

MDS Alert

What Do You Think?

Don't Miss the Compliance Boat When Coding Part B Therapy

Question: What are the requirements for capturing Part B therapy on the MDS 3.0?

Answer: "All the minutes coded should be individual or group for purposes of the MDS," says **Glenda Mack, PT, MSPT, CWS, CLT**, in Louisville, Ky.

"For Part B," the RAI manual for MDS 3.0 states, "residents may not be treated concurrently: a therapist may treat one resident at a time, and the minutes during the day when the resident is treated individually are added, even if the therapist provides that treatment intermittently (first to one resident and then to another)."

Know this difference: The manual goes on to note that "group therapy is defined for Part A as the treatment of 2 to 4 residents, regardless of payer source, who are performing similar activities, and are supervised by a therapist or an assistant who is not supervising any other individuals. For Medicare Part B, treatment of two patients (or more), regardless of payer source, at the same time is documented as group treatment."

Resource: CMS provides different billing scenarios for Medicare B concurrent treatment, says Mack (http://www.cms.gov/TherapyServices/02_billing_scenarios.asp).

Does Medicare Impose Limits on the Hospice Benefit in This Way?

Question: Does Medicare limit the total number of times a beneficiary can go on and off the Medicare hospice benefit?

Answer: "You can come on and off the benefit as many times as you want because you have to qualify for it," says **Beth Carpenter**, a hospice consultant in Lake Barrington, Ill. "You have to have six months or fewer to live as determined by two doctors who certify that to be the case. Then you look at the diagnosis," she adds, noting that "the MACs/FIs usually have local coverage decisions related to the diagnoses."