

Implementing Best Practice Documentation for Occupational Therapy Clinicians

and How it Ties to Reimbursement

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What is Reimbursement?

- The process by which health care providers receive payment for their services.

Kinds of Reimbursement

- Cash
- Private Insurance Companies
 - Blue Cross Blue Shield
 - AFLAC
 - Colonial
- Government Approved Payer Sources
 - Medicaid – makes up for more than 80% of reimbursement for OT services in pediatrics in Arkansas.
 - IDEA Part C
 - IDEA Part B
 - Public School Special Education Funding

Part C Funding

- Federal funding provided for children who qualify under Part C of the IDEA.
- Federal funding comes from a grant that Arkansas receives from OSEP.
- These funds are given to state to use July 1 through June 30 of each year.
- Treating a child in his/her natural environment is an integral part of Part C services.
- The natural environment is defined as the home and other community settings in which children and families **normally** participate in activities.

Part B Funding

- Part B of the IDEA ensures services are provided for qualifying children ages 3-21.
- VI-B funding is the funding that Arkansas is granted to carry out part B services for ages 3-5 that are Non-Medicaid eligible.
- Arkansas is granted one sum based upon annual "child count" statistics.

- **What is Medicaid?**

What is Title XIX?

- Title XIX of the Social Security Act
- 1965
- Social Security Amendments along with P.L. 89-97.
- Title XIX lays out the federal mandates that states must follow.
- Otherwise known as

MEDICAID

Medicaid Defined

- Medical assistance to those who have insufficient incomes and resources to meet the costs of necessary medical services
- Rehabilitation and other services to help these families and individuals become or remain independent and able to care for themselves.
- Payer of last resort

How do people qualify?

- Must have birth certificate or other proof of age.
- Paycheck stubs
- Social Security Card
- Letters or forms from the SSI, VA, or other sources that show the amount of income.
- Insurance policies, including other health insurance policies
- Bank books or other papers that show the amount of assets.

Federally Mandated Services

- Child Health Services (EPSDT)
- Family Planning Services
- Federally Qualified Health Center
- Home Health Services
- Inpatient Hospital Services
- Laboratory and X-Ray Services
- Nurse-Midwife Services
- Nurse Practitioner Services
- Nursing Facility Services
- Outpatient Hospital Services
- Physician Services
- Rural Health Clinic Services

Child Health Services

- Early and Periodic Screening, Diagnosis and Treatment (EPSDT).
- For persons under age 21

ARKids A and ARKids B

- ARKids A – income based to qualify
 - Services are full Medicaid services.
- ARKids B – if child is not covered by group health insurance and has not had insurance for 6 months –
 - Has monthly premium and \$10 co-pay.
 - Does not cover OT or PT. Only ST

Covered Services for <21 via EPSDT

- Eye prostheses
- Repairs and replacements of eyeglasses
- Hearing aid services
- Immunizations
- Allergy/desensitization injections and antigens
- Child Health Management Services
- Inpatient psychiatric care (requires PA)
- Cochlear implantation
- Durable Medical Equipment (DME)
- Psychology services
- Occupational, physical, and speech therapy services as prescribed by a physician.

Medicaid Units

- Quality Integrity (formerly Field Audit)
- Medical Assistance
- Prescription Drugs
- Utilization Review

Quality Integrity

- On site audits of providers
- Assesses the quality of care delivered to Medicaid recipients
- Verifies the appropriate use of Medicaid funds
- Monitors the compliance of brokers who participate in the statewide Non-Emergency Transportation System
- Conducts research

Documentation

- Why is it important?
- What purpose does it serve?
- Who cares?

Medical Necessity

- What is it?
- 1. The services must be considered under accepted standards of practice to be a specific and effective treatment for the patient's condition
- 2. The services must be of such a level of complexity, or the patient's condition must be such that the services required can be safely and effectively performed only by or under the supervision of a qualified occupational therapist.

- 3. There must be reasonable expectation that therapy will result in a meaningful improvement or a reasonable expectation that therapy will prevent worsening of the condition.
- A diagnosis alone is not sufficient documentation to support the medical necessity of therapy.

Annual Evaluations to determine medical necessity

- Must include:
 - Date of evaluation
 - Child's name and DOB
 - Diagnosis applicable to specific therapy
 - Background information including pertinent medical history and gestational age
 - Standardized test results, including all subtest scores, if applicable
 - Objective information describing the patient's fine motor abilities, ADL deficiencies, ROM measurements, manual muscle testing, muscle tone, or narrative description of functional mobility skills.
 - Assessment of the results of the evaluation including recommendations for frequency and intensity of treatment
 - Full signature and credentials of therapist performing evaluation.

How to request a test/evaluation be added to the Medicaid list

- Evaluations can be added to the APA approved list by completing the request for tests form.
- TAC reviews the form
- Mental Measurement Yearbook (MMY) is a reliable tool that is recognized by Medicaid and the TAC to support tests/evaluation tools requested
- Requests that require further research before being approved or denied are forwarded to the occupational therapy department at UCA.
- Once approved, provider requesting is notified and test is then added to the APA process which can take 90-180 days.

Requirements to qualify a child for OT per Medicaid

- 1. Test used must be norm-referenced, standardized.
- 2. Test must be age appropriate
- 3. Test results must be reported as standardized scores, Z scores, T scores, or percentiles. Age equivalent or percentage of delay cannot be used to qualify a child for OT.
- 4. A score of -1.50 sd or more from the mean in at least one subtest or composite score
- If norm referenced cannot be used, criterion based testing or a functional description of the child's fine motor deficits may be used. Documentation of why a standardized test could not be used must be included in the evaluation.

Frequency, Intensity, and Duration of OT Services

- Should always be medically necessary and realistic for the age of the child and the severity of the deficit or disorder
- Therapy is indicated if improvement will occur as a direct result of these services and if there is a potential for improvement in the form of functional gain.

Monitoring

- May be used to insure that the child is maintaining a desired skill level or to assess the effectiveness and fit of equipment such as orthotics and other DME.

Maintenance Therapy

- Services that are performed primarily to maintain range of motion or to provide positioning services for the patient do not qualify for occupational therapy services. These services can be provided to the child as part of a home program that can be implemented by the child's caregivers and do not necessarily require the skills of an occupational therapist to perform safely and effectively.

■ Maintenance Flow Chart

Duration of Services

- Therapy services should be provided as long as reasonable progress is made toward established goals. If reasonable functional progress cannot be expected with continued therapy, then services should be discontinued and monitoring or establishment of a home program should be implemented.

Progress Notes

- Must include the following:
 - Child's name
 - Date of service
 - Time in and time out of each therapy session
 - Objectives addressed
 - A description of specific therapy services provided daily and the activities rendered during each session, along with a form of measurement
 - Progress notes MUST be legible
 - Full signature and credentials on each date of entry
 - Graduate students must have supervising OT review and co-sign progress notes.

Q-Source

- Who is Q-Source?
 - Intermediary contracted by Medicaid to perform retrospective reviews on therapy documentation.

Retrospective Review

- What is it?
- How often does it occur?

Key word to support medical necessity

- Physical assistance required
- Verbal, visual cues required
- Environmental modifications
- Sensory Integration Techniques
- NDT Techniques
- Anything you did to increase the child's safety
- Therapeutic Activities

- Not just what the child did in therapy, but what you as the OT did to help that child work towards meeting objectives.

Non-allowable

- Co-treatments can be done as long as therapists split the billing
- Billed but not documented is fraud
- Zero gains after 12 months treatment – using same goals/objectives day after day
- Make up therapy sessions outside of week missed

Q Source Presentation

You be the auditor

- Actual progress note:
 - " child was able to use the tongs to pick up small bears and put them in the bucket"

 - " child was able to trace the letter v with hand over hand assistance"

 - " Adjusted seating and positioning issues with versaform car seat"

 - " Placed child in sidelying position and had him reach for toys in order to facilitate elongation of neck, rib cage and trunk."

Audit Exercise

- Using the Medicaid regulations for OT, audit the attached evaluations for utilization and medical necessity compliance.
 - Does the medical diagnoses support the therapy service?
 - Is the time recommended necessary to achieve the goals?
 - Are the goals functional and measurable?
- Using the same regulations, audit the attached progress notes.

Food for Thought

- Every man owes part of his time and money to the business or industry in which he is engaged. No man has the moral right to withhold his support from an organization that is striving to improve conditions within his sphere.

- By President Theodore Roosevelt

The End

www.medicaid.state.ar.us

www.qsource.org

www.arota.org