

AOA Fact Sheet on Transmittal 63
New Medicare Documentation Requirements for Evaluations

The Centers for Medicare & Medicaid Services (CMS) issued new Medicare outpatient policy directives regarding documenting patient evaluations through Transmittal 63/Change Request 5478. This transmittal was published on December 29, 2006, became effective on January 1, 2007, and was to be implemented on or before January 29, 2007.

Include Performance Measurement Tool Results

Transmittal 63 requires practitioners to include in their documentation of evaluations either the results of a specified performance measure tool or documentation required to indicate objective, measurable beneficiary function. Specifically, the practitioner may report the results of one of the following measurement tools: the National Outcomes Measurement System (NOMS) by the American Speech-Language Hearing Association; the Patient Inquiry Tool by Focus on Therapeutic Outcomes, Inc. (FOTO); the CREcare Activity Measure—Post-Acute Care (AM-PAC); or OPTIMAL by the American Physical Therapy Association. NOMS was developed specifically to measure speech-language-hearing outcomes, and OPTIMAL was developed specifically to measure physical therapy outcomes.

Provide Alternative Mandatory Documentation in Lieu of Performance Measurement Tool Results

If the practitioner chooses not to record the results of one of the four instruments noted above, then the documentation must address the beneficiary's "objective, measurable beneficiary physical function." Objective, measurable beneficiary physical function may be documented by including one of the following three options:

1. Functional assessment individual item and summary scores (and comparisons to prior assessment scores) from commercially available therapy outcomes instruments other than those listed above; or
2. Functional assessment scores (and comparisons to prior assessment scores) from tests and measurements validated in the professional literature that are appropriate for the condition/function being measured; or
3. Other measurable progress towards identifiable goals for functioning in the home environment at the conclusion of this therapy episode of care.

This means that the documentation must include either (1) the functional assessment from a therapy outcomes instrument available on the market, or (2) functional assessment scores from a test or measurement that has been published in the peer-reviewed literature that is appropriate for the patient's condition/function, or (3) other information that defines functional status which can be used to identify objective measurable goals **and progress toward goals** for functioning in the **environment to which the patient will be discharged a the conclusion of this therapy episode of care**. This third option of documenting the patient's progress towards functional goals must relate to the patient functioning in the place where the patient will live at the conclusion of the course of therapy (i.e., private

home, skilled nursing facility, assisted living facility). Wherever possible, the tools used should be the result of scientific testing and have reliability and validity data to support their efficacy.

How To Ensure Documentation Meets the Transmittal 63 Mandatory Elements for Evaluations

The AOTA official document, *Guidelines for Documentation of Occupational Therapy* (AOTA, 2004), provides an outline which, if followed, ensures a comprehensive and professional format for documentation of occupational therapy services. The key to documenting objective, measurable beneficiary physical function is to spell out how the patient information gathered shows the patient's function limitations and relates to the patient's functional goals (occupational performance). This documentation should contain the following elements:

1. List all standardized/non-standardized assessments administered during evaluation and the results;
2. Document how the assessments selected measure performance deficits and functional problems identified in the evaluation;
3. Document results of assessments and how they relate/what they mean in terms of performance deficits;
4. Document client performance observed (skilled observation) by therapist; and
5. Summarize and interpret the results of assessments and observations as they relate to the person's occupational performance (ADL, IADL, social participation) and as they form a foundation for the plan of care and goals.

These components should support the presumption that the occupational therapy services are reasonable and necessary. This means that the services are considered under accepted standards of medical practice to be safe and effective treatment for the client's condition and that there is an expectation that the client's condition will improve materially in a reasonable (and generally predictable) period of time based on the assessment of the client's restoration potential and unique medical condition. (See 42 C.F.R. § 409.44).

References

American Occupational Therapy Association. (2002). Occupational Therapy Practice Framework: Domain and Process. *American Journal of Occupational Therapy*, 56, 609–639.

American Occupational Therapy Association. (2004). Guidelines for Documentation of Occupational Therapy. *American Journal of Occupational Therapy*, 57, 646–649.

American Occupational Therapy Association. (2005). Standards of Practice for Occupational Therapy. *American Journal of Occupational Therapy*, 58, 663–665.

Medicare MANDATORY Documentation Requirements

Transmittal 63 requires practitioners to include in their documentation of evaluations, either the results of a specified performance measure tool or an explanation of certain factors. Specifically, the practitioner may report the results of one of the following National Outcome Measurement Tools:

National Outcomes Measurement Tool	National Outcome Measurement Tool: 1. NOMS (ASHA) 2. FOTO* 3. AMPAC* 4. OPTIMAL (APTA)	AOTA Notes: <ul style="list-style-type: none"> Select one of these specified assessment tools. Documentation needs comparison scores during episode of care. *AOTA is considering the extent to which the AMPAC and FOTO measure OT outcomes.
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OR, if the practitioner chooses not to record the results of one of the four instruments noted above, then the documentation must address “objective, measurable beneficiary physical function.” Objective, measurable beneficiary physical function may be documented by including one of the following three options:

CMS Option 1: Functional Assessment individual Item and Summary Scores from <u>commercially available therapy outcomes instruments other than those listed above</u>	AOTA Examples of Assessment Tools (or Outcomes Instruments) That Could Be Used To Meet CMS Option: Canadian Occupational Performance Measure, Second Ed. (COPM) SF 36 Health Survey Lifeware (Registered) SAFER Loewenstein Occupational Therapy Cognitive Assessment (LOTCA)	AOTA Notes: <ul style="list-style-type: none"> Select one of these specified assessment tools or instruments. Documentation needs comparison scores during episode of care. Document how the assessments (or outcomes instruments) selected measure performance in ADLs and IADLs or other areas identified in the occupational profile. Documentation of results should delineate <ol style="list-style-type: none"> the areas of occupational performance which the client cannot do (e.g. ADLs, IADLs), and what is most important for the client to do and why. Refer to AOTA <i>Guidelines for Documentation</i>
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OR

CMS Option 2: Functional Assessment scores from <u>tests and measurements validated in the professional literature that are appropriate for the condition/function being measured</u>	AOTA Examples of Tests and Measurements That Could Be Used To Meet CMS Option 2 : COPM SF 36 Health Survey DASH – Disabilities of the Arm, Shoulder, and Hand Brigham Functional Status Scale Patient Related Wrist Eval (PRWE) Patient Specific Rating Scale Contextual Performance Test (CPT) Routine Task Inventory (RTI) 9 Hole Peg Test Purdue Dexterity Test Minnesota Rate of Manipulation Test (MRMT) O'Connor Grip/Pinch Motor-Free Visual Perception Test (MVPT) Edema Volumetric or Circumferential Measurements	AOTA Notes: <ul style="list-style-type: none"> Select one or more of these assessment tools as appropriate Documentation needs interpretation of test results and comparison scores during episode of care Document how the assessments/tests/ measures selected measure performance in ADLs and IADLs or other areas identified in the occupational profile Documentation of results should delineate <ol style="list-style-type: none"> the areas of occupational performance which the client cannot do (e.g. ADLs, IADLs), and what is most important for the client to do and why. Refer to AOTA <i>Guidelines for Documentation</i>
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	<p>ROM Measurements Manual Muscle Test (MMT) Special Clinical Tests (e.g, Semmes Weinstein, etc.) Mini Mental Status Exam Assessment of Motor and Process Skills (AMPS) Kohlman ADL Performance Assessment of Self-Care Skills (PASS—Rogers and Holmes) Kitchen Task Assessment (KTA—Baum, et. al.) Short Blessed Clock Drawing Test Home Occupational Environmental Assessment (HOEA—Baum, et. al) Kohlman Evaluation of Living Skills (KELS), 3rd Ed.</p> <p>Additional examples of assessment tools may be found in:</p> <p>Law, M., Baum, C., & Dunn, W. (2005). <i>Measuring Occupational Performance</i>, 2nd Ed. Thorofare, NJ: Slack,</p> <p>Asher, I. E. (1996). <i>Occupational Therapy Assessment Tools: An Annotated Index</i>, 2nd. Ed. Bethesda, MD: AOTA.</p>	
OR		
<p>Option 3: Other <u>measurable progress</u> toward <u>identifiable goals</u> for functioning in the home environment at the conclusion of this therapy episode of care.</p>	<p><i>AOTA Examples of Data Gathering Resources Which Can Be Used to Measure Progress Under CMS Option 3:</i></p> <p>COPM SF 36 Health Survey ADL & IADL Measurement Scales (e.g. Indep, Min, Mod, Max, Dep) Dexter Computerized Hand Evaluation Facility Specific Pain Questionnaire/Survey Borg Scale—ADL Mini Mental Status Exam Baum Card Sort</p>	<p>AOTA Notes:</p> <ul style="list-style-type: none"> • Select one or more of these measurement tools and document objective and measurable findings. • Documentation needs interpretation of test or measurement results and comparison findings during episode of care. • Documentation of measurable progress toward identified performance goals must reflect those which the client needs and/or wants to do to function in the home environment or other environment. • Provide documentation of other information that can be used to establish identifiable goals.

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