

Eli's Rehab Report

DOCUMENTATION: Check Out Some Major CMS Changes

Transmittal 60 spells it out

In addition to sending out a transmittal clarifying the therapy caps, CMS updated its transmittal specific to therapy documentation on Nov. 9. Get a head start on some practices you'll want to start incorporating at the beginning of the year.

You'll Need That Progress Report -- Regardless

"Contractors shall, on pre- or postpay medical review, require progress reports to be written by clinicians once during each progress report period," CMS states in Transmittal 60. So, "the progress report is going to be required even if the exceptions process goes away," says **John Wallace, PT, OCS**, CEO of BMS Reimbursement Management in Claremont, Calif.

On the other hand, the elements of the progress report can be in your daily treatment notes or in your updated plan of care, Wallace adds. In fact, the transmittal states, "when required elements of the progress report are written into the treatment notes or in a plan of care, the contractors shall accept it as fulfilling the requirement for a progress report; a separate progress report shall not be required."

Helpful: "It doesn't have to be a separate document if the required elements are in another place in your documentation," Wallace says. "So that helps the redundancy issue related to some of the paperwork."

Option: Use 1 Care Plan for 2 Physicians

Although a patient may be under the care of two physicians, the transmittal clarifies that you can combine the plans of care, which can be signed by just one of the doctors if they are willing to do so, Wallace says. Alternatively, the therapy provider can maintain two separate plans of care, and each physician would sign the plan of care for which they referred the patient for therapy services.

"When a patient is being treated under the care of two physicians for separate conditions, contractors shall accept as appropriate documentation either a combined plan of care certified by one of the physicians/NPPs or two separate plans of care certified by separate physicians/NPPs," CMS states in the transmittal.

The good news: "These documents show how much collaboration is going on between the reimbursement and regulatory staff at APTA [American Physical Therapy Association] and CMS," Wallace says. "That's clearly what this is all about."

Check out the next issue of Physical Medicine & Rehab Coding Alert for a more in-depth analysis on these changes.