

Separately Billable Services FAQs

Provided by the CAADS Clinical Work Group

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General Questions

Q. Why do we need to go to all this trouble of counting services and time? My staff do not understand why they need to do all this extra work.

A. *We sympathize with your staff, which is why we continue to stress that as a leader, it is imperative that you explain to them the “big picture” purpose of collecting this data, so they will understand how it will be used to establish proper rates of reimbursement for the center and prove that ADHCs provide a measurable amount of skilled services.*

Q. Should I start providing more separately billable services?

A. *No, the goal of this exercise is to collect data for the purpose of completing your cost report. The data should reflect what you do today. To the extent that you modify your services to reflect the participants’ needs due to the new eligibility criteria, this will be documented in your next cost report.*

Q. What will the future ADHC rate be?

A. *The rates in the future unbundled environment are not yet developed. This will be the subject of intense negotiations beginning in late 2008 through 2009.*

Q. Can a nurse supervise the provision of separately billable services?

A. *No, nurses cannot supervise therapy or mental health or dietitian services. Under current ADHC practice, the nurse can supervise the aides carrying out “maintenance therapy” activities if this is on the IPC under core services. This “maintenance program” structure is unique to ADHC in order to include the counting of this time as part of the monthly required minimum therapy hours. Do not count any nurse’s time as separately billable. Nursing time will be included in the core.*

Q. If the RN supervises core maintenance exercises, who does the re-assessments?

A. *There is no change in practice for the purpose of counting separately billable services. Nurses should complete nursing re-assessments when they have been supervising the maintenance plan previously created by a therapist and handed off to nursing, within their scope of practice and training. **IF** the RN determines that there has been no change in the participant’s condition, a PT, OT, SLP, RD or Mental Health Professional is not required to conduct a reassessment. Clinical judgment of the RN and/or MDT must be used to determine if a reassessment by one of the separately billable disciplines is needed.*

Q. What is the difference between concurrent and group therapy?

A. *Concurrent therapy is when a therapist provides different treatments to more than one participant but not more than four during the same period of time (time for each individual's treatment does not need to be identical but the therapist is providing treatment to all during this time period).*

Group therapy is when the practitioner provides the same treatment to a group of two to eight participants at the same time.

Q. Are six month re-assessments conducted by PT, OT, SLP, RD or Mental Health Professional to be counted as separately billable services?

A. *No, all assessments, whether planned or unplanned are part of the core services required to be provided by the ADHC. Do not count the initial assessment, 6 month assessment or unplanned assessments.*

Q. Are translation services provided by program aides separately billable?

A. *No, DHCS will not allow translation services to be counted as a separately billable service. Costs will be captured as part of the core services.*

Q. If participants are approved by DHCS for three days is therapy also approved for three days?

A. *The relationship of the approval of days of attendance and SBS is yet to be fully worked out. At this time, the concept put forth by DHCS is that SBS will not be prior-authorized as days of attendance are, but SBS will have to be provided on the same day(s) as the approved day of attendance.*

Q. Can you bill for more than an hour in an hour?

A. *The question contains two components. Minutes of time and units of service are separate and distinct "counting" tasks. There is no "billing" today, but you will never count more than 60 minutes of time in an hour for any SBS service. However, you may have more units of service in an hour than four units (15 minutes times 4). Hours of time spent performing separately billable services will be compared to invoices for time worked or timesheets to arrive at a ratio of time spent doing core services versus separately billable services.*

Q. For individual (1:1) therapy do we chart daily?

A. *Documentation regarding the delivery of all care should continue to be documented as you do today. Each service should be charted. The only change required is the logging of units of service and time for SBS.*

Q. Do we have to justify treatments for disabled and long-time participants when they are not going to improve?

- A. *You do not need to change what you are doing today. The IPC provides the basis for provision of treatments and services. The counting of time and units of service should reflect what is provided per the IPC or unplanned interventions. The IPC and the revised medical necessity criteria should guide the MDT in determining the type, duration and quantity of services the participant needs. Your documentation should reflect the need for skilled interventions to maintain function, even when decline is inevitable.*

ADHCs should assure that the participant's condition(s) match the skill level of the professional providing the service/treatment.

Q. How long do we have to count the Separately Billable Services being provided?

- A. *The data you are collecting regarding the units of service and time spent performing treatments is needed to complete the cost reports on an annual basis. Now that you have put a data collection system in place, we strongly recommend that you continue to use the system in order to gather data for the next cost report period. Remember, you will need data for the 2008 cost report, due in 2009. Having actual data is preferable to extrapolating limited data to a full year. Also, this will allow you and CAADS to work out implementation questions and issues prior to the date when the separately billable services will actually be billed.*

Q. Is staff training provided by a therapist supposed to be counted?

- A. *No, DHCS considers staff training to be part of core services because all of the participants benefit from knowledgeable and trained staff.*

Q. Is caregiver training supposed to be counted as SBS?

- A. *Training provided to the caregiver may be counted as a SBS only if it is included in the care plan and the participant is present during the training. DHCS has informed CAADS that Medi-Cal wants to assure that the training is relevant to the care plan, and the family could not have received the training from another source within the community.*

Physical Therapy

Q. What is the difference between physical therapy assistants and aides?

- A. *Please see the Scope of Practice Regulations for Physical Therapy. The Physical Therapy Assistant (PTA) is licensed by the Physical Therapy Board of California, and is eligible to provide separately billable services in accordance with the PT and PTA scope of practice. PT Aides are not licensed or certified and have strict restrictions on what they are permitted to do under the direct supervision of the licensed physical therapist. The regulations can be viewed on the Physical Therapy Board of California web site: http://www.ptbc.ca.gov/laws_regs/*

A paper issued by the Physical Therapy Board describing the role of an aide in the ADHC setting may be accessed at http://www.ptb.ca.gov/forms_pubs/pta_adhc_setting.pdf

- Q. Is “maintenance therapy” performed by aides and supervised by the RN considered separately billable?**
- A. No. What is called “maintenance therapy” in ADHC today is part of the core services.
- Q. Is one-to-one therapy provided by the physical therapist considered SBS therapy?**
- A. Yes, as long the treatment requires the special skills and knowledge of the therapist. Please see the CAADS Guidance Paper for further explanation. Just because a therapist is providing a service does not mean it qualifies to be counted as SBS.
- Q. Can we count unplanned physical therapy interventions as SBS, if they are not on the IPC?**
- A. Yes, if the medical necessity for the therapy is documented in the chart. If the therapy is anticipated to be ongoing for the duration of the IPC period due to a change in condition, the IPC should be updated. If the SBS is performed for only one or a few instances, for example, to train someone in the use of new equipment, this should be documented in the chart.
- Q. Are hot and cold packs administered by aides to be counted as separately billable?**
- A. No, first, the application of hot and cold packs by an aide should only be done under the direct supervision of the physical therapist or occupational therapist with an advanced certificate for physical modalities, in accordance with each professions’ scope of practice rules. Second, in 2002, the Centers for Medicare and Medicaid Services (CMS) disallowed billing for hot and cold packs if provided in the absence of another treatment.
- For example, application of a hot pack with electrical stimulation may be counted as SBS, but application of a hot or cold pack with no other related treatment would not be counted. Aides should never apply a hot or cold pack unless under the direct supervision of the physical therapist or occupational therapist with an advanced certificate for physical modalities, in accordance with scope of practice rules.*
- Q. Can a nurse apply hot and cold packs?**
- A. No, this is not within the nursing scope of practice in California. A nurse may apply a cold pack immediately after an injury, but, no nursing treatment or time is ever counted as SBS. All RN/LVN services are included in the core services.

Occupational Therapy

- Q. Will home assessments count for separately billable services?**
- A. No. At this time, DHCS intends to include home assessments as a core service, since it is required under the law. The cost of providing home assessments will be included with core services.
- Q. Can an occupational therapist apply hot or cold packs?**
- A. Only if the OT has an advanced certificate for physical modalities, in accordance with scope of practice rules.

Speech-Language Pathology

Q. Why isn't there a concurrent therapy for Speech?

- A. *The clinical workgroup determined that a concurrent group option was not a typical modality for speech-language pathology. For now, count any concurrent services under group services. This is open to future discussion.*

Mental Health

Q. Not all of the mental health practitioners listed in the Guidance Paper are eligible to be paid by Medi-Cal. Why are these considered SBS, and will we be able to bill for them?

- A. *These practitioners are contained in the Medi-Cal Provider Manual that lists approved practitioners for providing skilled mental health services. DHCS recognizes the unique setting of ADHC and agreed that all of the listed practitioners could provide SBS. It is anticipated that a single billing code will be used for separately billable mental health services, not one for each of the practitioners.*

Q. What is the difference between group and individual mental health services?

- A. *Individual therapy is a one-to-one therapy and group services are small groups ranging in size from two to eight individuals.*

Q. If in consultation with an LCSW, will an MSW be qualified to provide group therapy under SBS rules?

- A. *No, MSW time and costs are always core services. The DHCS only allows licensed or certified personnel, as described in the Guidance Paper on SBS under Mental Health, to be counted as SBS. Do not count any MSW time as SBS.*

Registered Dietitian

Q. Is time spent reviewing charts for diet orders counted as a separately billable service?

- A. *No, chart review time is not to be counted as a SBS. This RD time will be accounted for in core services.*

Transportation

Q. The calculation for transportation driver's time in the example in the Guidance Paper does not appear to be correct.

[“Time allocated to SBS = 1/7 hours = .14 hours counted toward to SBS”]

- A. *This calculation is in error. The time allocated to SBS should be 1 hour, therefore, 1/6 = .17 hours counted toward SBS. The calculation has been corrected in the 9/19/2008 revision of the Guidance Paper.*

Q. Do we count the time for a driver as beginning from the time he or she leaves the center, or from the time the participant is picked up?

A. *Count the time as beginning from the time the driver leaves the center. The driver's time will be allocated to either core or SBS depending on their duties. For the cost report purposes, the time spent driving the van is SBS, while the time a driver may spend washing the van or taking it for repairs will be core. Some drivers also switch hats and serve as aides during certain hours. Their time as a driver needs to be counted as SBS.*