Documenting Certified Occupational Therapy Assistant Services

UNDERSTANDING MODIFIERS

GT: Tele-Health: Distribution of health-related services and information via electronic information and telecommunication technologies.

HA: General Education: Caring 4 Students Program (C4S) – Anticipated 2020-21 SY for occupational therapy services.

96: Habilitative - Learning new skill the student never possessed.

97: Rehabilitative - Regaining skill the student lost.

ASSISTIVE TECHOLOGY DEVICE (ATD) SERVICES

ATD services must be listed in a student's IEP with a doctor's prescription, in order to use ATD codes. If ATD is not in the student's IEP, please use a non-billable code to track your service. ATD services are intended to directly assist with a disability in the selection, coordination of acquisition or use of an ATD; Selecting, providing for the acquisition of an ATD device, designing, fitting, customizing, adapting, applying, retaining or replacing the ATD, including orthotics.

1] SBS: SPECIAL EDUCATION STUDENTS	
97755	**1] SBS: ATD: ATD Assessment [97755]** Assistive technology assessment (e.g., to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes
97112 96 **97112 97**	**1] SBS: ATD: Neuromuscular Re-education HABILITATIVE [97112 96]** **1] SBS: ATD: Neuromuscular Re-education REHABILITATIVE [97112 97]** Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
97760 96 **97760 97**	**1] SBS: ATD: Orthotic Management and Training HABILITATIVE [97760 96]** **1] SBS: ATD: Orthotic Management and Training REHABILITATIVE [97760 97]** Training in use of orthotics (supports, braces, or splints) for arms, legs and/or trunk, per 15 minutes
97761 96 **97761 97**	**1] SBS: ATD: Prosthetic Training HABILITATIVE [97761 96]** **1] SBS: ATD: Prosthetic Training REHABILITATIVE [97761 97]** Training in use of prosthesis for arms and/or legs, per 15 minutes
97535 96 **97535 97**	**1] SBS: ATD: Self-care Home Management Training HABILITATIVE [97535 96]** **1] SBS: ATD: Self-care Home Management Training REHABILITATIVE [97535 97]** Self-care/home management training (e.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact; each 15 minutes.
97542 96 **97542 97**	**1] SBS: ATD: Wheelchair Management HABILITATIVE [97542 96]** **1] SBS: ATD: Wheelchair Management REHABILITATIVE [97542 97]** Wheelchair management (e.g., assessment, fitting, training), each 15 minutes
97150 GO	**1] SBS: COTA Group Therapy, 2-8 students [97150 GP]** Therapeutic procedure(s), group (2-8 students)
97110 GO 96	**1] SBS: Individual Occupational Therapy HABILITATIVE [97110 GO 96]** *Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility*
97110 GO 97	**1] SBS: Individual Occupational Therapy REHABILITATIVE [97110 GO 97]** *Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility*
97533 96	**1] SBS: Occupational Therapy Sensory Integration Therapy HABILITATIVE [97533 96]** Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by the provider, each 15 mins.
97533 97	**1] SBS: Occupational Therapy Sensory Integration Therapy REHABILITATIVE [97533 97]** Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by the provider, each 15 mins.
97150 GOGT	**1] SBS: Tele-Health: Group Therapy, 2-8 students [97150 GOGT]**
97110 GOGT96	**1] SBS: Tele-Health: Individual Occupational Therapy HABILITATIVE [97110 GOGT96]**
97110 GOGT97	**1] SBS: Tele-Health: Individual Occupational Therapy REHABILITATIVE [97110 GOGT97]**

97533 GT96 1] SBS: Tele-Health: Occupational Therapy Sensory Integration Therapy HABILITATIVE [97533 GT96]
97533 GT97 1] SBS: Tele-Health: Occupational Therapy Sensory Integration Therapy REHABILITATIVE [97533 GT97]
2] NON-BILLABLE DOCUMENTATION
2] IEP: Consult-Use for logging students with Consult service listed in the Program & Services section of their IEP. **2] IEP: Monitoring**-Use for logging students with Monitor service listed in the Accommodation section of their IEP. **2] Non-Billable: Behavior Plan Meeting** – use to log for students with a behavior plan. **2] Non-Billable: Communication**-Use to log communication with parent, other providers, staff, etc. **2] Non-Billable: Early On Family Training: Group**-Use to log family training provided in a group setting. **2] Non-Billable: Educational Accommodations Delivered** – Use to document the student received an accommodation. **2] Non-Billable: Educational Group Accommodations Delivered** – Use to document the group received an accommodation. **2] Non-Billable: Home Visit**-Use to record Home Visits at the student's home. **2] Non-Billable: Manifestation Determination Review** –Meeting determining if the behavior is related to the student's disability. **2] Non-Billable: No School Day** – use to note no school day. Start time = time intended to work with student **2] Non-Billable: Other**-Use to log any provided service that does not meet criteria of any other selection. **2] Non-Billable Parent and/or Staff Meeting** – Do not use for IEP/IFSP meetings. **2] Non-Billable: Provider Absent**-Use to note provider absence. Start time = time intended to work with student. **2] Non-Billable: Provider not Available**-Use to note provider not available. Start time = time intended to work with student. **2] Non-Billable: Record Keeping**-Use for any student record keeping purposes you want to track. **2] Non-Billable: Related Service Case Management** - Use to track Case Management for students that you are the case manager. **2] Non-Billable: Report Writing**– Use to document the time it takes to write evaluation/report **2] Non-Billable: Student Absent**-Use to report Student Absent. Start Time = time you intended to work with the student. **2] Non-Billable: Student Not Available**-Use to log that student was not available. Start Time = time you intended to work with the student. **2] Non-Billable: Student Observation**– Use to document time observing students for evaluation purposes. **2] Non-Billable: Student Refused Service**– Use to document student refusing service. **2] Program 270 – Early On Work on Goals** - ONLY use this option if you are delivering services under Program 270. **2] Program 270 – Early On Work on Goals Group**- ONLY use this option if you are delivering services under Program 270.
3] C4S: GENERAL EDUCATION STUDENTS
Documentation of service delivery for general education students who have a parent signed consent to treat, 504 plan or Plan of Care, and an occupational therapy referral. If student is Medicaid eligible, and a referral is on file services can be billed. Proposed roll out for general education occupational therapy services 2020-21 school year.
GENERAL SERVICE INFORMATION
* Consult services are an integral part or an extension of a direct medical service but are not separately reimbursable. * Service entry is due within TEN days of service delivery. * Provider Notes must include enough detail to allow reconstruction of what transpired for each service. SOAP is best practice. * Therapy/Treatment are reportable only if the student's IEP/IFSP includes Direct services with a time and frequency. * Assistive Technology Device (ATD) services are reportable only if the student's IEP/IFSP includes ATD services under Supplementary Aids/Program Modifications/Support for School Personal. * Provider Notes for Evaluations must indicate "Initial" or "Re-Eval."

Service Documentation:
The Michigan Department of Health & Human Services (MDHHS) has emphasized the importance of thoroughly documenting all services provided to Special Education students. For direct services such as therapy, documentation must include a progress entry for each direct service describing the service rendered and the student's response to that day's service or treatment. **S.O.A.P. notes are best practice!** If not using the S.O.A.P. format ensure enough data is in your provider notes to support the service you are entering. There must be enough data for an auditor to "recreate" the service. Your documentation must indicate not only WHAT services are being rendered to meet the student's IEP/IFSP goals, but also HOW the student responded to service.

Provider Note Example: Individual Therapy (97110 GP 96): *"Dan was positioned while wearing bilateral DAFOs in a supine stander at 80 degrees for upright weight bearing and hamstring stretching. Tolerated 30 minutes without complaints of discomfort."*

Monthly Progress Summaries are REQUIRED for each month that services are reported for Medicaid eligible students. A monthly progress summary summarizes all services provided to the student throughout a month.

Monthly Progress Summary Example: "*Dan was able to tolerate positioning in weight bearing and non-weight bearing positions*

without discomfort. The use of myofascial techniques prior to positioning improves tolerance. Improving with mobility on even and uneven surfaces. Able to climb stairs with handrail using a step to pattern without hand held assist."

Notes should use 'medical' rather than 'educational' terminology. For example, instead of "handwriting", a better note would be "Worked on visual motor skills or fine motor skills and student is making slow progress."

Annual Requirements:
Occupational therapy services must be prescribed by a physician and updated annually.

Staff Qualifications:
The services listed are reimbursable when provided by a Certified Occupational Therapist Assistant (COTA) currently licensed in Michigan. COTAs must be under the direction of a fully licensed Occupational Therapist.

Supervision & Under the Direction Of:
Michigan Department of Health and Human Services Provider Manual dated October 2019
1.4 UNDER THE DIRECTION OF
Certain specified services may be provided under the direction of or under the supervision of another clinician. For the supervising clinician, "under the direction of" means that the clinician is supervising the individual's care, which at a minimum, includes seeing the individual initially, prescribing the type of care to be provided, reviewing the need for continued services throughout treatment, assuring professional responsibility for services provided, and ensuring that all services are medically necessary. "Under the direction of" requires face-to-face contact by the clinician at least at the beginning of treatment and periodically thereafter.

Help Desk Contacts
General questions regarding Medicaid, Service Capture, or PowerSchool Special Programs can be answered by contacting:

Erin Burcham
eburcham@eatonresa.org
(517-541-8742

False Claims Act
The Federal False Claims Act, among other things, applies to the submission of claims by healthcare providers for payment by Medicare, Medicaid and other federal and state healthcare programs. The False Claims Act is the federal government's primary civil remedy for improper or fraudulent claims. It applies to all federal programs, from military procurement contracts to welfare benefits to healthcare benefits.

The False Claims Act prohibits among other things:
- -Knowingly presenting or causing to be presented to the federal government a false or fraudulent claim for payment or approval;
- -Knowingly making or using, or causing to be made or used, a false record or statement in order to have a false or fraudulent claim paid or approved by the government;
- -Conspiring to defraud the government by getting a false or fraudulent claim allowed or paid; and
- -Knowingly making or using, or causing to be made or used, a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the government.

Any person who knowingly attempts to defraud the federal government is liable to the United States Government for a civil penalty of not less than $5,000 and not more than $10,000, plus 3 times the amount of damages that the Government sustains because of the act of that person.
"Knowingly" means that a person, with respect to information: 1) has actual knowledge of the information; 2) acts in deliberate ignorance of the truth or falsity of the information; or 3) acts in reckless disregard of the truth or falsity of the information.

Examples of Medicaid Fraud
- Billing for medical services not actually performed
- Providing unnecessary services
- Billing for more expensive services
- Billing for services separately that should legitimately be one billing
- Billing more than once for the same medical service
- Giving or accepting something of value (cash, gifts, services) in return for medical services, (i.e., kickbacks)
- Falsifying cost reports
- Billing for missed appointments

Reporting Suspected Fraud or Abuse

Eaton RESA is committed to ensuring that all coding, billing and reimbursement procedures comply with all federal and state laws. The "back-end" billing system, MeduClaim provided by CompuClaim, has been designed to limit the recording of services to those procedure codes that are appropriate for the user's profession and only up to the maximum amount allowed per day or month. However, the system cannot ensure that the services were provided as stated, that they were medically necessary or were not false or misleading.

In most cases, an employee's supervisor is in the best position to address an area of concern. Supervisors and managers are required to report suspected violations to the Compliance professional, Erin Burcham, who has specific and exclusive responsibility to investigate all reported violations regarding the filing of false or fraudulent claims. **If you are not comfortable speaking with your supervisor or you are not satisfied with your supervisor's response, you are encouraged to speak directly to the compliance professional, Erin Burcham.**

Erin Burcham
Eaton RESA
Medicaid Coordinator
1790 E. Packard Hwy.
Charlotte, MI 4883
eburcham@eatonresa.org
517-541-8742

The following information is preferred when reporting suspected fraud or abuse:

- Nature of the complaint.
- The names of those involved in the suspected fraud and/or abuse, including their address, phone number, Medicaid identification number, date of birth (for beneficiaries), and any other identifying information if available/applicable.

Whistle Blower Protection Act

Staff reporting suspected fraud, waste and abuse are protected under the Whistle Blower Protection Act. Employers cannot discharge or cause the constructive discharge or discriminate against an employee because the employee or a person acting on behalf of the employee reports, or is about to report, a violation of local, state or federal law to a public body or is requested by a public body to take part in an investigation, hearing, inquiry or court action. Protections do not apply if the employee knows the report to be false.

You may also report suspected fraud and abuse by contacting the Office of Inspector General:

Submitting an online complaint form with the Office of Inspector General:
http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-220056--,00.html
Phone: 1-855-MI-FRAUD (643-7283) (voicemail available for after hours)