CMS Issues Clarification Regarding Implementation Date for Home Health Functional Reassessment Requirements for 2013

As a follow-up to the issuance of the Home Health Prospective Payment System (HH PPS) Calendar Year (CY) 2013 Final Rule, CMS has updated its website to clarify that the therapy provisions will be effective for episodes beginning on or after January 1, 2013. Please see the language bolded under the first bullet on the CMS HHA Center Webpage.

In the CY 2013 final rule published on November 2, CMS finalized three revisions regarding the requirement that a qualified therapist complete a functional reassessment of the patient at the 14th and 20th visit as well as every 30 days:

1. If a qualified therapist missed a reassessment visit, therapy coverage would resume with the visit during which the qualified therapist completed the late reassessment, not the visit after the therapist completed the late reassessment.

2. In cases where multiple therapy disciplines are involved, if the required reassessment visit was missed for any one of the therapy disciplines for which therapy services were being provided, therapy coverage would cease only for that particular therapy discipline.

3. In cases where the patient is receiving more than one type of therapy, qualified therapists must complete their reassessment visits during the 11th, 12th, or 13th visit for the required 13th visit reassessment and the 17th, 18th, or 19th visit for the required 19th visit reassessment. However, CMS also states in instances where patients receive more than one type of therapy, if the frequency of a particular discipline, as ordered by a physician, does not make it feasible for the reassessment to occur during the specified timeframes without providing an extra unnecessary visit or delaying a visit, then it will still be acceptable for the qualified therapist from each discipline to provide all of the therapy and functionally reassess the patient during the visit associated with that discipline that is scheduled to occur closest to the 14th Medicare-covered therapy visit, but no later than the 13th Medicare-covered therapy visit. Likewise, a qualified therapist from each discipline must provide all of the therapy and functionally reassess the patient during the visit associated with that discipline that is scheduled to occur closest to the 20th Medicare-covered therapy visit, but no later than the 19th Medicare-covered therapy visit.

For a comprehensive summary of the final rule, please visit the APTA website. APTA is working with CMS to address issues that may arise regarding implementation. Please send an email to advocacy@apta.org with any questions you may have regarding implementation of the 2013 functional reassessment requirement changes.