

May 9, 2012

**DOCUMENTATION OF KINESIOTHERAPY SERVICES IN DEPARTMENT OF
VETERANS AFFAIRS COMMUNITY LIVING CENTERS IN THE
RESIDENT ASSESSMENT INSTRUMENT MINIMUM DATA SET**

1. PURPOSE: This Veterans Health Administration (VHA) Directive establishes policy for documenting Kinesiotherapy (KT) services provided in Department of Veterans Affairs (VA) Community Living Centers (CLC), including applicable treatment time and procedures, in the Centers for Medicare and Medicaid Services (CMS) Resident Assessment Instrument Minimum Data Set (MDS).

2. BACKGROUND

a. KT is the application of scientifically-based exercise principles adapted to enhance the strength, endurance, and mobility of individuals with functional limitations or those requiring extended physical conditioning.

b. A Kinesiotherapist is a health care professional competent in the administration of KT, to include musculoskeletal, neurological, ergonomic, biomechanical, psychosocial, and task-specific functional tests and measures. A Kinesiotherapist can administer KT to residents in VA CLCs upon receipt of a consult from physicians, nurse practitioners, or physician's assistants who have been privileged to make such referrals for KT services. The Kinesiotherapist determines the appropriate evaluation tools and interventions necessary to establish, in collaboration with the resident, attending physician, and interdisciplinary team, a goal-specific treatment plan.

c. Kinesiotherapists, formerly Corrective Therapists, have been an integral part of Physical Medicine and Rehabilitation (PM&RS) provided within VA and its long-term care settings for more than 65 years. **NOTE:** Refer to *KT Qualification Standards* for further information at: <http://vaww1.va.gov/ohrm/T38Hybrid/QualStandards.htm>. This is an internal Web site and is not available to the public.

d. The MDS is a standardized, comprehensive clinical assessment tool for all residents in VA CLCs. The MDS facilitates care management in CLCs by identifying potential health problems, strengths, and preferences of residents. Resource Utilization Groups (RUG) are part of the MDS process, and provide the foundation upon which a resident's individual care plan is formulated. The RUGs reflect assessed Veteran needs for care and resources required to provide the care. RUGs are used to determine the amount and type of staff necessary to provide the appropriate level of care. The RUGs and Bed Days of Care are the basis for Veterans Equitable Resource Allocation classification. MDS section O contributes directly to the RUG classifications and to the intensity of services for rehabilitation RUGs. Disciplines currently authorized to record in section O of the MDS include:

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(1) Speech-Language Pathology and Audiology Services.

(2) Occupational Therapy (OT).

(3) Physical Therapy (PT). ***NOTE:** Physical therapies are not included within the following procedures allowable for KT (see subpar. 4a), and residents requiring such therapies must be provided by a physical therapist or by a PT assistant under the direction of a physical therapist. When a PT consult or evaluation is ordered, the initial evaluation must be performed by a physical therapist.*

(4) Respiratory Therapy.

(5) Psychological Therapy. ***NOTE:** Psychological therapy services are ordered within the context of a rehabilitation regimen and performed by a licensed mental health professional.*

(6) Recreational Therapy.

***NOTE:** Routine services outside the context of an ordered rehabilitation regimen are not entered in this section of the MDS form by the aforementioned disciplines.*

e. The Utilization Guidelines for the MDS are published by CMS, but do not outline provisions for documenting KT services specifically. However, KT services will continue to be documented in the MDS, within VHA, as an essential component of PM&RS involvement in rehabilitation services provided to CLC residents.

f. KT services within VA CLCs are provided within one of three treatment programs:

(1) Short-term, goal-oriented, rehabilitative-care programs;

(2) Formal restorative nursing programs, as defined by CMS and published in the MDS User's Guide; and

(3) Other long-term maintenance services provided outside goal-directed rehabilitation programs or formal restorative nursing programs.

g. A VA PM&RS task group consisting of representatives of all PM&RS therapy disciplines reviewed therapeutic procedures commonly provided in long-term care settings by Kinesiotherapists, Occupational Therapists, and Physical Therapists within their respective discipline's standards of practice. Work of the Task Group was assigned as part of a PM&RS and Geriatric and Extended Care collaborative project to address rehabilitation care delivery in VA CLCs, previously known as VA Nursing Home Care Units. Select procedures appropriate to care in VA CLCs within the standard of practice for KT were identified for purposes of documenting KT services in the MDS.

3. POLICY: It is VHA policy that KT treatment time and services provided within VA CLCs must be documented in the MDS when these are within the defined Scope of Practice of KT (see subpar. 5d).

4. ACTION: Each Veterans Integrated Service Network Director is responsible for ensuring that:

a. Kinesiotherapists that provide KT in VA CLCs document in the MDS KT treatment time involved in the following procedures common to both KT and PT:

Current Procedural Technology (CPT) Procedure Name	CPT Synonym
Limb Muscle Testing, Manual	Limb Muscle Testing, Manual
Range of Motion (ROM) Measurements	ROM Measurements, each Extremity
Therapeutic Exercises	Therapeutic Procedure 1-1
Neuromuscular Re-education	Neuromuscular Re-education
Aquatic Therapy with Therapeutic Exercise	Aquatic Therapy
Gait Training Therapy	Gait Training
Group Therapeutic Procedures	Group Therapeutic Procedures
Orthotic and Prosthetic Management	Orthotic and Prosthetic Training
Therapeutic Activities	Therapeutic Activities
Self-care Management Training	Self-care and/or Home Management (15)
Community and/or Work Reintegration	Avocational activities, to include but not limited to Driver Training
Wheelchair Management and/or Propulsion Training	Wheelchair Management
Physical Performance Test	Issue Canes, Crutches, and/or Walkers
Physical Performance Test	Physical Performance Test
Home Visit for Assistance with Activities of Daily Living and Personal Care	Home Visit
Patient Education	Patient Education, not otherwise specified, Non-physician provider, individual, per session
Patient Education	Patient Education, not otherwise specified, Non-physician provider, group, per session
Patient Education	Weight management classes, Non-physician provider, per session

CPT Procedure Name	CPT Synonym
Patient Education	Exercise classes, Non-physician provider, per session
Patient Education	Nutrition classes, Non-physician provider, per session
Patient Education	Smoking Cessation classes, Non-physician, per session
Patient Education	Stress Management classes, Non-physician, per session
Patient Education	Diabetic Management classes, Non-physician, per session
Patient Education	Cardiac Rehabilitation Program, Non-physician, per session
Assistive Technology (AT) assessment, evaluation, and training	AT assessment, evaluation and training

NOTE: A complete list of these procedures, including the CPT code numbers, is available at: <http://vawww.vhaco.va.gov/him/coding.htm>. This is an internal Web site and is not available to the public.

(1) Such KT treatment time must be recorded in section O-04 item c of the MDS, when the ordered therapies fall within an individualized short-term, goal-oriented rehabilitative-care program.

(2) Such KT treatment time must be recorded in section O-05 of the MDS when the ordered therapies fall within a formal restorative nursing program.

b. Kinesiotherapists document all other routine KT services provided to VA CLC residents that are not specifically within the context of a rehabilitative-care program or formal restorative nursing program in Section S of the MDS. **NOTE:** The applicable procedures are defined by the American Medical Association CPT codes.

5. REFERENCES

- a. VA Handbook 5005. Part II. Appendix G21. Kinesiotherapist Qualification Standard.
- b. Current Procedural Terminology Code Manual, American Medical Association. 2011.
- c. VHA Coding Guidelines V11.0. August 10, 2011.
- d. American Kinesiotherapy Association (AKTA) at <http://www.akta.org>.

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6. FOLLOW-UP RESPONSIBILITIES: The Office of Rehabilitation Services (10P4R) in collaboration with the Office of Geriatrics and Extended Care (10P4G) within the Office of Patient Care Services (10P4) is responsible for the contents of this Directive. Questions may be referred to the National Director, Physical Medicine, and Rehabilitation Services at (804) 675-5597.

7. RESCISSIONS: VHA Directive 2005-008 dated March 3, 2005, is rescinded. This VHA Directive expires May 31, 2017.

Robert A. Petzel, M.D.
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