

<b>OASIS ITEM:</b>
<p><b>(M0825) Therapy Need:</b> Does the care plan of the Medicare payment period for which this assessment will define a case mix group indicate a need for therapy (physical, occupational, or speech therapy) that meets the threshold for a Medicare high-therapy case mix group?</p> <p><input type="checkbox"/> 0 - No  <input type="checkbox"/> 1 - Yes  <input type="checkbox"/> NA - Not Applicable</p>
<b>DEFINITION:</b>
Identifies whether patient's care plan indicates need for high-therapy use.
<b>TIME POINTS ITEM(S) COMPLETED:</b>
Start of care Resumption of care Follow-up
<b>RESPONSE—SPECIFIC INSTRUCTIONS:</b>
<ul style="list-style-type: none"> <li>• Answer "No" if no therapy services are needed OR if the intensity of therapy services does not meet the threshold for Medicare high-therapy use.</li> <li>• Answer "Not Applicable" for patients who are not Medicare fee-for-service (i.e., M0150, Response 1 is not checked), or for whom this assessment will <u>not</u> be used to determine a Medicare episode payment.</li> </ul>
<b>ASSESSMENT STRATEGIES:</b>
<p>When the patient assessment and the care plan are complete, review the plan to determine whether therapy services are needed. If not, answer "No." If therapy services are needed, will their frequency meet the threshold level for the patient to be considered a high-therapy user? If not, answer "No." If the therapy services meet (or exceed) this frequency, answer "Yes."</p> <p>The Medicare payment period ordinarily comprises 60 days beginning with the start of care date, or 60 days beginning with the recertification date. If the (resumption of care or other follow-up) assessment is being completed to document a significant change in condition, report whether the threshold will be met taking into account therapy visits already made since the start of the current payment period as well as those for the remaining portion of the planned payment period.</p>