

## Part B Insider (Multispecialty) Coding Alert

### THERAPY: Part B Therapy Goes Under the Microscope With DOTPA

#### Rehab community airs concerns to CMS

Yearning for the day when the Medicare outpatient therapy caps are no longer plaguing you and your patients? In 18 months, you'll be back at square one with the exceptions process expiring once again.

CMS hopes to break that pattern by rethinking how it pays for Part B therapy with the Developing Out-patient Therapy Payment Alternatives (DOTPA) project, which CMS is implementing with contractor RTI International.

The focus of the DOTPA program is to develop case mix adjusters and outcomes measures that support alternative payment models for CMS to consider at the end of the project.

But don't expect CMS to start from scratch. "Our focus is on alternatives for case mix and outcomes that generally fit within the existing system [the Medicare Physician Fee Schedule]," said **Edward Drozd**, DOTPA project director with RTI, during an Aug. 6 CMS Open Door Forum on the initiative.

**What this means:** Like with many Part A therapy settings, some aspect of payment would be adjusted based on underlying patient characteristics such as diagnoses, function, cognitive status, etc. that a fine-tuned assessment instrument would collect, Drozd explained.

DOTPA is currently developing a patient assessment tool for data collection. The rehab community has expressed a lot of concern over how this tool will work --" and whether it will support the project's goal of a lesser emphasis on setting.

#### Therapy Providers Show Concern

Multiple participants in the Open Door Forum expressed concern over RTI's proposal to use two separate data collection instruments: one for the non-ambulatory population and one for the ambulatory population (both within outpatient settings).

"By defining your study between ambulatory and non-ambulatory, you have inherently separated it by setting," commented **Alan Sauber** with national rehab management chain **RehabCare**. "The group should acknowledge that setting will play a role, and it will impact the methodology you come up with."

Patient populations can be diverse within one setting, and dividing ambulatory and non-ambulatory populations could potentially "skew" payment for coverage criteria toward a particular setting, cautioned **Chris-tina Metzler** with the **American Occupational Therapy Association**, "and the clinical judgment that therapists apply to these patients is the same across the board."

You can send your comments about the project to [optherapy-comments@rti.org](mailto:optherapy-comments@rti.org). For more information on the project, go to <http://optherapy.rti.org>.