Maintenance Therapy in Home Health

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Objectives

• Define the medical necessity of maintenance therapy
• Understand the correct application of the relevant G Codes and monitoring for compliance
• Examine the critical documentation elements connected with maintenance therapy

Maintenance Myths

• Maintenance is never done in home health.

• We can now see people indefinitely.

• Home Programs = Maintenance Therapy.

• Therapy Discharge = Maintenance Code
New Program?

- Maintenance is NOT a new Medicare benefit.
- PPS 2011 did NOT change coverage criteria.
- The requirement of “skill” still exists.

Maintenance = Skilled

- “require the specialized skills, knowledge, and judgment of the qualified therapist to design or establish a safe and effective maintenance program”
- “the unique clinical conditions of a patient may require the specialized skills of a qualified therapist to perform a safe and effective maintenance program”

Diagnosis?

- “A prescriptive definition of these sorts of conditions, such as a listing of specific disease states that provide subtext for these descriptions is impractical, as each patient’s recovery from illness is based on unique characteristics.”
Who Decides?

• “We believe that rehabilitation professionals, by virtue of their education and experience, are typically able to determine when a functional impairment could reasonably be expected to improve spontaneously as the patient gradually resumes normal activities.”

• “We expect rehabilitation professionals to be able to recognize when their skills are appropriate to promote recovery.”

Therapy G Codes
“Maintenance”

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>G0159</td>
<td>Physical Therapist in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes.</td>
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<tr>
<td>G0160</td>
<td>Occupational Therapist in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes.</td>
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<tr>
<td>G0161</td>
<td>Speech-Language Pathologist in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology maintenance program, each 15 minutes.</td>
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Focus of Care

**Restorative Therapy**
- Intent is to **improve** the patient's ability to function.
- Qualified therapist establishes the plan of care and completes required reassessments.
- Therapy assistants CAN provide care

**Maintenance Therapy**
- Intent is to **prevent** further loss of function.
- Qualified therapist establishes the plan of care and completes the required reassessments.
- Therapy assistants CANNOT provide care
Establishing a Program

- Determine current status of the patient.
- Assess rehabilitation potential.
- Create program based on patient specific needs.
- Ascertain teaching needs of patient and caregiver.

Skilled Assessment

Measurements
- ROM
- Strength
- Balance
- Vision
- Pain
- Sensation
- Communication
- Cognition
- Environment
- Equipment

Functional Impact
- Ambulation
- Transfers
- Bathing
- Dressing
- Toiletting
- Incontinence
- Medication Management
- Swallowing
- Home Management

What Does a Therapist See?

- “Gait Deficits”
  - Patient 1 – Visual and cognitive issues
  - Patient 2 – Leg length discrepancy and pain.
- “ADL Deficits”
  - Patient 3 – Anxiety and lack of transfer bench
  - Patient 4 – Balance and arm in a sling
- “Swallowing Deficits”
  - Patient 5 – Posture and muscular weakness
  - Patient 6 – Attention and memory
Examples – “Why” Therapy

• Patient considered at risk for pressure ulcers due to current level of immobility. Transfer and gait training will focus on necessary position changes to decrease risk.

• Patient’s daughter requires training in lower extremity positioning techniques and PROM to ensure correct follow through.

Delivering Care

• Biggest risk is repetitive documentation without showing skill.

• Defend why a therapist must be involved with each visit.

• Specifically address the plan to transition care to someone else.

Skilled Interventions

• Intervention = “interference”.

• Disruption of the current process.

• Puts the patient on a different path.

• Driven by the assessment findings.
Examples – “Why” Therapy
• Transfer training to decrease workload on caregiver.
• Upper extremity stretching techniques taught to caregiver to prevent contracture and continue participation in grooming.
• Education regarding correct use of thickener to decrease risk of aspiration.

How Many Visits?
• There are no specific minimum or maximum number of visits.
• Defining issue is the level of skill required.
• “Caregiver Ed”
• Must maintain clarity regarding the true needs of the patient.

Reasonable and Necessary?
• “If an individual’s expected restorative potential would be insignificant in relation to the extent and duration of therapy services required to achieve such potential, therapy would not be considered reasonable and necessary, and thus would not be covered.”
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