March 11, 2016

Fast Facts Friday

RehabCare

Late 10th Visit Notes- Medicare Part B

The following information may or may not be appropriate to your clinical setting. Please review the information and determine the appropriateness of the content prior to sharing with your staff.

Eligible for LMS Credit: ☑ Yes

Today in healthcare there are many regulations to follow regarding documentation and billing. One Medicare Part B requirement in particular that is critical but can be complicated is the need to demonstrate therapists oversight through treatment and a progress note at least every 10th visit.

Medicare Guidelines state that progress report must demonstrate (*):

1. Active participation by a therapist (PT, OT, SLP)
2. Justification of medical necessity
3. Written once every 10 treatment days

In our sometimes imperfect world there are situations where a Therapist is late in providing this oversight and documentation.

What do I do if this happens?

CMS provides the following Guidance in this instance (*):

Delayed Reports. If the clinician has not written a progress report before the end of the progress reporting period, it shall be written within 7 calendar days after the end of the reporting period. If the clinician did not participate actively in treatment during the progress report period, documentation of the delayed active participation shall be entered in the treatment note as soon as possible. The treatment note shall explain the reason for the clinician's missed active participation. Also, the treatment note shall document the clinician's guidance to the assistant or qualified personnel to justify that the skills of a therapist were required during the reporting period. It is not necessary to include in this treatment note any information already recorded in prior treatment notes or progress reports.

If a Therapist is late be sure these components are clear in order to comply with the regulations:

1. Provide Visit and progress note within 7 calendar days of the 10th visit
2. Reason the active participation by the therapist did not occur during the period
3. What guidance was provided to the assistant(s) during the period.

If the 10th visit note is found not to be in compliance, a billing adjustment will be required.

When in doubt reach out to your Area Director or Clinical Performance Specialist for guidance. Remember compliance in regulation is critical and the documentation guidelines must be maintained.

*** Medicare Benefit Policy Manual Chapter 15 – Covered Medical and Other Health Services**
220 - Coverage of Outpatient Rehabilitation Therapy Services (Physical Therapy, Occupational Therapy, and Speech-Language Pathology Services) Under Medical Insurance