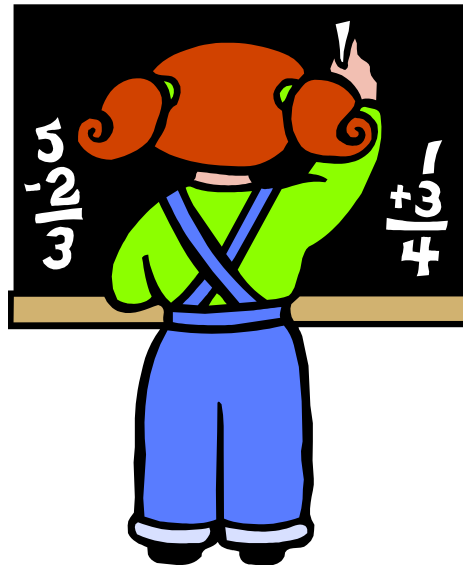


REASSESSMENT 101
for
REHAB THERAPISTS
(effective January 1, 2015)



Reassessment Requirement Basics

- Reassessment requirement changes effective **January 1, 2015**
 - Reassessment requirement now calendar based rather than visit based
 - Reassessment now required at least every 30 days
 - Applies to **patients who are admitted or recertified on or after January 1, 2015**
 - Change is intended to put the focus on the 'quality' of therapy rather than the 'quantity' of therapy

Reassessment Requirement Basics

- **Every 30 days** means the reassessment can be performed *on or before* the 30th day
 - Starts with the therapist's first assessment/visit and continues until discharge (even if more than one cert period is involved).
 - **COUNTING** for the reassessment clock begins the **day after** the service is provided.
 - clock 'resets' with the performance of a reassessment
- If more than one therapy involved, each therapy discipline has its own separate clock.

Federal Register

Centers for Medicare and Medicaid Services

November 6, 2015

“...to require that at least every 30 days a qualified therapist (instead of an assistant) must provide the needed therapy service and functionally reassess the patient. Where more than one discipline of therapy is being provided, a qualified therapist from each of the disciplines must provide the needed therapy service and functionally reassess the patient at least every 30 days. Therapy reassessments are to be performed using a method that would include objective measurement, in accordance with accepted professional standards of clinical practice, which enables comparison of successive measurements to determine the effectiveness of therapy goals. Such objective measurements would be made by the qualified therapist using measurements which assess activities of daily living that may include but are not limited to eating, swallowing, bathing, dressing toileting, walking, climbing stairs, or using assistive device, and mental and cognitive factors. The measurement results and corresponding effectiveness of the therapy, or lack thereof, must be documented in the clinical record.”

IMPACT of NON COMPLIANCE

- Failure to comply with reassessment requirements will result in visits which are **NOT COVERED.**
 - Visits made on or after a missed time are not covered. Coverage resumes with the visit in which the required reassessment is performed and documented.
 - **VERY IMPORTANT: Non covered visits are NOT COUNTED in the visit count!**

Understanding the requirements and tracking your visits is essential to compliance and your reimbursement!



Not covered/Not counted = Not billable/Not reimbursed

Visits that are out of compliance with reassessment requirements are not covered, can't be billed and do NOT count toward the therapy thresholds. A contractor will not be reimbursed for visits made out of compliance.

Resumption of Coverage

Coverage will resume with the reassessment visit in which the 'qualified' therapist:

- performs the reassessment,
- obtains objective measures, and
- completes the required documentation.
 - Objective measurements to assess goal attainment are required.
 - Supportable statement to continue therapy and why goals are attainable if no progress is documented is required.