

August 3, 2015

STANDARDS FOR PHYSICAL THERAPY RELATED TO DISCHARGE APPEAL REVIEWS

Livanta LLC has been operating as the Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO) since August 1, 2014. As the BFCC-QIO, Livanta is responsible for reviewing all Medicare discharge appeals and quality of care concerns for beneficiaries in two Areas. Area 1 includes Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Puerto Rico, Rhode Island, Vermont, and the Virgin Islands. Area 5 includes Alaska, Arizona, California, Hawaii, Idaho, Nevada, Oregon, Washington, and the Pacific Territories.

Livanta has several important reminders regarding standards of practice for physical therapy (PT) relating to discharge appeals. These reminders are geared toward physical therapists, home health and skilled nursing facility discharge planners, and case management staff. Please share this information with all relevant staff.

The Criteria for Standards of Practice for Physical Therapy from the American Physical Therapy Association (APTA), available on the [APTA website](#) (pages 5-6), state:

F. Discharge/Discontinuation of Intervention

The physical therapist discharges the patient/client from physical therapy services when the anticipated goals or expected outcomes for the patient/client have been achieved.

The physical therapist discontinues intervention when the patient/client is unable to continue to progress toward goals or when the physical therapist determines that the patient/client will no longer benefit from physical therapy.

Discharge documentation:

- *Includes the status of the patient/client at discharge and the goals and outcomes attained.*
- *Is dated and appropriately authenticated by the physical therapist who performed the discharge.*
- *Includes, when a patient/client is discharged prior to attainment of goals and outcomes, the status of the patient/client and the rationale for discontinuation.*

On January 24, 2013, the U. S. District Court for the District of Vermont approved a settlement agreement in the case of [Jimmo v. Sebelius](#) regarding coverage for physical therapy if skilled services are needed for a maintenance program (in certain situations). Livanta has received numerous appeals where physician reviewers need to determine whether physical therapy should be stopped or continued. These appeals often include unclear documentation, making it difficult for physician reviewers to get a clear picture of patient need.

Livanta is requesting that discharge documentation specifically address the maintenance level of physical therapy.

For example, the discharge note from physical therapy can be modeled after the following template, with the appropriate information noted in parentheses selected:

Area 1 HelpLine: 866-815-5440

Area 5 HelpLine: 877-588-1123

“(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.”

The above templates are examples of statements that could be used, although similar statements that appropriately convey the same information as designed by Physical Therapists would also be sufficient. **The physical therapy note should specify clinically relevant information supporting the decision to continue or discontinue skilled therapy.**

This additional level of clarification will assist Livanta physician reviewers, in the case of a discharge appeal, in determining whether skilled physical therapy is still needed or if unskilled personnel can perform the maintenance program. The additional level of detail will also assist in improving the level of understanding of the patient, family, and primary care provider.

Below is an example from Chapter 7 of the [Medicare Benefit Policy Manual](#) (page 67). The situation outlined includes a patient successfully shifting from restorative PT to maintenance PT, with proper documentation.

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.

Resources

Medicare Benefit Policy Manual

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c07.pdf>

APTA Criteria for Standards of Practice for Physical Therapy

http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/BOD/Practice/CriteriaforStandardsPractice.pdf

APTA Standards of Practice for Physical Therapy

http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Practice/StandardsPractice.pdf

JIMMO Fact Sheet

<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/Downloads/Jimmo-FactSheet.pdf>