

Fact Sheet

Introduction

Individuals with neurologic disorders, including Alzheimer disease, Parkinson disease, amyotrophic lateral sclerosis, and multiple sclerosis are commonly seen by physical therapists. These conditions are all degenerative in nature and without curative treatments. As part of the comprehensive care team, the physical therapist should regularly evaluate and treat individuals in these populations to address mobility needs and improve quality of life. Patients with these conditions are often appropriate for skilled maintenance care, often in a continuous plan of care. When optimally managed, most patients with degenerative disease will transition between restorative and maintenance-focused plans of care throughout the course of their disease.

Many providers describe challenges with devising, implementing, and justifying an evidence-based plan of care for individuals with degenerative disease. Challenges include:

- Anticipated disease progression and functional decline
- Lack of psychometric properties for diagnosis-specific outcome measures
- Limited diagnosis-specific clinical research to support interventions
- Fear of insurance denials

Supporting Legislation

Most patients with neurodegenerative disease are covered under Medicare or Medicaid. In a January 2014 transmittal, the Centers for Medicare and Medicaid Services (CMS) reiterated its longstanding policy that skilled therapy services still may be covered in situations where no improvement is expected. They state that maintenance therapy will be approved when skilled services are needed to maintain function or prevent or slow deterioration. These services are covered within skilled nursing facilities, home health, and outpatient settings.

Comparing Restorative and Maintenance Plans of Care

	Restorative Therapy	Skilled Maintenance Therapy
Key Components	Typical physical therapy plan: evaluation, goal setting, therapy, and discharge upon reaching maximum potential.	Also known as “compensatory therapy.” Focus: sustain current function and prevent/slow loss of function. <i>Requires the skill of a physical therapist.</i>
Key Considerations	Pros: Addresses immediate needs. Cons: Does not plan for additional episodes of care through the patient’s lifetime.	Pros: Regular, skilled therapy and exercise mitigate effects of physical and cognitive decline. Cons: May increase cost. Difficult in busy clinics.

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Maintenance Physical Therapy in Degenerative Disease

Comparing Episodic and Continuous Plans of Care

	Episodic Plans of Care “The Dental Model”	Continuous Plans of Care
Key Components	Includes: evaluation and discharge. Schedule: Proactive is scheduled regularly (e.g., twice yearly); Reactive – scheduled as needed when deficits are noted.	Continuous episode of therapy without discharge. Regular reassessments for progress notes. Re-evaluations when there are significant status changes
Key Considerations	Pros: Promotes regular updates to home plans and collaborative problem-solving. Cons: Risk of functional loss between episodes of care.	Pros: Regular, skilled therapy and exercise are known to mitigate effects of physical and cognitive decline. Cons: May increase cost and patient dependence on therapist. Difficult in busy clinics.

Defensible Documentation

Throughout maintenance therapy, your assessment statements should include:

- The anticipated decline if the patient no longer receives skilled physical therapy
- The required skills, training, or specialty equipment that must be administered by a PT
 - Clearly state which interventions cannot be provided by a care partner or someone of lesser skill
 - Clearly state which benefits cannot be achieved through a community-based wellness program
- Any changes in pharmacologic or surgical management per the MD that may impact function and require the oversight of a PT
- Clearly defined medical need for skilled PT
- Plan of care established at evaluation and signed by referring provider
- Plan of care regular reviewed at least every 90 days by referring provider
- Medical and rehabilitation diagnosis, reported as ICD-10 codes
- Short- and/or long-term goals
- Frequency of services (“Twice per week”)
- An anticipated, finite duration of services (“12 weeks” or “6 visits”)
- Correct use of timed and untimed codes
- Rationale of the needs of the patient

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Maintenance Physical Therapy in Degenerative Disease

Goal writing tips:

When starting or transitioning to a maintenance plan, adjust goals to align with the plan of care.

Even when continued decline is expected, goals must support the need for ongoing skilled maintenance physical therapy. Example foci of goals:

- Maintaining current level of assistance with activities of daily living
- Preserving the function or ability to participate in patient-specific activities
- Minimizing fall-risk or actual falls, such as reducing fall frequency
- Decreasing risk of secondary impairments from the disease progress
- Increasing independence of the patient caregiver team

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