MDS Alert

Medicare Compliance: Make Sure The Rehab Therapy Minutes Coded At P1b Don't Add Up To A Compliance Disaster

Does your tally include minutes that the FI could discount?

You want to make every therapy minute count to help residents meet therapy goals without counting minutes in P1b that you shouldn't. So review the list of therapy activities below that don't count under Medicare Part A -- and the exceptions to those rules.

• Documentation time. You can't count documentation time unless the resident is present and the therapist discusses what she's writing with the resident -- for example, clarifying the resident's goals and asking him what he needs to be able to do when he goes home, says **Katy O'Connor**, a physical therapist and consultant for **Zimmet Healthcare Services** in Morganville, NJ. "Other- wise, you can't bill documentation time."

• Transport time to the therapy session. In most cases, this is unskilled and unbillable, but you can count that time, if the therapist or therapist assistant uses it to educate or assess the resident. What about transport time to a home visit? The therapist can count it if he uses the transit time for clinically related educational purposes, O'Connor says. The home visit would also count as therapy minutes, she adds.

• Evaluations. The facility can't count the initial evaluation, including diagnostic audiology, according to a DAVE tip sheet on coding P1b. "If the resident is out of the building for 24 hours, discharged and readmitted, then the therapist has to do another evaluation, which isn't billable minutes for Medicare A," O'Connor says.

Do include: "Time spent on periodic reevaluations conducted during the course of a therapy treatment ... ," states the RAI user's manual.

Beware: Transmittal 73 (change request 5532) clarifies that therapy evaluations must occur in the SNF for therapy services to be covered under the SNF benefit. The transmittal has an effective date of July 30, 1999, and an implementation date of Oct. 1, 2007. "It's always been true that SNFs can't use a therapy evaluation performed in another setting, such as the hospital," says **Pauline Franko, PT**, a consultant in Tamarac, FL.

• Training family or talking to the physician or healthcare professional about the resident's therapy when the resident isn't present. Suppose the therapist or therapist assistant is training the family on transfer techniques in the gym while the resident is sleeping in his room. "The therapy minutes would not be counted toward the RUG" in that case because the resident wasn't there, says **Shehla Rooney, PT**, principal, **Premier Therapy Solutions** in Cookeville, TN. But that "doesn't mean the training is not helpful to the family -- it simply means you cannot bill for that time."

Another example: If a resident is comatose, "it may not be appropriate to bill the time spent talking with a doctor or health professional [about the resident's therapy], despite the patient being present," Rooney says.

What about the therapist's time spent training staff? "You can count teaching and training of staff if it's individualized to a resident's therapy needs," says **Donna Senft**, a physical therapist and attorney with **Ober/Kaler** in Baltimore. "For example, the therapist can provide training to CNAs or nurses demonstrating the specific transfer techniques to use with a particular resident,"she says.

"Since the training needs to be specific to the resident, the resident would need to be present," Senft adds. Also, the training should be conducted simultaneously with the treatment, she adds.

• Unattended therapy. "If the therapist puts on a modality like a TENS unit or even a hot pack and leaves, he or she can't count the minutes when the resident is unattended," O'Connor counsels.

Do count this: "If the therapist puts on a TENS unit and supervises the resident to evaluate his response to the treatment, you can count that time" in P1b, says O'Connor.

Editor's note: Is your SNF following the rules for licensed therapy supervision of therapy assistants