

Making Your Fieldwork Program Work With Medicare Part B

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Recent changes to Medicare Part B affect supervision of fieldwork students. Although these changes can be confusing, occupational therapy practitioners are finding effective ways of responding to them.

Consider the following scenario. Kathy is completing her final affiliation in an outpatient clinic and Tim is completing his affiliation at the local skilled nursing facility. Both students have frantically called their academic fieldwork coordinators because they are worried about their affiliations. The fieldwork site is not allowing them to see any clients with Medicare Part B insurance, and consequently they are spending a majority of the day completing other assignments and tasks. Both students are concerned that their fieldwork experiences are not adequately preparing them for their certification exam and future employment opportunities working with adults.

Does this sound familiar? If so, you are not alone, as many academic fieldwork coordinators are often faced with a dual challenge when attempting to place a student in a skilled nursing facility, outpatient facility, private practice, or home care agency. There is a common misconception in the field that students are "not allowed" to treat a client with Medicare Part B insurance.

The authors aim to help dispel this myth by providing factual information, regulations, and examples of successful affiliations.

The following information is taken from the Centers for Medicare & Medicaid (CMS) Benefit Policy Manual:

Practice of Physical Therapy, Occupational Therapy, and Speech-Language Pathology

A. Group Therapy Services. *Contractors pay for outpatient physical therapy services (which include outpatient speech-language pathology services) and outpatient occupational therapy services provided simultaneously to two or more individuals by a practitioner as group therapy services (97150). The individuals can be, but need not be performing the same activity. The physician or therapist involved in group therapy services must be in constant attendance, but one-on-one patient contact is not required.*

B. Therapy Students

1. General

Only the services of the therapist can be billed and paid under Medicare Part B. The services performed by a student are not reimbursed even if provided under "line of sight" supervision of the therapist; however, the presence of the student "in the room" does not make the service unbillable. Pay for the direct (one-to-one) patient contact services of the physician or therapist provided to Medicare Part B patients. Group therapy services performed by a therapist or physician may be billed when a student is also present "in the room."

EXAMPLES:

Therapists may bill and be paid for the provision of services in the following scenarios:

- *The qualified practitioner is present and in the room for the entire*

session. The student participates in the delivery of services when the qualified practitioner is directing the service, making the skilled judgment, and is responsible for the assessment and treatment.

- *The qualified practitioner is present in the room guiding the student in service delivery when the therapy student and the therapy assistant student are participating in the provision of services, and the practitioner is not engaged in treating another patient or doing other tasks at the same time.*
- *The qualified practitioner is responsible for the services and, as such, signs all documentation. (A student may, of course, also sign but it is not necessary since the Part B payment is for the clinician's service, not for the student's services).*

2. Therapy Assistants as Clinical Instructors

Physical therapist assistants and occupational therapy assistants are not precluded from serving as clinical instructors for therapy students, while providing services within their scope of work and performed under the direction and supervision of a licensed physical or occupational therapist to a Medicare beneficiary.

3. Services Provided Under Part A and Part B

The payment methodologies for Part A and B therapy services rendered by a student are different. Under the MPFS (Medicare Part B), Medicare pays for services provided by physicians and practitioners that are spe-

cifically authorized by statute. Students do not meet the definition of practitioners under Medicare Part B. Under SNF PPS, payments are based upon the case mix or Resource Utilization Group (RUG) category that describes the patient. In the rehabilitation groups, the number of therapy minutes delivered to the patient determines the RUG category. Payment levels for each category are based upon the costs of caring for patients in each group rather than providing specific payment for each therapy service as is done in Medicare Part B.

Source: CMS Benefit Policy Manual, Chapter 15, §230(A-B).

CARE DELIVERY

The standard for individual, *one-on-one* therapy is that the student may participate in the care of the client, but the qualified, supervising occupational therapist must be “present and in the room” for the entire treatment session and direct the service. The occupational therapist may not be engaged in treating another patient, supervising another student, or doing other tasks at the same time. The occupational therapist is ultimately responsible for directing the treatment session, assessing the client’s response to treatment, and determining any modifications to the plan of care based on clinical judgment. *This policy applies to all services under the Part B Medicare benefit, regardless of setting.* In the case of the one-on-one treatment session, the student is also able to participate in the care of the client. Once again, the occupational therapist or assistant supervisor is ultimately responsible for directing the treatment session, assessing the client’s response to treatment, and determining any modifications to the plan of care based on clinical judgment. Although this may sound like a very limited role for a student, that is not the case. There are really two options here. First, the fieldwork educator can provide services while the student observes the session and participates minimally, and then the educator can later review the treatment session, explaining to the student the clinical reasoning and effectiveness of the session. Second, the fieldwork educator can allow the student to participate and render services, and then ask for the student’s impression of the session. This will provide the student

Best Practice Case Study

Kathy is completing her final fieldwork assignment at Willow Tree Nursing and Rehabilitation Center. Jennifer is Kathy’s fieldwork educator. Kathy was very surprised by her experience in the skilled nursing environment; she had the opportunity to work with clients with a variety of conditions and psychosocial backgrounds. Most of the clients on Jennifer and Kathy’s caseload have Medicare Part A and Medicare Part B insurance.

Kathy noted her ability to document and participate in patient care differed between clients. She noticed Jennifer’s involvement in the treatment session seemed to be different with clients with Medicare B insurance. When treating a client with Medicare Part A, Jennifer allowed Kathy to lead and guide the treatment session. Jennifer was always available for questions and was within line-of-sight of the treatment session. Kathy was also allowed to complete the documentation for services provided to clients with Medicare Part A insurance.

When treating a client with Medicare Part B, Jennifer always introduced herself as the occupational therapist and Kathy as the student. She explained to the client the treatment that would be carried out by herself and the student. Kathy was able to be involved in the treatment session. During this time, Jennifer observed and guided as necessary. She was present during the entire session and was not attending to another client. When Kathy was engaging with the client during the treatment session, Jennifer was documenting aspects of the treatment. When Jennifer was engaging with the client, she had Kathy take notes regarding the skilled care she observed. Once the treatment was concluded, Jennifer discussed with Kathy the skilled treatment that was performed and the appropriate billing codes for the session. All documentation and billing was in Jennifer’s name because she was the therapist responsible for the services delivered.

with the opportunity to determine treatment effectiveness, evaluate response to treatment, grade treatments, and modify the plan of care. The fieldwork educator is still responsible and directing that client’s care but has brought the student into a very collaborative process.

The CMS Benefit Policy Manual defines *group therapy* as two or more clients simultaneously receiving occupational therapy services. They may be receiving the same or different treatments. The essential point is that the clients are not receiving one-on-one care. CMS also notes that a student may be present in the group. In this scenario, a student may in fact participate in the group and contribute to the group; however, the qualified, supervising occupational therapist must still be present and in the room and remains ultimately responsible for directing the group treatment.

DOCUMENTATION AND BILLING

Payment methodologies for services rendered by students are different for

Medicare Part A and B. Because students do not meet the definition of “qualified” practitioners under Medicare Part B, the billing and documentation for the above services must be in the fieldwork educator’s name. The Benefit Policy Manual states students can participate in the delivery of care to the client with Medicare Part B insurance as long as the fieldwork educator is responsible for directing the service, making the skilled judgment, and assessing and treating the client.

Certain financial restrictions are at play in Medicare Part B outpatient settings. Notably, there is a therapy cap for outpatient occupational therapy services. For calendar year 2011, the outpatient occupational therapy cap is \$1,860 (the cap amount for calendar year 2012 is expected to be announced by CMS on or about November 1, 2011), although certain diagnoses and conditions are automatically excepted from the cap. It is extremely important for fieldwork educators to

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FIELDWORK ISSUES

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educate students regarding the therapy cap and its implications, include students in the care of clients with Medicare Part B insurance, and help students develop their critical thinking skills to handle these issues as entry-level professionals. Educators should also discuss components of skilled clinical documentation, the timeframe in which the documentation is required, and appropriate billing charges. Students should gain a working knowledge of Current Procedural Terminology (CPT) codes and The International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) or ICD-9 codes to develop an understanding of the relationship that exists between ICD-9-CM codes, skilled care, and documentation.

Fieldwork educators may use a variety of methods to include students in the documentation and billing piece when working with clients with Medicare Part B. Students may complete mock documentation and mock billing on paper.

This process helps the student formulate components of skilled care and identify appropriate CPT codes for billing purposes. Another great opportunity to improve documentation and coding skills is to have the student review a case study. Have the student complete skilled documentation and billing based on the clinical scenario. If your facility uses an electronic documentation system, documentation can be completed by the fieldwork educator and student together. Ultimately, the fieldwork educator is responsible for all documentation and services entered.

CONCLUSION

Occupational therapy practitioners need to understand that Medicare Part A and Part B have different guidelines affecting student supervision and practice. (See also the Fieldwork Issues article in the March 14, 2011, issue of *OT Practice*.)² It is extremely important to understand what the guidelines are and how to include students in the provision of care when working with clients with Medicare Part B.

CMS is currently considering proposed changes that would eliminate the line-of-site requirement for Medicare Part A. Readers can find additional information at www.aota.org/news/advocacynews/snf-proposed-rule-fy2012 and www.gpo.gov/fdsys/pkg/FR-2011-05-06/pdf/2011-10681.pdf. ■

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