



COMMISSIONER
Adelaide Horn

Memorandum

To: LTSS Regional Directors
DADS Regional Nurses

From: Carol Y. Sloan
Section Manager
Regional and Local Services

Subject: Coding Therapies and Nursing Rehabilitation/Restorative Care on the
Medical Necessity and Level of Care Assessment

Date: February 25, 2009 RLS 09 – 02 – 007

The purpose of this memorandum is to provide guidance to Department of Aging and Disability Services (DADS) Regional Nurses on coding the P1b – Therapies and P3 - Nursing Rehabilitation/Restorative Care sections for the Medical Necessity and Level of Care (MN/LOC) assessment form. The following information applies to completion of this assessment for individuals in the community waiver programs below:

- Community Based Alternatives (CBA), Service Group 3;
- Integrated Care Management (ICM), Service Group 3;
- Medically Dependent Children Program (MDCP), Service Group 18; and
- STAR+PLUS – 1915c Waiver, Service Group 19.

P1b- Therapies

All therapies listed in this section: Speech Therapy (ST); Occupational Therapy (OT); Physical Therapy (PT); Respiratory Therapy (RT); and Psychological Therapy must be coded regardless of whether they occurred inside or outside the home, such as in a school or clinic setting, and regardless of how the service was purchased. In order for the therapies to be coded, they must have been:

- received in the look back period (seven day look back for ST, OT, PT, and RT; 30 day look back for Psychological Therapy);

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- ordered by a physician based on a therapist's assessment and treatment plan; and
- provided by a qualified therapist (i.e. one who meets credentialing requirements).

Do not code activities provided by trained caregivers in section P1b. However, there is an exception for RT. Respiratory therapy must be coded if it is provided by a trained nurse or if it is a task delegated to a trained caregiver under the license of a trained nurse.

Qualified therapists include:

- ST- A Licensed Speech-Language Pathologist, or a Licensed Assistant in Speech-Language Pathology;
- OT- A Licensed Occupational Therapist (LOT), an Occupational Therapist, Registered (OTR), a Licensed Occupational Therapy Assistant (LOTA), a Certified Occupational Therapy Assistant (COTA), or an Occupational Therapist (OT- a person who holds a Temporary License, who is waiting to receive results of taking the first available Examination, and who is required to be under continuing supervision of an OTR or LOT);
- PT- A licensed Physical Therapist (PT), or a licensed Physical Therapist Assistant (PTA);
- RT- A Certified Respiratory Therapist (CRT), a Certified Respiratory Therapy Technician (CRTT), or a Registered Respiratory Therapist (RRT); and
- Psychological Therapy- Therapy provided by a licensed mental health professional including: a Licensed Psychologist; a Licensed Psychological Associate; a Licensed Specialist in School Psychology; a Provisionally Licensed Psychologist; a Psychiatrist; a Psychiatric Nurse; or a Psychiatric Social Worker.

To code column A (Days) and column B (Minutes) for the therapies, staff must follow the instructions in the Item by Item Guide.

P3 Nursing Rehabilitation/Restorative Care

Nursing rehabilitation/restorative care refers to nursing interventions that promote the individual's ability to adapt and adjust to living as independently and safely as possible. The activities listed in this section include active and passive range of motion and splint or brace assistance (a-c), as well as training and skill practice in the specified activities (d-k).

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Persons qualified to perform rehabilitation/restorative care include, but are not limited to: family members, caregivers, and attendants specifically trained in these techniques/practices. This section does not include procedures carried out by the qualified therapists as identified in section P1b. If an individual in a community program receives nursing rehabilitation/restorative care, it must be coded regardless of how the service was purchased or the setting in which it was performed. A physician's order is not required in order to code the activities in this section.

To be coded in section P3, nursing rehabilitation/restorative care must meet all of the following additional criteria:

- measurable objectives and interventions must be documented in the plan of care;
- evidence of periodic evaluation by a licensed nurse must be documented; and
- those qualified to perform the rehabilitation/restorative care must be trained in the techniques that promote the individual's involvement in the activity.

In order to be coded on the MN and LOC assessment, the activities in section P3 must be planned, scheduled, and documented in the plan of care. Documentation that the techniques/practices in P3 occurred on any given day is preferred; however, it is not required in order to code the activity. For example, the plan of care documents that a caregiver is to assist an individual to perform active range of motion exercises daily in the mornings. Therefore, the exercises are planned and scheduled. Documentation showing the days and times the individual was actually assisted with the exercises is preferable but not required in order to code the range of motion in section P3b.

Note that active or passive movement by an individual, which is incidental to dressing, bathing, etc., does not count as part of a formal restorative program and helping an individual get dressed does not, in and of itself, constitute a range of motion exercise session.

The Detailed Guide for Completing the MN and LOC Assessment, Item by Item (the Item by Item Guide) will be updated to include the information in this memorandum. It can be found at

<http://www.dads.state.tx.us/providers/TILEStoRUGS/MNLOCAssessmentGuide.pdf>

If you have any questions regarding this memorandum, please have your regional representative contact Sara Goodman at 512-438-5837.

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