Medicare Maintenance Therapy Documentation Guidelines:

As a result of a recent settlement, Jimmo vs. Sebelius, Medicare must pay for maintenance therapy when the patient requires skilled therapy and medical record documentation demonstrates the need for it. Coverage of skilled nursing and skilled therapy services “…does not turn on the presence or absence of a beneficiary’s potential for improvement, but rather on the beneficiary’s need for skilled care.”

“Skilled therapy services to maintain the patient’s current condition or prevent or slow further deterioration are covered as long as an individualized assessment of the patient’s clinical condition demonstrates that the specialized judgment, knowledge, and skills of a qualified therapist (‘skilled care’) are necessary to design or establish a safe and effective maintenance program or under certain circumstances, for the actual performance of such a program.”

“Skilled therapy is necessary for the performance of a safe and effective maintenance program only when (a) the particular patient’s special medical complications require the skills of a qualified therapist to perform a therapy service that would otherwise be considered non-skilled; or (b) the needed therapy procedures are of such complexity that the skills of a qualified therapist are required to perform the procedure.”

Although Medicare has not released formal documentation guidelines, CMS has stated that “care must be taken to assure that documentation justifies the necessity of the skilled services provided. Justification for treatment would include, for example, objective evidence or a clinically supportable statement of expectation that”:

- “In the case of rehabilitative therapy, the patient’s condition has the potential to improve or is improving in response to therapy; maximum improvement is yet to be attained; and, there is an expectation that the anticipated improvement is attainable in a reasonable and generally predictable period of time”.

- “In the case of maintenance therapy, the skills of a therapist are necessary to maintain, prevent, or slow further deterioration of the patient’s functional status, and the services cannot be safely and effectively carried out by the beneficiary personally, or with the assistance of non-therapists, including unskilled caregivers”.

Diagnoses that may be appropriate for Medicare maintenance skilled therapy, include:

PT/OT
- RA, OA, SCI, TBI, Spinal Stenosis, MS, CVA, Parkinson’s, ALS, Amputee, Balance dysfunction, elderly at risk for falls, Lymphedema, etc.

ST
- Head/Neck CA, PD, TBI, CVA, MS & neurodegenerative diseases
- Recurrent pneumonia/dysphagia, aphasia, apraxia, dysarthria, cognitive/communicative disorders

Skilled therapy justification:
- Balance/fall risk
- Regression in gait/transfers/self care likely if skilled services are discontinued
- Verbal cueing required for safe/correct activity (exercise) completion
- Manual intervention is necessary to prevent an adverse result-(i.e. contracture, reduction in ambulation quality, distance, etc.)
- Decline in swallowing, speech/language or cognitive/communicative skills secondary to the aging process, progression of the medical condition, and/or environmental changes including increase in demands
- Patient’s current functional status has declined with family/caregiver assistance alone for transfers/ambulation, therefore skilled services are now required to maintain safe gait/transfers/self care.

Sample documentation for justification of skilled services:

Assessment Examples:
- This patient has the chronic condition of ___(diagnosis)__ and requires ongoing skilled maintenance therapy to prevent a decline in function of ____________ which will severely impact their quality of life by/to ___(list functional activities)___.

- Skilled services of the Physical Therapist are required to achieve an appropriate maintenance program for this patient’s condition of (
diagnosis). This patient will benefit from a maintenance program to prevent decline in (list functional activities).

Goal Examples: Goals are to be objective and reflect the expected functional outcome and/or maintenance status.

1. **ROM**: Maintain greater than or equal to _____ (specific ROM or % of ROM) in order to:
   - (UE)-enable overhead uses and reaching for household cleaning
   - (CSP)-maintain independence and safety with driving
   - (Trunk)-promote safety and independence with transfers/functional movement
   - (LE)-promote safe gait pattern over all surfaces

2. **Strength**: Maintain good or greater strength ______ (specific mm grade, etc) in order to:
   - (UE)-allow safe and independent carrying of objects, including groceries
   - (Trunk)-promote upright postural control for safe/proper lifting mechanics
   - (LE)-enable safe stair climbing, minimize or abolish LE instability with ambulation over uneven terrain

3. **Function**: Maintain functional _______ (independence, percentage or assist level) in order to:
   - promote social interaction with family and friends
   - allow community and volunteer involvement
   - enable safe and consistent performance of household chores

**Additional Examples:**
1) Patient is to maintain Right ankle A/PROM DF < 5 degrees, with assistance of regular manual stretching, to allow patient to stand with foot flat for transfers and independent gait using SPC.
2) Patient is able to maintain a TUG score < 16 sec, for decreased risk for falls during ADLs/self-care.
3) Patient able to participate in a skilled 1:1 balance program designed to maintain their current level of Min A/CGA for transfers and gait for short community distances and decrease caregiver burden.

4) Patient able to complete a skilled maintenance program of posture re-education and strengthening for ability to complete ADLs/IADLs, with prompting/coaxing/set-up.

5) Patient able to tolerate a skilled maintenance manual stretching program of the left upper extremity, to decrease pain with sleep and prevent loss of independent functional mobility due to contracture.

Key words for use with assessments and goal setting:

- “Skilled physical therapy”
- “Maintain”
- “Prevent”
- “Inability to perform exercise program independently” (on own/with family assistance) due to safety, cognition, obesity, need for skilled joint mobs etc.