

# Understanding Medicare MDS 3.0 for the Rehabilitation Professional 2nd edition

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## Answer Sheet:

1. \_\_\_\_\_ 11. \_\_\_\_\_
2. \_\_\_\_\_ 12. \_\_\_\_\_
3. \_\_\_\_\_ 13. \_\_\_\_\_
4. \_\_\_\_\_ 14. \_\_\_\_\_
5. \_\_\_\_\_ 15. \_\_\_\_\_
6. \_\_\_\_\_ 16. \_\_\_\_\_
7. \_\_\_\_\_ 17. \_\_\_\_\_
8. \_\_\_\_\_ 18. \_\_\_\_\_
9. \_\_\_\_\_ 19. \_\_\_\_\_
10. \_\_\_\_\_ 20. \_\_\_\_\_

## Course Objectives

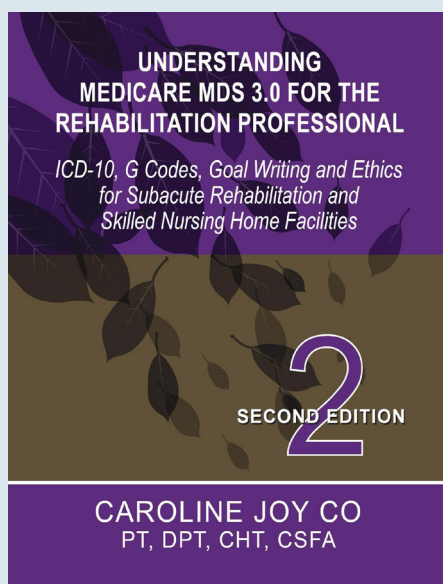
1. Learn the most current and accurate documentation procedures to support skilled therapy services.
2. Improve your skills in MDS completion.
3. Understand the basic concepts and ethics of long-term care administration, such as supervising assistive personnel, restraints, and resident privacy.
4. Maximize treatment and rehabilitation services rendered to the skilled nursing home resident using the most specific RUG IV group.
5. Utilize the most specific ICD-9 and ICD-10 diagnosis code to maximize Medicare reimbursement and support medical necessity.

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# Understanding Medicare MDS 3.0 for the Rehabilitation Professional

## 2nd edition



### About the Author

Caroline Joy Co, PT, DPT, CHT, CSFA, is a licensed physical therapist and certified hand therapist whose clinical experience includes acute, subacute, home health, and outpatient settings. She is the President and CEO of PTSponsor.com, an online resource for U.S. hospitals and clinics that seek to sponsor and hire foreign-trained rehabilitation therapists. She specializes in hand therapy through an integrated approach that includes education, counsel, and exercise. She is also certified in functional assessment for

work hardening and work conditioning.

Co is also the President of Iconic Rehab, a contracting agency. Co was a professional speaker for Summit Professional Education, Cross Country Education and Dogwood Institute. She received her transitional doctorate from A.T. Still University and her BS in Physical Therapy from University of the Philippines College of Allied Medical Professions. She is licensed in California, Nevada, and New York.

### Course Description

On October 1, 2015 the ICD-9 code sets used to report medical diagnoses and inpatient procedures will be replaced by ICD-10 code sets. The transition to ICD-10 is required for everyone covered by the Health Insurance Portability Accountability Act (HIPAA). Also, the Middle Class Tax Relief and Jobs Creation Act of 2012 states that “The Secretary of Health and Human Services shall implement, beginning on January 1, 2013, a claims-based data collection strategy that is designed to assist in reforming the Medicare payment system for outpatient therapy services subject to the limitations of section 1833(g) of the Social Security Act (42 U.S.C. 1395l(g)). Such strategy shall be designed to provide for the collection of data on resident function during the course of therapy services in order to better understand resident condition and outcomes.”

This reporting and collection system requires claims for therapy services to include non-payable G-codes and related modifiers. These non-payable G-codes and severity/complexity modifiers provide information about the beneficiary’s functional status at the outset of the therapy episode of care, at specified points during treatment, and at the time of discharge. These G-codes and related modifiers are required on specified claims for outpatient therapy services—not just those over the therapy caps.

This book can help occupational therapists, physical therapists, and speech therapists understand Medicare standards for subacute care programs that aim to be compliant with Medicare MDS 3.0 standards and state regulations. Documenting and billing strategies are also discussed in this book. This book has been updated to discuss the new MDS assessment schedule, distinct days of therapy, co-treatment, the allocation of group therapy minutes, the revised student supervision provisions, the EOT (End of Therapy) OMRA (Other Medicare Required Assessment) and new resumption items, and the new PPS assessment-COT (Change of Therapy) OMRA.

Appropriate billing and documentation should be present in the medical record. Medicare is increasingly reviewing therapy claims to ensure that the therapy provided did require the skills of a therapist. This book discusses establishing medical necessity, refusing to care for a resident, restraints, safety, creating incident reports, supervising assistive personnel, and resident privacy. Coding and billing for subacute and long-term care settings are also covered in this book, along with denial and appeal management, regulatory guidelines for insurers, and improving cash flow with denial management strategies. Proper coding and documentation ensures that facilities will keep their money upon a post-payment medical record audit.

## Course Content

### Chapter 1: Introduction

Medicare; Medicare Part A; Medicare Part B; Medicaid  
Advance Beneficiary Notice  
Medicare Recovery Audit Contractor  
Medicare Administrative Contractors  
Medicare Skilled Guidelines; Medical Necessity  
Expressing Medical Necessity and Skilled Care

### Chapter 2: Maintenance Programs

Evaluation and Maintenance Plan without Rehabilitative Treatment  
Skilled Maintenance Therapy for Safety Individual Activities Concurrent with Rehabilitative Treatment  
Evaluation and Maintenance Program without Rehabilitation Therapy  
Maintenance Therapy Lawsuit

### Chapter 3: Medicare Appeal

#### Deadlines

Appealing Recoupment  
Sample Letters of Appeal  
Denial Letter for Unanticipated Discharge  
Denial Letter which Requires Functional Goals  
Program Safeguard Contractor Audits

### Chapter 4: Effective Documentation

Late Entries and Supplemental Notes; Documentation Requirements  
Documentation Required; Limits on Requirements;  
Certifications and Recertifications; Dictated Documentation  
Dates for Documentation  
Evaluation/Re-Evaluation and Plan of Care When the Evaluation Serves as the Plan of Care  
Re-Evaluations; Progress Reports;  
Absences; Delayed Reports; Early Reports  
Progress Reports for Services Billed Incident to a Physician's Service  
Documenting Clinician Participation in Treatment in the Progress Report  
Assistant's Participation in the Progress Report  
Content of Clinician Progress Reports  
Objective Evidence; Discharge Notes;  
Treatment Notes; Describing Pain  
Justification for Skilled Services; Risk Factors  
Documenting a Patient's Potential for Rehabilitation  
Creating Goals; Plan of Care; Treatment under a Plan; Two Plans; Contents of Plan Changes to the Therapy Plan

### Chapter 5: Functional Status

#### Guidelines

Instructions for Rule of 3  
Detailed Coding Instructions for G0110  
Column 1 ADL Self-Performance  
Functional Rehabilitation Potential

### Chapter 6: CPT Codes

Untimed CPT Codes; Timed CPT Codes  
Utilization Guidelines and Maximum Billable Units per Date of Service  
0183T: Low Frequency, Non-Contact, Non-Thermal Ultrasound (MIST Therapy)  
29065: Application of Casts and Strapping Codes  
G0283: Electrical Stimulation (CPT G0283 or 97032)  
90911: Biofeedback Therapy  
95851: Range of Motion Tests  
96125: Standardized Cognitive Performance Testing  
97001: Physical Therapy Evaluation  
97002: Physical Therapy Re-Evaluation  
97003: Occupational Therapy Evaluation  
97004: Occupational Therapy Re-Evaluation  
97010: Hot/Cold Packs  
97012: Traction, Mechanical (to one or more areas)  
97016: Vasopneumatic Devices (to one or more areas)  
97018: Hot Wax/ Paraffin Treatment  
97022: Whirlpool  
97024: Diathermy (i.e. microwave)  
97026: Infrared Therapy

97028: Ultraviolet (to one or more areas)  
97033: Iontophoresis  
97034: Contrast Baths (to one or more areas)  
97035: Ultrasound (to one or more areas)  
97036: Hubbard Tank (to one or more areas)  
97110: Therapeutic Exercises  
97112: Neuromuscular Re-education  
97113: Aquatic Therapy with Therapeutic Exercise  
97116: Gait Training  
97124: Massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion) (one or more areas, each 15 minutes)  
97140: Manual Therapy  
97150: Group Therapy Services  
97545: Work Hardening (97545, 97546)  
97530: Therapeutic Activities  
97532: Development Of Cognitive Skills To Improve Attention, Memory, Problem Solving, (includes compensatory training) direct (one on one) patient contact by the provider, each 15 minutes  
97535: Self-Care/Home Management Training  
97537: Community/Work Reintegration Training  
97542: Wheelchair Management  
97597: Selective Debridement  
97605: Negative Pressure Wound Therapy  
97750: Physical Performance Testing  
97755: Assistive Technology  
97760: Orthotic Management & Training  
97761: Prosthetic Training, upper and/or lower extremity(s), each 15 minutes  
97762: Checkout For Orthotic/Prosthetic Use, established patient, each 15 minutes  
97799: Unlisted Physical Medicine/Rehabilitation Service Or Procedure, not timed (97799, 97139 or 97039)  
Miscellaneous Services (Non-covered)

### Chapter 7: Reporting of Service Units

Timed and Untimed Codes  
Counting Minutes for Timed Codes in 15-Minute Units  
Group Therapy  
Concurrent Therapy (also known as Dovetailing)  
Student Supervision  
Billing Scenarios Part A vs. Part B  
CPT Codes Clarification  
Therapy Certifications  
Initial Certification  
Timing of Initial Certification  
Review of Plan and Recertification  
Physician/Non-physician Practitioner  
Options for Certification  
Restrictions on Certification  
Delayed Certification  
Denials Due to Certification  
Exceptions for Medically Necessary Services  
Appeals Related to Disapproval of Cap Exceptions  
Appeals  
Application of New Coding Requirements  
Services Affected  
Providers and Practitioners Affected

### Chapter 8: Functional Limitation

#### Reporting Under Medicare Part B

Function-related G-codes  
Mobility G-code Set  
Changing & Maintaining Body Position G-code set:  
Carrying, Moving & Handling Objects G-code Set  
Self-Care G-code Set  
Other PT/OT Primary G-code Set:  
Other PT/OT Subsequent G-code Set:  
Swallowing G-code Set:  
Motor Speech G-code Set:  
Spoken Language Comprehension G-code Set:  
Spoken Language Expressive G-code Set:  
Attention G-code Set:  
Memory G-code Set:  
Voice G-code Set:  
Other Speech-language Pathology G-code Set:

### Chapter 9: G-Codes Clarification

Required Tracking and Documentation of Functional G-codes and Severity Modifiers  
Remittance Advice Messages  
General Information on the Therapy Cap  
Multiple Procedure Payment Reduction (MPPR)  
2013 Therapy Cap Limitations  
2013 Medicare Copays and Deductibles  
Therapy Cap Exceptions Process  
Coding Guidelines

### Chapter 10: Major RUG-IV Category

Major RUG-IV Category  
Ultra High Rehabilitation Plus Extensive Services  
Very High Rehabilitation Plus Extensive Services  
High Rehabilitation Plus Extensive Services  
Medium Rehabilitation Plus Extensive Services  
Low Rehabilitation Plus Extensive Services  
Ultra High Rehabilitation  
Very High Rehabilitation  
High Rehabilitation  
Medium Rehabilitation  
Low Rehabilitation  
Guidelines  
Characteristics Associated With Major RUG-IV Category  
Medicare Short Stay Assessment  
Technical Eligibility Requirements  
Clinical Eligibility Requirements  
Calculation of Total Rehabilitation Therapy Minutes  
Three-Day Policy  
Change of Therapy (COT) and Other Medicare Required Assessment (OMRA)  
Leave of Absence  
Delay in Requiring and Receiving Skilled Services (30-Day Transfer)  
Medical Appropriateness Exception (Deferred Treatment)  
ARD outside the Medicare Part A SNF Benefit  
Distinct Calendar Days of Therapy

### Chapter 11: Clarifications

Clarification regarding early assessment penalty policy  
Clarification regarding the relationship between the Change of Therapy OMRA and the Day of Discharge  
Clarification regarding the beginning of a COT observation period  
Clarification regarding completion of interview items on COT OMRA  
Clarification regarding when a COT evaluation should be completed  
Clarification regarding requirements for completing an EOT OMRA  
Clarification regarding how to bill an End-of-Therapy OMRA reporting Resumption  
Clarification regarding the definition of a resumption of therapy

### Chapter 12: Using ICD-9 Codes and ICD-10 Codes

Basic Guidelines in Using ICD-9 codes  
Transitioning to the ICD-10 Codes

### Chapter 13: Administrative Matters

Top 8 Ways to Build Medicare Part B Programming  
Common Billing Errors and How to Avoid Them  
Staffing  
Restorative Nursing Program  
Restorative Nursing Assistant/ Rehabilitation Nursing Assistant (RNA)  
Restraints and Safety

### Chapter 14: Legal Issues

Elder Abuse; Incident Reports; Medical Equipment  
Refusing to Care for a Resident;  
Unanticipated Outcomes  
Noncompliant Residents; Bending the rules  
Supervising Assistive Personnel  
Infection Control; Resident Privacy; Legal Foundations; Ethical Foundations  
The Law of HealthCare Malpractice  
Intentional Wrongs; Employment; Business Law & Ethics  
Legal and Ethical Issues in Education; Ethics in Focus

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