Overview and Review of the IRF-PAI Therapy Information Data Collection

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If there are any additional questions after the presentation regarding the Therapy Information Data Collection Section on the IRF-PAI, please don’t hesitate to send us an email at our IRF coverage email box.

For IRF Medicare Policy questions:
IRFcoverage@cms.hhs.gov

For Additional IRF Information:
http://cms.gov/Medicare/Medicare-Fee-for-Service-Payment/InpatientRehabFacPPS/index.html
Agenda

• IRF-PAI Therapy Information Section, Items: O0401 and O0402

• Question and Answer Session
In the FY 2015 IRF PPS final rule, CMS finalized the new Inpatient Rehabilitation Facility (IRF) - Patient Assessment Instrument (PAI) Therapy Information Section (Items O0401 and O0402) for data collection purposes.

For additional information about the final rule, please visit: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/InpatientRehabFacPPS/List-of-IRF-Federal-Regulations.html
Therapy Information
(Items O0401 and O0402)

• Effective for discharges occurring on or after October 1, 2015, all IRFs are required to report the amount and mode (individual, concurrent, group, and co-treatment) of therapy minutes provided to each IRF patient for each therapy discipline (physical, occupational, and speech-language pathology) on every IRF-PAI that is submitted.

• This information will be reported on the patient’s discharge assessment for two time periods during the IRF stay: Week 1 and Week 2.
Please Note:
The therapy items on the IRF-PAI are strictly a data collection exercise only for weeks 1 and 2 of the IRF stay and should not be used as a way of documenting the amount of therapy provided to verify the intensity of therapy coverage requirements. However, providers are still obligated to ensure they are satisfying all IRF coverage requirements regarding intensive therapy.
The Therapy Information Items (O0401 and O0402) as it currently appears on the IRF-PAI.
Therapy Information
(Item O0401)

O0401. Week 1: Total Number of Minutes Provided: This item will be completed as part of the discharge assessment. In this section, the IRF will record the total minutes of Individual, Concurrent, Group, and Co-Treatment therapy the patient received, according to each therapy discipline during week one of the IRF stay.

NOTE: Week one is a 7 consecutive calendar day period starting with the day of admission to the IRF. This item should be completed regardless of whether the patient stays a full 7 days.
Example: Mr. W is admitted to the IRF on 01/1/2017 and is discharged on 01/5/2017. Week one will include total therapy minutes (by mode and discipline) provided beginning 01/1/2017 (Day 1 of the IRF stay) through 01/5/2017 (Day 5 of the IRF stay).
Therapy Information (Item O0402)

O0402. Week 2: Total Number of Minutes Provided: This item will be completed as part of the patient’s discharge assessment. In this section, the IRF will record the total minutes of Individual, Concurrent, Group, and Co-Treatment therapy the patient received, according to each therapy discipline, during the second week of the IRF stay.

NOTE: Week 2 is a 7 consecutive calendar day period starting with Day 8 of the IRF stay. This item should be completed regardless of whether the patient stays all 7 days of week two.
Therapy Information
(Item O0402)

Example 1: Mrs. C is admitted to the IRF on 01/1/2017 and is discharged on 01/16/2017. **Week 1** should include the total therapy minutes provided by mode and discipline beginning 01/1/2017 (Day 1 of the IRF stay) through 01/7/2017 (Day 7 of the IRF stay). **Week 2** should include the total therapy minutes provided by mode and discipline beginning on 01/8/2017 (Day 8 of the IRF stay) through 01/14/2017 (Day 14 of the IRF stay).

Example 2: Mr. T is admitted to the IRF on 01/1/2017 and is discharged on 01/11/2017. **Week 1** should include therapy minutes provided by mode and discipline beginning 01/1/2017 (Day 1 of the IRF stay) through 01/7/2017 (Day 7 of the IRF stay). **Week 2** should include therapy minutes provided by mode and discipline beginning on 01/8/2017 (Day 8 of the IRF stay) through 01/11/2017 (Day 11 of the IRF stay).
Individual Therapy: The provision of therapy services by one licensed or certified therapist (or licensed therapy assistant, under the appropriate direction of a licensed or certified therapist) to one patient at a time (this is sometimes referred to as “one-on-one” therapy).
A speech-language pathologist treats only Patient A for 30 minutes for aphasia therapy following a stroke. Patient A’s speech-language therapy would be coded as 30 minutes of individual therapy on the Therapy Information section of the IRF-PAI.
**Concurrent Therapy**

**Definition**

Concurrent Therapy: The provision of therapy services by one licensed or certified therapist (or licensed therapy assistant, under the appropriate direction of a licensed or certified therapist) treating 2 patients at the same time who are performing *different* activities.

**NOTE:** When conducting concurrent and group therapy sessions, start and end times do not need to be the same for all patients participating. The exact time spent for each patient participating in a concurrent or group therapy session should be reported as such. Any additional time either prior to or following participation in a group or concurrent therapy session that a patient receives one-on-one therapy should be recorded as individual therapy. We believe that providers will be able to accurately and effectively document the amount of time that the patient is receiving therapy, as well as the correct mode.
Concurrent Therapy Example

Patient A begins physical therapy to address lower extremity strengthening at 9:00 am. Patient B enters at 9:30 am and begins working with the same therapist on upper extremity range of motion. Both patients engage with the PT until 10:00 am. At that time, Patient A leaves and Patient B continues her exercises until 10:30 am.

Patient A should be recorded as receiving individual therapy from 9:00 am to 9:30 am and concurrent therapy from 9:30 am to 10:00 am.

Patient B should be recorded as receiving concurrent therapy from 9:30 am to 10:00 am and individual therapy from 10:00 am to 10:30 am.

Thus, a total of 30 minutes of individual physical therapy and 30 minutes of concurrent physical therapy would be recorded for both patients.
**Group Therapy**

**Definition**

Group Therapy: The provision of therapy services by one licensed or certified therapist (or licensed therapy assistant, under the appropriate direction of a licensed or certified therapist) treating 2-6 patients at the same time who are performing the *same or similar* activities.

NOTE: The therapist may only provide therapy to one group at a time. Example: One therapist is not allowed to provide therapy to two groups of 6 patients. This will NOT meet the definition of group therapy.
A speech-language pathologist is working with Patients A, B, C, and D in a communication group.

- 2:00 pm - the group begins with all four patients present
- 2:12 pm - patient A leaves to go to the bathroom and returns at 2:28 pm
- 2:37 pm - patient B leaves for an appointment and does not return
- 3:00 pm - communication group ends

This scenario should be coded as follows:

- Patient A- Total minutes of Group therapy: 44 minutes (2:00 pm-2:12 pm, 2:28 pm to 3:00 pm)
- Patient B- Total minutes of Group therapy: 37 minutes (2:00 pm to 2:37 pm)
- Patient C- Total minutes of Group therapy: 60 minutes (2:00 pm to 3:00 pm)
- Patient D- Total minutes of Group therapy: 60 minutes (2:00 pm to 3:00 pm)

NOTE: If at any time, there is only one patient remaining from the original group, then the time spent with this patient would be coded as individual therapy.
Co-Treatment Definition

Co-Treatment Therapy: The provision of therapy services by more than one licensed or certified therapist (or licensed therapy assistant, under the appropriate direction of a licensed therapist) from different therapy disciplines to 1 patient at the same time.

Note: Co-treatment is appropriate for specific clinical circumstances and would not be suitable for all patients; therefore, its use should be limited. Co-treatment may not be used for the accommodation of staffing schedules. The specific benefit to the patient of the co-treatment must be well-documented in the IRF medical record.
Co-Treatment Example

• A physical therapist and occupational therapist do a transfer exercise with Mr. D for 30 minutes.

• A total of 30 minutes of co-treatment time would be coded for each discipline (PT and OT) on the Therapy Information section of the IRF-PAI for this session assuming each discipline is treating for the full treatment time.
Coding Tips

- Therapy minutes cannot be rounded for the purposes of documenting therapy provided in an IRF.

- Therapy evaluations do count as the initiation of therapy services.

- The time spent in family conferences does not count towards counting therapy minutes on the Therapy Information section of the IRF-PAI.

- “Therapy time” is time spent in direct contact with the patient. Time spent documenting in the patient’s medical record, unsupervised modalities, and significant periods of rest are examples of time not spent in direct contact with the patient and, therefore, may not be documented in the Therapy Information section of the IRF-PAI.
Coding Tips (cont.)

• If the patient has an interrupted stay, record the total number of minutes of therapy the patient received in the IRF for that week the same as if the interrupted stay did not occur. As long as the IRF records the interrupted stay in items 42 and 43 of the IRF-PAI those days will be subtracted and the data will be compared to the data for the same length of stay.
Q: Can a therapy group session consisting of 6 Medicare patients include additional non-Medicare patients?

A: It does not matter what the patient’s insurance is. A group of 6 patients is considered group therapy.

Q: In the event that a patient meets the appropriate criteria for admission to an IRF, and the admission is planned and approved on a given day, can the therapist (PT/OT/SLP) perform the initial therapy evaluation in the acute care (or CAH) unit or hospital the patient is being discharged from if time permits?

A: Evaluations and/or therapy done in the referring hospital do not count in the IRF for purposes of meeting the intensity of therapy requirement.
Questions and Answers

Q: Are the evaluation minutes to be recorded in the total number of minutes provided for each therapy discipline section or is it just treatment minutes?

A: Yes, therapy evaluations should be coded as therapy time on the IRF-PAI.

Q: Should therapy given on the day of discharge be coded?

A: Yes, as long as it meets one of the defined therapy types and modes.

Q: How would you code co-treatments from the same discipline under the new IRF-PAI.

A: The definition in the IRF-PAI Training Manual states “from different therapy disciplines.” So this would not be an example of co-treatment.
Q: If one therapist is treating 3 patients at the same time, but all 3 patients are performing different activities, how should the modes be recorded?

A: Three patients completing different activities with one therapist meets none of our therapy definitions outlined in the IRF-PAI training manual. Therefore, we would see that as additional therapy received by the patient that should be documented in the patient’s medical record, but not in the Therapy Information section on the IRF-PAI.

Q: If an SLP has a cognitive group and one of the patients in the group is also being seen by a PT working on balance and sitting, how would you document the time for each discipline?

A: The situation being described should not be occurring. The patient should only be receiving group speech therapy. If the SLP and PT wanted to do a co-treatment session that would be perfectly acceptable, but a patient cannot be receiving group therapy while working simultaneously with two different types of therapists.
Question & Answer Session
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