

Eli's Rehab Report

Industry Notes: Reduce Denials Due To Insufficient Documentation

There's help from Medicare forthcoming on documentation tips. 8 MACs, including **Cahaba Government Benefit Administrators, CGS Administrators, National Government Services, Noridian Healthcare Solutions, Novitas Solutions, Palmetto GBA, or Wisconsin Physicians Service Corporation**, have made up a task force to create a PDF that gives pointers on what therapists need to watch out for while preparing a plan of care.

This PDF is available at

<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/CERTMedRecDoc-FactSheet-ICN909160.pdf>.

Additionally, these MACs also released a second document, titled "Task Force Scenario: Documenting therapy and rehabilitative services," which gives tips like:

- Ensure the medical records provide proof the service was certified and rendered.
- Ensure the medical records provide justification for medical necessity and need for skilled services.
- Create a complete plan of care that includes signatures, professional designation, and date.
- Document when the plan of care is modified and why, including an explanation of why previous goals were not or could not be met.
- Confirm that the plan of care is certified appropriately with the physician or non-physician practitioner.
- Clearly document, in minutes, the total time spent on timed-code treatment only and the total treatment time in the patient's record.

There is help to be had from the APTA Center for Integrity in Practice website too. Check out: <http://integrity.apta.org>.