Medicare Claims Processing Manual

Chapter 5 - Part B Outpatient Rehabilitation and CORF Services

---

100.10 - Group Therapy Services (Code 97150)

(Rev. 1, 10-01-03)

CR 2225, A3-1872 Dated 1-24-03, A3-3653, B3-15302-15304

Carriers pay for outpatient physical therapy services (which includes outpatient speech-language pathology services) and outpatient occupational therapy services provided simultaneously to two or more individuals by a practitioner as group therapy services. 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.

100.10.1 - Therapy Students

(Rev. 1, 10-01-03)

A - 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 of 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).

B - Therapy Assistants as Clinical Instructors

Physical therapist assistants and occupational therapy assistants are not precluded from serving as clinical instructors (CIs) 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.

C - 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 specifically 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 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

Exhibit 1 - Physician Fee Schedule Abstract File

(Rev. 1, 10-01-03)

This file contains nonfacility fee schedule payment amounts for the outpatient rehabilitation, audiology and CORF HCPCS codes listed in §10.2.G. These codes are identified in the abstract file by a value of "R" in the fee indicator field. The file includes fee schedule payment amounts by locality and is available via the CMS Mainframe Telecommunications System (formerly referred to as the Network Data Mover).

Record Length:	60
Record Format:	FB
Block size:	6000
Character Code:	EBCDIC
Sort Sequence:	Carrier, Locality HCPCS Code, Modifier

Data Element Name	COBOL Location	Picture	Value
1 -- HCPCS	1-5	X(05)	
2 -- Modifier	6-7	X(02)	
3 -- Filler	8-9	X(02)	
4 -- Non-Facility Fee	10-16	9(05)V99	
5 -- Filler	17-23	X(07)	
6 -- Filler	24-30	X(07)	
7 -- Carrier Number	31-35	X(05)	
8 -- Locality	36-37	X(02)	Identical to the radiology/diagnostic fees
9 -- Filler	38-40	X(03)	
10 -- Fee Indicator	41-41	X(1)	"R" - Rehab/Audiology/CORF services
11 -- Outpatient Hospital indicator	42-42	X(1)	"0" - Fee applicable in hospital outpatient setting "1" - Fee not applicable in hospital outpatient setting

Data Element Name	COBOL Location	Picture	Value
12 -- Filler	43-60	X(18)	

Upon CMS notification, the contractor is responsible for retrieving this file and making payment based on 80 percent of the lower of the actual charge or fee schedule amount indicated on the file after the Part B deductible has been met. The CMS will notify contractors of updates to the MPFS, file names and when the updated files will be available for retrieval. Upon retrieval, contractors disseminate the fee schedules to their providers. The file is also available on the CMS Web site in the Public Use Files (PUF) area.