

## Part B Insider (Multispecialty) Coding Alert

### Medicare Clarifies Tricky Therapy Supervision Issue

For physicians confused about how to supervise therapists providing services to their patients, hope is on the horizon.

You won't receive a denial for therapy services merely because the physician hasn't yet issued an order or referral for therapy, the **Centers for Medicare and Medicaid Services** says in Transmittal 3648, issued May 6. But Medicare will deny the claim if the physician doesn't certify the plan of care every 30 days, indicating that the patient was under the care of the physician and needed the treatment in the care plan.

The carriers will be doing pre-payment and post-payment review of therapy claims to make sure the physician certified the plan of care for the first 30 days and each 30-day period afterwards. But if the physician certification is delayed, the carriers won't deny the claim unless it's clear from the documentation that the services weren't medically necessary.

Also, the physician isn't required to see the patient prior to certifying the plan of care, but the physician still has the authority to require a face-to-face visit before certification, CMS explains.

The therapist providing services must meet all the state and federal requirements for a therapist, except for licensure, CMS reiterates in the transmittal.

But the transmittal doesn't reinstate CMS' canceled instructions from last fall, which had instructed physicians to note the names of the auxiliary personnel who were involved in performing incident-to services on the claim form. That requirement has been rescinded for good, CMS officials said in the May 10 physician Open Door Forum.

More information about the change is available at [www.cms.hhs.gov/medlearn/therapy](http://www.cms.hhs.gov/medlearn/therapy).