

# Carolina Therapy Services

New Hire Training



# Welcome!!

- Carolina Therapy Services is a therapist owned and operated company, based in Dunn NC.
- All of our contracts are exclusively in NC – most are skilled nursing facilities, but we also provide services to hospital, outpatient, pediatric, and school system settings.
- Located from Murphy to Morehead City, CTS's facilities represent almost every area of the state, including the Triad, the Triangle, mountains, Fayetteville, and the coast.

# What to expect today

- Tour of the facility
- Introduction to therapy dept staff
- Introduction to facility staff and administration
- Orientation to our electronic documentation and billing software
- Corporate Compliance training
- Location of Corporate Office contacts, including CTS President, Clinical Specialist, Area Therapy Director, and Corporate Office Staff.

# Documentation

- All documentation and billing completed in our electronic billing software program
- You will be set up with your own personal username and password – DO NOT SHARE THEM WITH ANYONE!
- CTS expects billing and documentation to be completed timely – at point-of-service or same day, if possible (CMS requires all forms to be completed within 7 days).
- Documentation and billing must be accurate and true representations of the skilled services provided.
- Daily notes and billing must be completed before leaving for the day!

# Progress Notes

- Completed by the therapist every 10<sup>th</sup> visit
- Must document progress towards each goal and any skilled services provided during that period
- Some kind of progress should be documented at least every 2 weeks
- When goals are met, they should be updated or the patient should be discharged.
  - It is inappropriate to continue to document progress beyond goal areas without updating the goal.
  - Frequent contact with the therapist re: POC functional progress is essential

# Daily notes and billing

- All disciplines must do a daily note for every CPT code billed, every day.
- Daily note must document the skilled services provided for that day – IE: why did the patient require YOUR skills as a therapist?
  - “Patient required mod assist with UB ADL’s” documents no skilled service.
  - “Patient required mod assist and cueing with one-handed dressing techniques to don UB clothing” documents skilled services – only a therapist or assistant could write this.

# Daily notes and billing, cont

- Never copy/paste daily notes – it implies repetitive services are being delivered.
- Some CPT codes require specific information in the daily note (ex: modalities – see Documentation Standards inservice).
- Billing should reflect actual minutes delivered for each CPT code – do not round minutes up or down
- Make sure to report any deviations from planned minutes to the Program Manager ASAP

# Daily notes and billing, cont

- When using physical agent modalities (ultrasound, e-stim, VitalStim, etc), the daily note must document:
  - Type of waveform, stimulation, etc
  - Intensity
  - Treatment time
  - Pre/Post-treatment skin assessment

\* Run-time of unattended e-stim is not billable! Only skilled time assessing skin, setting up session, determining intensity, etc. is reimbursed.



# Med A

- Reimbursement source for most inpatient hospital and short term SNF patients.
- SNF Med A is reimbursed by the RUG (Resource Utilization Group) system, with facilities receiving more reimbursement for more therapy minutes.
- Most hospital Med A is reimbursed by the DRG (Diagnosis-Related Group) system, with the facility being reimbursed a set amount based on the patient's diagnosis.

# Med B

- Payor source for many outpatient and long-term SNF residents.
- Reimbursed based on the Physician Fee Schedule, with different CPT codes paying different amounts per each unit.
- Most OT and PT CPT codes are time based (IE: you charge one unit for every approx 15 minute period)
- Most ST codes are service based (IE: only 1 unit can be charged each day, regardless of how long you see the patient)

# Other payor sources

- Some payor sources pay according to the RUG system (like Med A), some pay according to the fee schedule (like Med B), some pay a set daily amount regardless of how long the patient is seen (replacement plans).
- Medicaid does not pay for therapy services – facility must approve these patients being put on therapy caseload and they need to be DC'ed ASAP.
- Hospice and some other payor sources require prior approval.
- Be sure to check with your Program Manager if you're not familiar with the payor source.

# Gait belts

- It is CTS policy that gait belts be used for all patients on therapy caseload who are ambulating or transferring, unless there is a clinical contraindication (ex: wound, colostomy, feeding tube).

**NO EXCEPTIONS**

# Name Tags

- Name tags must be worn at all times when in one of our facilities.

Carolina Therapy Services is glad to have you  
on our team!

