. Stroke
- 02. Non-Traumatic Brain Dysfunction
- 03. Traumatic Brain Dysfunction
- 04. Non-Traumatic Spinal Cord Dysfunction
- 05. Traumatic Spinal Cord Dysfunction
- 06. Progressive Neurological Conditions
- 07. Other Neurological Conditions
- 08. Amputation
- 09. Hip and Knee Replacement
- 10. Fractures and Other Multiple Trauma
- 11. Other Orthopedic Conditions
- 12. Debility, Cardiorespiratory Conditions
- 13. Medically Complex Conditions

I0020A:

I0020B. ICD Code

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### PDPM Success with I0020B

ICD-10 Expertise      Clinical Assessment Expertise

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### PT and OT: Primary Reason for SNF Stay

- But! What about patients who have had a surgical procedure that might impact the SNF course of care?
- NEW ITEM MDS 3.0 v1.17.1 10/1/2019

**J2100. Recent Surgery Requiring Active SNF Care - Complete only if AG310B = 01 or 08**

Enter Code

Did the resident have a major surgical procedure during the prior inpatient hospital stay that requires active care during the SNF stay?

- 0. No
- 1. Yes
- 8. Unknown

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### Where do I find that?

- CMS PDPM Webpage  
<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/PDPM.html>
- Scroll down to the bottom of the page:

**PDPM Resources**

This section includes additional resources relevant to PDPM implementation, including various coding crosswalks and classification logic.

- PDPM GROUPER Logic updated 7-3-19
- PDPM ICD-10 Mappings updated 4-4-19

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### AVOID: Return to Provider


F01.51	Vascular dementia with behavioral disturbance
F02.89	Dementia in other diseases classified elsewhere without behavioral disturbances.
I82.439	Acute embolism and thrombosis of unspecified popliteal vein
J69.8	Pneumonitis due to inhalation of other solids and liquids
J91.8	Pleural effusion in other conditions classified elsewhere
L89.324	Pressure ulcer of left buttock, stage 4
L89.510	Pressure ulcer of right ankle, unstageable
M62.81	Muscle weakness (generalized)
S70.02Xd	Contusion of unspecified thigh, subsequent encounter
S72.009P	Fracture of unspecified part of neck of unspecified femur, subsequent encounter for open fracture

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### Section GG: Rating Scale

Code	Score Description
6	<b>Independent:</b> If the resident completes the activity by him/herself with no assistance from a helper.
5	<b>Set-Up or Clean-Up Assistance:</b> If the helper SETS UP or CLEANS UP; resident completes activity. Helper assists only prior to or following the activity, but not during the activity.
4	<b>Supervision or Touching Assistance:</b> If the helper provides VERBAL CUES or TOUCHING/STEADYING assistance and/or CGA as resident completes activity. Assistance may be provided throughout the activity or intermittently.
3	<b>Partial / Moderate Assistance:</b> If the helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
2	<b>Substantial / Maximal Assistance:</b> If the helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
1	<b>Dependent:</b> If the helper does ALL of the effort. Resident does none of the effort to complete the activity, OR the assistance of two or more helpers is required for the resident to complete the activity.
7	<b>Resident refused:</b> If the resident refused to complete the activity.
9	<b>Not applicable:</b> Not attempted and resident did not perform this activity prior to the current illness, exacerbation or injury.
10	<b>Not attempted due to environmental limitations:</b> The item was unable to be assessed due to outside influences, such as lack of equipment or weather constraints.
88	<b>Not attempted due to medical condition or safety concerns:</b> If the activity was not attempted due to medical condition or safety concerns.

### Who does this?




*“CMS anticipates that an interdisciplinary team of qualified clinicians is involved...”*

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- ### Section GG: Steps for Assessment
1. Assess resident’s status based on
    - Direct observation, *incorporating* resident self-reports and reports from qualified clinicians, care staff, or family documented in the resident’s medical record during the 3-day period.
  2. Residents should be allowed to perform activities as independently as possible, as long as they are safe.
  3. If helper assistance is required because performance is unsafe or of poor quality, consider only facility staff when scoring amount provided
  4. Activities may be completed with or without AD
- RAI manual v1.17, 3, GG-10

### Section GG Admission: Steps for Assessment



- “The admission function assessment, when possible, should be conducted prior to the resident benefiting from treatment interventions in order to reflect the resident’s true admission baseline functional status.
- If treatment has started, for example, on the day of admission, a baseline functional status assessment can still be conducted.


RAI manual v1.17, 3, GG-10

### PT and OT: Functional Status


Items	Specific Section GG	Score	SN	PT/OT
2 Bed Mobility items	GG0170B1: Sit to lying	0 to 4 (Avg of 2)	Y	Y
	GG0170C1: Lying to sitting on side of bed			
3 Transfer items	GG9170D1: Sit to stand	0 to 4 (Avg of 3)	Y	Y
	GG0170E1: Chair/bed-to-chair transfer			
	GG0170F1: Toilet transfer			
1 Eating item	GG0130A1: Eating	0 to 4	Y	Y
1 Toileting item	GG0130C1: Toileting Hygiene	0 to 4	Y	Y
1 Oral Hygiene item	GG0130B1: Oral Hygiene	0 to 4	N	Y
Gateway:	GG0170H: Walk 10 feet	NA	NA	NA
2 Walking items	GG0170J1: Walk 50 feet with 2 turns	0 to 4 (Avg of 2)	N	Y
	GG0170K1: Walk 150 feet			
<b>TOTAL POSSIBLE SCORE</b>			<b>16</b>	<b>24</b>

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### GG Learning Resources



**MedBridge Courses\***  
<https://www.medbridgeeducation.com/blog/2019/01/section-gg-changes-what-do-they-mean-for-your-organization/>



**CMS YouTube Learning Modules**  
[https://www.youtube.com/results?search\\_query=cms+section+gg+training](https://www.youtube.com/results?search_query=cms+section+gg+training)

\*Financial Disclosure: Ellen R Strunk is a paid contributor to the MedBridge Online Learning Library

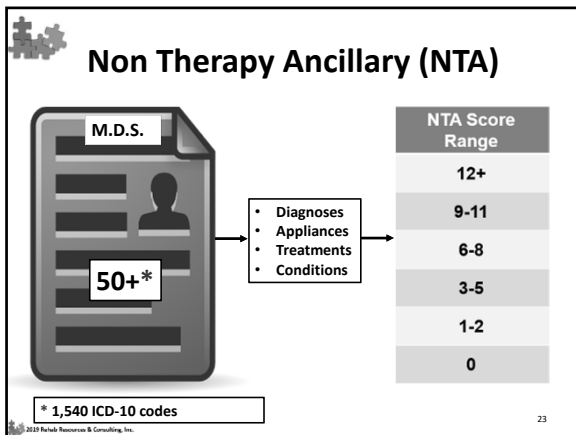
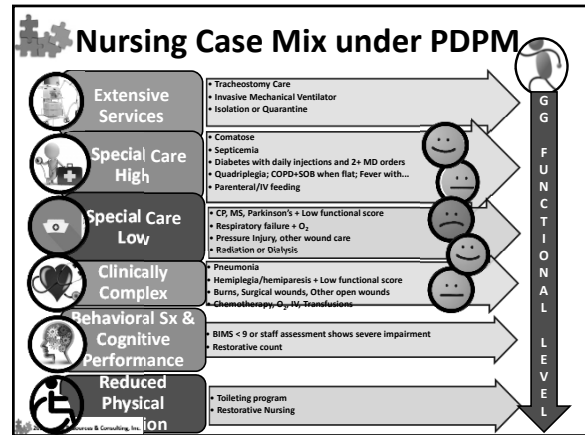
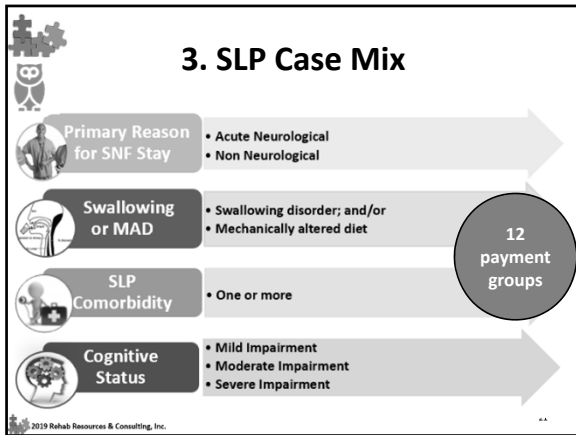
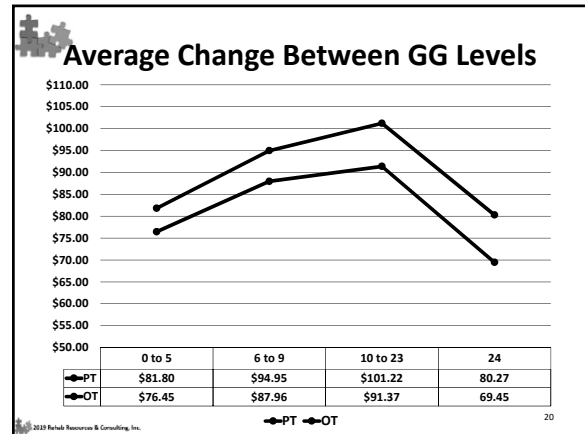
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**FINAL: 16 PT and OT categories**

Table 6: SNF 2020 PR Clinical Category

Clinical Category	Section GG Function Score	PT OT Case Mix Group	PT Case-Mix Index	OT Case-Mix Index
Major Joint Replacement or Spinal Surgery	0-5	TA	1.53	1.49
	6-9	TB	1.70	1.63
	10-23	TC	1.88	1.69
	24	TD	1.92	1.53
Other Orthopedic	0-5	TE	1.42	1.41
	6-9	TF	1.61	1.60
	10-23	TG	1.67	1.64
	24	TH	1.16	1.15
Medical Management	0-5	TI	1.13	1.18
	6-9	TJ	1.42	1.45
	10-23	TK	1.52	1.54
	24	TL	1.09	1.11
Non-Orthopedic Surgery and Acute Neurological	0-5	TM	1.27	1.30
	6-9	TN	1.48	1.50
	10-23	TO	1.55	1.55
	24	TP	1.08	1.09

CMI taken from SNF FR FY2020



**NTA List**

Condition/Extensive Service	Source	Points
HIV/AIDs	SNF Claim	8
Parenteral IV Feeding: Level High	MDS K0510A2, K0710A2	7
Special Treatments: IV Meds while a resident	MDS O0100H2	5
Special Treatments: Ventilator / Respirator while a resident	MDS O0100F2	4
Parenteral IV Feeding: Level Low	MDS K0510A2, K0170A2, K0710B2	3
Lung Transplant Status	MDS I8000	3
Special Treatments: Transfusion while a resident	MDS O0100I2	2
Major Organ Transplant Status, Except Lung	MDS I8000	2
Active Diagnoses: Multiple Sclerosis	MDS I5200	2
Opportunistic Infections	MDS I8000	2
Active Diagnoses: Asthma, COPD, Chronic Lung Disease	MDS I6200	2
Bone/Joint/Muscle Infections/Necrosis-Except Aseptic Necrosis of the Bone	MDS I8000	2
Chronic Myeloid Leukemia	MDS I8000	2
Wound Infection Code	MDS I2500	2

Condition/Extensive Service	Source	Points
Active Diagnoses: Diabetes Mellitus	MDS I2900	2
Endocarditis	MDS I8000	1
Immune Disorders	MDS I8000	1
End-Stage Liver Disease	MDS I8000	1
Other Foot Skin Problems: Diabetic Foot Ulcer	MDS M1040B	1
Narcolepsy and Cataplexy	MDS I800	1
Cystic Fibrosis	MDS I8000	1
Special Treatments: Tracheostomy Care while Resi	MDS O0100E2	1
Active Diagnosis: MDRO	MDS I1700	1
Highest State of Unhealed PU – Stage 4	MDS M0300X1	1
Special Treatments: Isolation while Resident	MDS O0100M2	1
Specified Hereditary Metabolic/Immune Disorder	MDS I8000	1
Morbid Obesity	MDS I8000	1
Special Treatments: Radiation while Resident	MDS O0100B2	1
Psoriatic Arthropathy & Systemic Sclerosis	MDS I8000	1
Psoriatic Arthropathy & Systemic Sclerosis	MDS I8000	1
Chronic Pancreatitis	MDS I8000	1

Condition/Extensive Service	Source	Points
Proliferative Diabetic Retinopathy, Vitreous Hemorrhage	MDS I8000	1
Other Foot/Skin Problems: Foot Infection, Other Open Lesion on Foot, except Diabetic Foot Ulcer	MDS M1040A, M1040B, M1040C	1
Complications of Specified Implanted Device/Graft	MDS I8000	1
Bladder & Bowel Appliances: Intermittent Cath	MDS H0100D	1
Inflammatory Bowel Disease	MDS I8000	1
Aseptic Necrosis of Bone	MDS I8000	1
Special Treatments: Suctioning while resident	MDS O0100D2	1
Cardio-Respiratory Failure & Shock	MDS I8000	1
Diabetic Retinopathy – Except w/Vitreous Hemorr	MDS I8000	1
Nutri Approaches while resident: Feeding tube	MDS K0510B2	1
Severe Skin Burn or condition	MDS I8000	1
Intractable Epilepsy	MDS I8000	1
Active Diagnosis: Malnutrition	MDS I5600	1
Disorders of Immunity: Except RxCC97: Immune Disorders	MDS I8000	1
Cirrhosis of Liver	MDS I8000	1
Bladder and Bowel Appliances: Ostomy	MDS H0100C	1
Respiratory Arrest	MDS I8000	1
Pulmonary Fibrosis and other Chronic Lung Disorders	MDS I8000	1

**OTHER CHANGES TO POLICY AND PAYMENT WITH PDPM**

**VARIABLE PER DIEM ADJUSTMENTS (VPDA)**

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**VPDA for Therapy**

- PT and OT

Day in Stay	Adjustment Factor
1-20	1.00
21-27	0.98
28-34	0.96
35-41	0.94
42-48	0.92
49-55	0.90
56-62	0.88
63-69	0.86
70-76	0.84
77-83	0.82
84-90	0.80
91-97	0.78
98-100	0.76

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**VPDA for NTAs**



- Constant per diem rates, by definition, do not track variations in resource use throughout a SNF stay. We believe this may lead to too few resources being allocated for SNF providers at the beginning of a stay. (CMS, FY 2019 FR)

Day in Stay	NTA Adjustment Factor
1 to 3	3.00
4 to 100	1.00

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**Example: Bill**

- What services should be provided? – PT, OT, ST, Nursing, Restorative?
- What would be important to document during these days?

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### MDS Assessments

Assessment Type	RUG's	PDPM
Entry Tracking		✓
5-day	✓	✓
14-day	✓	✓
30-day	✓	✓
60-day	✓	✓
90-day	✓	✓
Discharge / PPS Discharge Assessment	✓	✓
Death in Facility Tracking	✓	✓
Start of Therapy OMRA	✓	✓
End of Therapy OMRA	✓	✓
Change of Therapy OMRA	✓	✓
Significant Change in Status	✓	✓

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### MDS – New Items

**Skilled Nursing Facility**

MDS Item	Description
I0200B	SNF Primary Diagnosis (Admission & IPA)
J2100-J5000	Patient Surgical History (Admission & IPA)
O0425A1 – O0425C	Discharge Therapy items (only on DC)

**Hospital Swing Beds: In addition to SNF new items:**

MDS Item	Description
I0200B	SNF Primary Diagnosis
I4300	Active Diagnosis: Aphasia
J2100-J5000	Patient Surgical History
K0100	Swallowing Disorder
O0100D2	Special Treatments: Suctioning while Resident
O0425A1 – O0425C	Discharge Therapy items

## INTERIM PAYMENT ASSESSMENT

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### Interim Payment Assessment

Optional

• "If patient care needs have changed significantly, clinicians may complete (an IPA) at their discretion" (CMS FAQ)

ARD

ARD is the date the provider chooses to complete the IPA relative to the triggering event

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## INTERRUPTED STAYS

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### Definition of "Interrupted Stay"

- Discharged from the SNF **AND** Readmitted to the same SNF in  $\leq$  3 days

Source of readmission would not matter.  
 From community, from acute care hospital stay are both treated the same

Result

- Medicare stay is continued
- 5 day MDS is not required
- VPDA schedule does not restart

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### Definition of "Interrupted Stay"

# 1

Calendar day of DC

# 2

Day 1 after day of DC

# 3

Day 2 after day of DC

- Return before midnight? Interrupted Stay
- Return later than 3<sup>rd</sup> day? New Stay

### What if there is a 3-day break in therapy?

- An EOT will not be required
- The PDPM does not require a specific number of days of treatment/week
- But...there is still a daily skilled care requirement for SNF Part A patients

**Therapy Schedule**

### Modes of Therapy Delivery

Mode	Definition	RUGs Allocation
Individual	1 therapist to 1 patient	Minutes count 100%
Concurrent	1 therapist-to-2 patients & <u>not the same/similar</u> activities	Minutes count 100%
Group	1 therapist -to-4 patients & the same/similar activities	Minutes count 100%
Co-Treatment	2-to-1; different disciplines & different treatments	Minutes count 100%

### Allocation of Concurrent and Group

- The minutes of therapy will not be allocated prior to the calculation of 25%.

Level of Therapy	720	500	325	150
	12 hours	8.3 hours	5.4 hours	2.5 hours
Max Group + Concurrent Minutes allowed	180 3 hours	125 2.1 hours	81 1.35 hours	38 0.63 hours

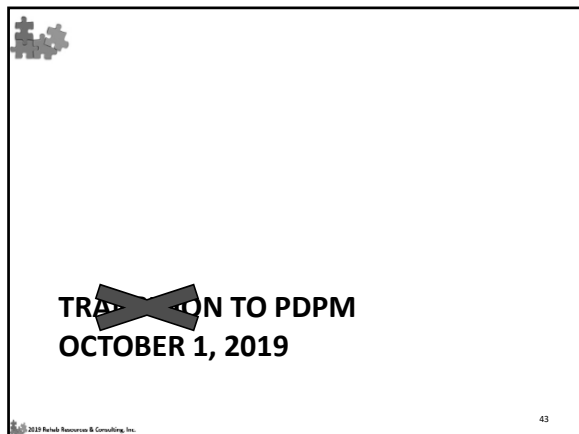
*The limit was implemented to ensure that SNF patients continue to receive the highest caliber of therapy services possible, specifically that individual therapy between the therapist and patient represents a significant majority of the services received. (CMS FAQ)*

### Final Rule 2020: Revising Group Therapy Definition

"A qualified rehabilitation therapist or therapy assistant treating 2 to 6 patients at the same time who are performing either the same or similar activities" CMS FY 2020 Final Rule

### Therapy Students

- There is no change in how therapy minutes are "captured".
- Refer to the RAI manual, Chapter 3, Section O




**TRANSITION TO PDPM  
 OCTOBER 1, 2019**

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**Sept 30, 2019 →→ Oct 1, 2019**

- All patients admitted prior to Oct 1, 2019, and remaining in the facility on/after Oct 1, 2019 must receive an Interim Payment Assessment.



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**Sept 30, 2019 →→ Oct 1, 2019**

SUN	MON	TUES	WED	THU	FRI	SAT
SEPTEMBER 2018		10	11	12	13	14
	16	17	18	19	20	21
<b>RUG IV HIPPS</b>		24	25	26	27	28
	30					
OCTOBER 2018				3	4	5
6	7	<b>PDPM HIPPS</b>		10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

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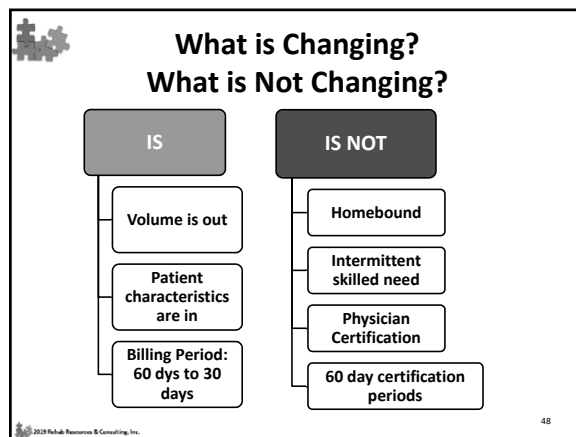
**MEDICAID RATES  
 MANAGED CARE PAYERS**

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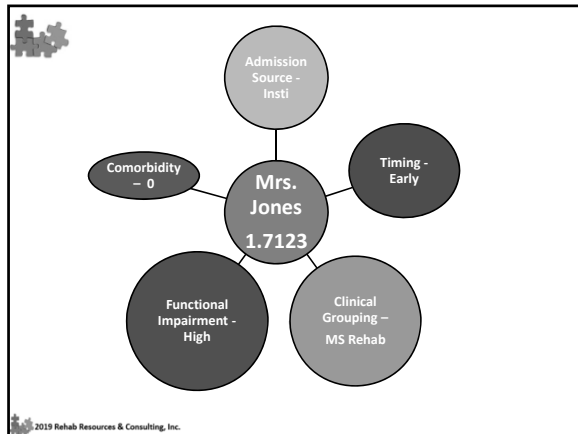
**Patient Driven Grouper Model  
 (PDGM)**

Ellen R. Strunk, PT, MS, GCS, CEEAA, CHC  
 Rehab Resources & Consulting, Inc.  
[www.RehabResourcesAndConsulting.com](http://www.RehabResourcesAndConsulting.com)

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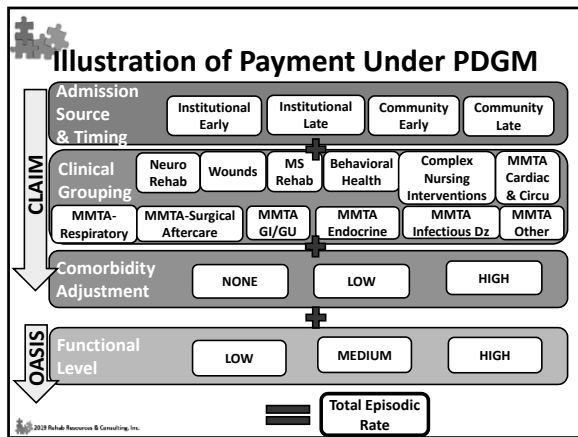




### Proposed Rule for FY 2020 Home Health

[CMS-1711-P]  
RIN 0938-A168  
Medicare and Medicaid Programs; CY 2020 Home Health Prospective Payment System Rate Update; Home Health Value-Based Purchasing Model; Home Health Quality Reporting Requirements; and Home Infusion Therapy Requirements

- No proposed changes to the structure of PDGM or the change to the 30-day unit of payment which was finalized in the FY 2019 Final Rule
- Yes – proposed changes to the split-percentage payments
- *Comments due September 9, 2019*



### Step 1: Admission Source

Admission Source & Timing

Institutional Early	Institutional Late	Community Early	Community Late
---------------------	--------------------	-----------------	----------------

- Institutional Early
- Institutional Late
- Community Early
- Community Late

• What is the difference between “early” and “late”?

### Step 2: Clinical Grouping<sub>1</sub>

Clinical Grouping	MMTA	Neuro Rehab	Wounds	MS Rehab	Behavioral Health	Complex Nursing Interventions
Clinical Group	Primary Reason for HH Encounter is:					
Medication Management, Teaching and Assessment (MMTA)	Assessment, evaluation, teaching and medication management for variety of medical and surgical conditions, including					
Behavioral Health Care	Assessment, Treatment & Evaluation of psychiatric and substance abuse conditions					

### Step 2: Clinical Grouping<sub>2</sub>

Clinical Grouping	MMTA	Neuro Rehab	Wounds	MS Rehab	Behavioral Health	Complex Nursing Interventions
Clinical Group	Primary Reason for HH Encounter is:					
Complex Nursing Interventions	Assessment, Treatment & Evaluation of complex medical and surgical conditions					
Wounds – PO Wound Aftercare & Skin / Non-Surgical Wound Care	Assessment, Treatment & Evaluation of surgical wound(s); Assessment, Treatment & Evaluation of non-surgical wounds, ulcers, burns, and other lesions					
Musculoskeletal Rehabilitation	Therapy (PT/OT/SLP) for a musculoskeletal condition					
Neuro/Stroke Rehabilitation	Therapy (PT/OT/SLP) for a neurological condition or stroke					

### Step 3: Comorbidity Adjustment

Comorbidity Adjustment: NONE | LOW | HIGH

- Heart Disease
- Respiratory Disease
- Circulatory Disease | Blood Disorders
- Cerebrovascular Disease
- Gastrointestinal Disease
- Musculoskeletal Disease or Injury
- Neuro Disease & Asso Conditions
- Endocrine disease
- Neoplasms
- Genitourinary & Renal Disease
- Skin Disease
- Behavioral Health
- Infectious Disease

### Step 4: Functional Level

Functional Level: LOW | MEDIUM | HIGH

Variable	Description
M1800	Grooming
M1810	Current ability to dress upper body safely
M1820	Current ability to dress lower body safely
M1830	Bathing
M1840	Toilet transferring
M1850	Transferring
M1860	Ambulation and Locomotion
M1033	Risk for rehospitalization

**(M1033) Risk for Hospitalization:** Which of the following signs or symptoms characterize this patient as at risk for hospitalization? (Mark all that apply.)

- 1 - History of falls (2 or more falls - or any fall with an injury - in the past 12 months)
- 2 - Unintentional weight loss of a total of 10 pounds or more in the past 12 months
- 3 - Multiple hospitalizations (2 or more) in the past 6 months
- 4 - Multiple emergency department visits (2 or more) in the past 6 months
- 5 - Decline in mental, emotional, or behavioral status in the past 3 months
- 6 - Reported or observed history of difficulty complying with any medical instructions (for example, medications, diet, exercise) in the past 3 months
- 7 - Currently taking 5 or more medications
- 8 - Currently reports exhaustion
- 9 - Other risk(s) not listed in 1 - 8
- 10 - None of the above

**(M1034) Overall Status:** Which description best fits the patient's overall status?

Enter Code

- 0 The patient is stable with no heightened risk(s) for serious complications and death (beyond those typical of the patient's age).
- 1 The patient is temporarily facing high health risk(s) but is likely to return to being stable without heightened risks(s) for serious complications and death (beyond those typical of the patient's age).
- 2 The patient is likely to remain in fragile health and have ongoing high risk(s) of serious complications and death.
- 3 The patient has serious progressive conditions that could lead to death within a year.
- UK The patient's situation is unknown or unclear.

**Payment under PPS**

- 153 HHRG categories
- 1 LUPA threshold
- Separate non-routine supply payment

**Payment under PDGM**

- 432 case mix groups
- 432 LUPA thresholds
- Non-routine supply payment included

### Current HH Billing

BBA 18: Unit of payment changed from 60-day to 30-day

60 day Certification Period

60 day Payment Period

RAP: 60%

RAP: 40%

### 1/1/20: HH Billing

Providers certified before 1/1/2019

BBA 18: Unit of payment changed from 60-day to 30-day

60 day Certification Period

30 day Payment Period

RAP: 60%

RAP: 40%

### 1/1/20: HH Billing

Providers certified after 1/1/2019

- BBA 18: Unit of payment changed from 60-day to 30-day

60 day Certification Period

30 day Payment Period

No-pay RAP

100%

40%

### Example

- s/p Total Hip Replacement (Z47.1)
- DM II, GERD, HTN, BPH
- Low risk for rehospitalization
- Needs assist with grooming, dressing UB, bathing, toileting (but can use a BSC), can bear weight during stand-pivot transfer
- Needs supervision for ambulation/Locomotion
- Dependent with LB dressing

<b>HHRG</b> Estimated 10 visits <b>\$1,563.99</b>	<b>PDGM</b> <b>\$1,991.87</b> 30-day = \$995.93
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### 1/1/21: HH Billing

- Split payments would cease.
- All HHAs would need to submit a "Notice of Admission" (NOA) within 5 calendar days of the HH admission.
  - Failure to complete the NOA would result in a penalty

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### OTHER POINTS OF INTEREST

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### Behavioral Change

- Takes into account that providers will "change their behavior to best take advantage and operate under the new model."
- 1. Documentation and coding practices will change to put highest-paying diagnosis as principal

No Assumptions? \$1,907.11  
 With assumptions? \$1,754.73

### PTAs and Maintenance Therapy


- TODAY: PTAs in the home health setting cannot perform maintenance therapy.
- PROPOSED: PTAs in the home health setting can perform maintenance therapy.

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### KX Modifier

- Revising the regulations to clarify that the amount of “annual per-beneficiary incurred expense” will no longer be applied as “limitations” but as “threshold amounts” above which when services are required, should include the KX modifier.
- KX modifier confirms the services are “medically necessary as justified by appropriate documentation in the patient’s medical record”*



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### KX Modifier

- Amounts accrued for purposes of applying the KX modifier threshold will continue to include CAH’s directly or under arrangement
- Will update language to replace the “manual medical review process” with language referencing the targeted MR process established by MACRA, including those made in BBA of 2018

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### PTA/OTA Modifiers

- For OT and PT services (including CORF)
- Claims furnished “in whole or in part” by an OTA or PTA must include a prescribed modifier
- Services will not be considered furnished “in part” by an OTA or PTA unless they >10% of total minutes for that service
  - Beginning 1/1/2020



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### PTA/OTA Modifiers

CQ Modifier	CO Modifier
Outpatient physical therapy services furnished in whole or in part by a physical therapist assistant.	Outpatient occupational therapy services furnished in whole or in part by an occupational therapy assistant.

- To be used on the claim line alongside the respective GP or GO therapy modifier

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### Examples of when TO use PTA/OTA Modifiers

- Therapeutic portions of outpatient therapy services furnished by PTAs/OTAs, as opposed to administrative or other non-therapeutic services that can be performed by others without the education and training of OTAs and PTAs.
- Services wholly furnished by PTAs or OTAs without physical or occupational therapists.
- Evaluative services that are furnished in part by PTAs/OTAs (keeping in mind that PTAs/OTAs are not recognized to wholly furnish PT and OT evaluation or re-evaluations.

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### Examples of when NOT TO use PTA/OTA Modifiers

- PTAs/OTAs furnish services that can be done by a technician or aide who does not have the training and education of a PTA/OTA.
- Therapists exclusively furnish services without the involvement of PTAs/OTAs.

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### When Deciding Whether to use Modifiers:


- If the PTA/OTA participates in the service concurrently with the therapist for only a portion of the total time that the therapist delivers a service, the CQ/CO modifiers apply when the minutes furnished by the therapy assistant are greater than 10 percent of the total minutes spent by the therapist furnishing the service.



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### When Deciding Whether to use Modifiers:

- If the PTA/OTA and the therapist each separately furnish portions of the same service, the CQ/CO modifiers would apply when the minutes furnished by the therapy assistant are greater than 10 percent of the total minutes
  - E.g. the sum of the minutes spent by the therapist and therapy assistant – for that service.



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### CMS proposes 2 ways to compute:

#### Method 1

$$\frac{\text{Total minutes delivered by PTA}}{\text{Total minutes delivered for service}^*} \times 100$$

Round to nearest whole number

\*Service is a distinct CPT code  
 All time spent by PT + All time spent by PTA + All time spent by PT/PTA concurrently

<=10% = NO MODIFIER  
 >11% = ADD MODIFIER

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### CMS proposes 2 ways to compute:

#### Method 2

$$\frac{\text{Total minutes delivered for service}^*}{10} = X\# + 1$$

This is the total minutes that if delivered by PTA will trigger modifier

All time spent by PT + All time spent by PTA + All time spent by PT/PTA concurrently  
 \*Service is a distinct CPT code

If PTA is involved in delivering <= X#, then NO MODIFIER  
 If PTA is involved in delivering > X#, then APPLY MODIFIER

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### Examples

#### Method 2

$$\frac{60\text{m of } 97110}{10} = 6 + 1$$

7 Is the total minutes of 97110 that if delivered by PTA will trigger modifier

All time spent by PT + All time spent by PTA + All time spent by PT/PTA concurrently

If PTA is involved in delivering <= 6, then NO MODIFIER  
 If PTA is involved in delivering > 6, then APPLY MODIFIER

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### Examples

#### Method 2

$$\frac{45\text{m of } 97110}{10} = 5 + 1$$

Round

6 Is the total minutes of 97110 that if delivered by PTA will trigger modifier

All time spent by PT + All time spent by PTA + All time spent by PT/PTA concurrently

If PTA is involved in delivering <= 5, then NO MODIFIER  
 If PTA is involved in delivering > 5, then APPLY MODIFIER

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### “Simple Method”

TABLE 19: Simple Method for Determining When CQ/CO Modifiers Apply


METHOD TWO: Simple Method to apply 10 Percent De Minimis Standard			
Total Time* Examples Using Typical Service Total Times	Determine the 10 percent standard by dividing service Total Time by 10	Round 10 Percent standard to Next Whole Integer	PTA/OTA Minutes Needed to Exceed – Apply CQ/CO
10	1.0	1.0	2.0
15	1.5	2.0	3.0
20	2.0	2.0	3.0
30	3.0	3.0	4.0
45	4.5	5.0	6.0
60	6.0	6.0	7.0
75	7.5	8.0	9.0

Total Time equals total therapist minutes plus any PTA/OTA independent minutes. Concurrent minutes: When PTA/OTA’s minutes are furnished concurrently with the therapist, total time equals the total minutes of the therapist’s service. Separate minutes: When PTA/OTA’s minutes are furnished separately from the minutes furnished by the therapist, total time equals the sum of the minutes of the service furnished by the PT/OT plus the minutes of the service furnished separately by the PTA/OTA.

### Documentation Requirements

*Proposed*


1. Beginning January 1, 2020
2. The treatment notes explain, via a short phrase or statement, the application or non-application of the CQ/CO modifier for each service furnished that day.
  - Includes untimed services



### Documentation Examples

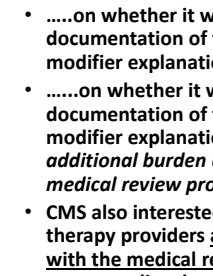
*Proposed*

- “Code 97110: CQ/CO modifier applied – PTA/OTA wholly furnished”; or,
- “Code 97150: CQ/CO modifier applied – PTA/OTA minutes = 15%”; or
- “Code 97530: CQ/CP modifier not applied – PTA/OTA minutes less than 10% standard.”
- For those therapy services furnished exclusively by therapists without the use of PTAs/OTAs, the PT/OT could note one of the following:
  - “CQ/CO modifier NA”, or
  - “CQ/CO modifier NA – PT/OT fully furnished all services.”
  - “Code 97162 (TT = 30 minutes): CQ/CO modifier not applied – PTA/OTA minutes (3) did not exceed the 10 percent standard.”



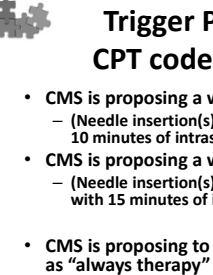
### Request for Comments

- .....on whether it would be appropriate to require documentation of the minutes as part of the CQ/CO modifier explanation.
- .....on whether it would be appropriate to require documentation of the minutes as part of the CQ/CO modifier explanation *as a means to avoid possible additional burden associated with a contractor’s medical review process conducted for these services.*
- CMS also interested in hearing from therapists and therapy providers about current burden associated with the medical review process based on CMS’s current policy that does not require the times for individual services to be documented.



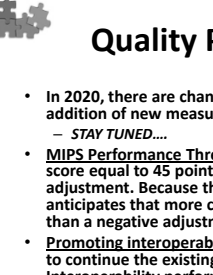
### Trigger Point Dry Needling CPT codes 205X1 and 205X2

- CMS is proposing a work RVU of 0.32 for CPT code 205X1
  - (Needle insertion(s) without injection(s), 1 or 2 muscle(s)) with 10 minutes of intraservice work time.
- CMS is proposing a work RVU of 0.48 for CPT code 205X2
  - (Needle insertion(s) without injection(s), 3 or more muscle(s)) with 15 minutes of intraservice work time.
- CMS is proposing to designate CPT codes 205X1 and 205X2 as “always therapy” procedures
- CMS is proposing the RUC-recommended direct PE inputs for all codes in the family.



### Quality Payment Program

- In 2020, there are changes to the PT/OT measure set including the addition of new measures and removal of others.
  - *STAY TUNED....*
- MIPS Performance Threshold: MIPS eligible clinicians with a final score equal to 45 points would receive a neutral MIPS payment adjustment. Because the performance threshold is 45 points, CMS anticipates that more clinicians will receive a positive adjustment than a negative adjustment.
- Promoting interoperability reweighting: CMS is proposing for 2020 to continue the existing policy of reweighting the Promoting Interoperability performance category for physical therapists, occupational therapists, qualified speech-language pathologist, qualified audiologists, clinical psychologists, and registered dietitians or nutrition professionals.



## Comments? Take Action!

- [http://www.apta.org/RegulatoryIssues/Take Action/](http://www.apta.org/RegulatoryIssues/TakeAction/)

**APTA's Current Regulatory Advocacy Efforts**

APTA staff are currently reviewing and submitting comment on the following proposed regulations. If you wish to submit individual comments, click the applicable proposal and use the Regulatory Advocacy Template Letter as a guide. Review this timeline to keep current on when rules are expected and when you can take action (during commenting period).

• **CMS 2020 Home Health Payment System Proposed Rule** The Centers for Medicare and Medicaid Services (CMS) issued its proposed rule on the home health payment system for 2020, which includes routine updates to payment rates and a review of the new case-mix adjustment methodology, the Patient-Driven Groupings Model, which becomes effective January 1, 2020. CMS also proposes to modify the home health plan of care regulation text and to allow therapist assistants to furnish maintenance therapy under a maintenance program established by a therapist. CMS further proposes to phase out the split payment approach for alerting CMS' claims processing system that a beneficiary is under a home health episode of care and instead requiring HHAs to submit a Notice of Admission within 5 days of the start of care—APTA was instrumental in advocating for this change. APTA and the Home Health Section will provide comments, and individuals may submit comments independently using APTA's unique template letter (link below).

Deadline for Comments: Monday, September 9, 2019  
Review proposed rule ( pdf)  
Review fact sheet  
Take Action: Submit comments | Submit comments using APTA's unique template letter ( docx)

## Uses of Measures

Value = Quality / Cost

## Fundamental Change for Post-Acute Care!

- Therapy minutes no longer drive payment
- Payment based on different patient characteristics
- Intent is to redistribute resources among the all direct care related components and the non-therapy ancillary component

1. Assessment of full clinical picture
2. Clinical skill set
3. Care Management

## What Does this Look Like?

**Admission / Initial Assessment**

- Interview
- Assessment

**Synthesize**

- Plan
- Prescription

**Management**

- Reassessment
- Modifications
- Transition
- Follow Up

## Clinical Programs

**SNF:**

- Restorative programs
- Activities
- Group Therapy
- Preparation for home

**HH:**

- Patient engagement
- Maintenance therapy
- Medication management
- Modifiable risk factors



### Benefits of PT for LBP as Entry Point to Reduce Overall Episodic Cost

- The study tracked private insurance information from nearly 150,000 patients for one year after an initial visit for LBP.
- Conclusion: LBP who received care from a PT first experienced lower out-of-pocket, pharmacy, and outpatient costs after one year and reduced their likelihood of receiving an opioid prescription by 87% compared with patients who never visited a PT.
- The PT-first group was also associated with a 28% lower probability of having imaging services and 15% lower odds of making a visit to an emergency department.
- Frogner BK, Harwood K, Andriell CHA, Schwartz M, Pines JM. *Physical Therapy as the First Point of Care to Treat Low Back Pain: An Instrumental Variables Approach to Estimate Impact on Opioid Prescription, Health Care Utilization, and Costs.* *Health Serv Res.* 2018 Dec;53(6):4629-4646. Doi: 10.1111/1475-6773.12984. Epub 2018 May 23. <https://www.ncbi.nlm.nih.gov/pubmed/29790166>

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### UnitedHealthcare announces pilot to waive cost of copays and deductibles

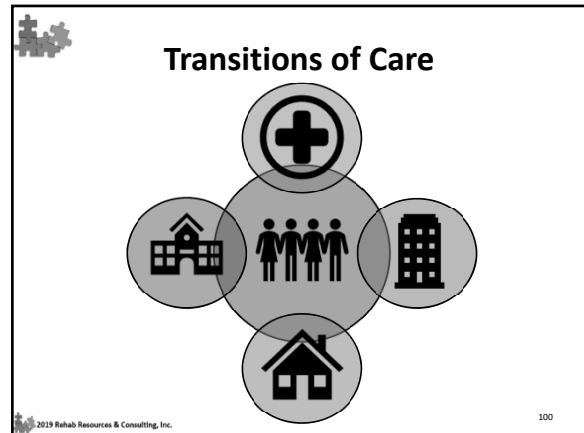
- June of 2019
- Pilot program in 5 states
- Waives the cost of copays and deductibles for 3 physical therapy sessions for patients with LBP, affecting as many as 1 million enrollees.
- The benefit change does not extend into the enrollee's own physical therapy or chiropractic benefit maximum either.
- The benefit change was a direct result of a study published in the *American Journal of Managed Care* that affirmed higher copays and payer restrictions on provider access may steer patients away from more conservative treatments for LBP, including physical therapist services.
- Carey K, Ameli O, Garrity B, Rothendler J, Cabral H, McDonough C, Stein M, Saper R, Kazis L. *Health Insurance Design and Conservative Therapy for Low Back Pain.* *The American Journal of Managed Care.* 2019 June; 25(6):e182-e187. <https://www.ajmc.com/journals/issue/2019/2019-vol25-n6/health-insurance-design-and-conservative-therapy-for-low-back-pain>

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### CDC supports PT as Strategy to Reduce Opioid Epidemic

- The Centers for Disease Control has also named physical therapy as a viable option in its strategy for reducing the opioid epidemic in the United States.
- Centers for Disease Control and Prevention. *CDC Guideline for Prescribing Opioids for Chronic Pain – United States, 2016.* *Morbidity and Mortality Weekly Report.* March 18, 2016.

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### Competency

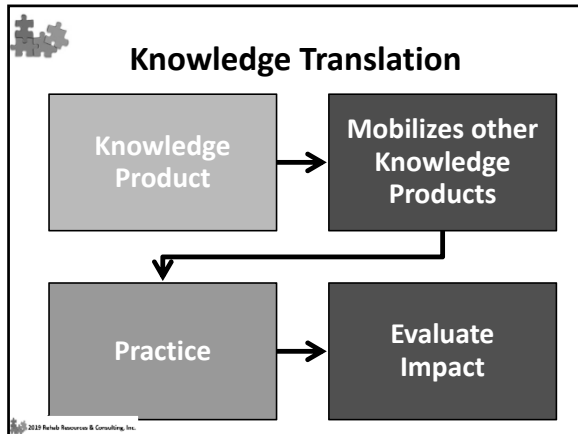
- Merriam-Webster's dictionary: *the quality or state of having sufficient knowledge, judgment, skill, or strength (as for a particular duty or in a particular respect)*
- Synonyms
  - Ability
  - Capableness
  - Capacity

2019 Rehab Resources & Consulting, Inc. 101

### Competency

- Why is this important?
- 1. Know your strengths
- 2. Highlight growth areas
- 3. Encourage professional development
- 4. Increase job satisfaction

2019 Rehab Resources & Consulting, Inc.



### Uses of Measures

- Provide information on quality of care
  - To help choose a healthcare provider
  - To inform those who already have a loved one receiving services from a healthcare provider
- Facilitate communication between families/patients and the healthcare provider
- Give data to the healthcare providers to help them with quality improvement activities

### Application of Measures in PAC

Measure	IMPACT Domain	Method	SNF	LTCH	IRF	HH
Functional Status	Functional, Cognitive Status & Changes	Facility Assessment	10/1/16 & 10/1/18	10/1/16	10/1/16	1/1/19
Incidence of 1 or more falls with major injury	Incidence of Major Falls	Facility Assessment	10/1/16	10/1/16	10/1/16	1/1/19
Drug Regimen Review identifies issues for follow up	Medication Reconciliation	Facility Assessment	10/1/18	10/1/18	10/1/18	1/1/17
Changes in Skin Integrity	Skin Integrity & Changes	Facility Assessment	10/1/16 & 10/1/18	10/1/16 & 10/1/18	10/1/16 & 10/1/18	1/1/17 & 1/1/19
DC to Community	Resource Use	Claims	10/1/16	10/1/16	10/1/16	1/1/17
Medicare Spend	Resource Use	Claims	10/1/16	10/1/16	10/1/16	1/1/17
PPRM post DC	Resource Use	Claims	10/1/16	10/1/16	10/1/16	1/1/17
Transfer of Health Information	Communicate & Transfer HI, Preferences	TBD	PROPOSED for 2020/2022			

### Application of Measures in PAC

Measure	IMPACT Domain	Method	SNF	LTCH	IRF	HH
Functional Assmt & Care Plan	Functional Change	Assessment	10/1/16	10/1/16	10/1/16	1/1/19
Change in Self Care	Functional Change	Assessment	10/1/18	10/1/16 modi	10/1/16	?
Change in Mobility	Functional Change	Assessment	10/1/18	10/1/16 modi	10/1/16	?
Discharge in Self-Care Score	Functional Change	Assessment	10/1/18	NA	10/1/16	?
Discharge in Mobility Score	Functional Change	Assessment	10/1/18	NA	10/1/16	?

### Questions?

- Thank you!
- [Ellen@RehabResourcesAndConsulting.com](mailto:Ellen@RehabResourcesAndConsulting.com)