Eli's Rehab Report

Double-Check for Occurrence Codes On Your UB92s

Heads up: Some FIs have been on heightened watch since July

If you're a rehab clinic billing to a fiscal intermediary and you're trying to figure out why you've received a few more denials this past summer, your answer may be as simple as a box on your UB92s.

CMS said last January in Transmittal 805 that it would be examining your UB92s extremely closely, looking specifically for dates and "occurrence codes" 17 (Date outpatient occupational therapy plan established or reviewed), 29 (Date outpatient physical therapy plan established or last reviewed) and 30 (Date outpatient speech pathology plan established or last reviewed) in boxes 32-35.

The source: This transmittal refers back to chapter 25 of the Medicare Claims Processing Manual, found at www.cms.hhs.gov/manuals/downloads/clm104c25.pdf, where it lists occurrence codes 17, 29 and 30 as "required."

Don't Let Old Habits Die Hard

Your billers may be used to bypassing boxes (also known as "form locators") 32-35 on the UB92 or not updating them with the last time the therapist reviewed the plan of care, but now's the time to turn this practice around. "The requirement has been in the manual before, but the fiscal intermediaries have not been enforcing that the occurrence code be completed until now," says **Rick Gawenda, PT,** director of **physical medicine** and rehabilitation for Detroit Receiving Hospital.

For example, United Government Services stated on its Web site this summer, "effective for claims with dates of service on or after July 3, 2006, any therapy claim not containing an occurrence code and date will be returned to your facility (RTP) for correction."

Solution: Let your billing personnel know that they need to double-check for this element on each claim, and remind your therapists to communicate any recertifications to the biller.

Establish Consistent Communication Lines

The solution may sound simple enough, but you need to apply the change to ensure the line of communication between your therapy and billing departments is clear, says **Kate Brewer, PT, MBA, GCS,** vice president of rehabilitation services for Greenfield Rehabilitation Agency Inc. in Greenfield, Wis. From a billing perspective, noting the initial date of the evaluation and the correct occurrence code is easy, "but the tricky part is if a patient's been on Medicare Part B for longer than 30 days," Brewer says.

How it works: Once a patient hits the 30-day mark, the physician or nonphysician practitioner (NPP) must recertify the need for continued skilled therapy services. Usually the physician or NPP signs and dates an updated plan of care that the therapist establishes after re-assessing or re-evaluating the patient to determine the need for continued skilled therapy services. The date the therapist re-establishes the plan of care "has to be on the bill as the date the plan was last reviewed or updated," Brewer says.

Potential problem: "Most software systems are not set up to ask for the date the plan of care was last established or reviewed," Brewer says. Plus, when a facility or practice is doing its daily billing, "there's generally no special time to communicate with the biller if there's been a recertification," she says.

The bottom line is, your facility or practice needs to set up a communication system between therapy and billing so that billing knows the date a recertification was last written, Brewer says. That is the date you put in fields 32-35, along with the respective occurrence code -- and the date should be a six-digit code, "MMDDYY."

Example: A physical therapist establishes a patient's initial plan of care on Sept. 1, 2006. In form locator 32 of the UB92, the biller puts occurrence code 29 and 090106 for the occurrence date. But suppose on Oct. 2, 2006, the therapist decides that the patient still needs more therapy, so she re-establishes a plan of care with a new physician signature. The therapist will need to let the billing department know that there's a new date (100206) that she updated the plan of care with occurrence code 29 for that month's bill.