

Eli's Rehab Report

READER QUESTIONS: Clinging to MD Approval? Check This Out

Question: Our hospital billing and medical departments say that diagnoses we add to a claim for reimbursement must have a physician endorsement. We've researched our Local Coverage Determination (L26884) from National Government Services, the Ingenix Coding & Payment Guide for the Physical Therapist, and our Indiana Practice Act but can't find a conclusive reference stating a physical therapist can make a treating diagnosis without an MD's endorsement. Our billing dept suggested we send all POCs to the MDs for co-signature. But we'd rather not increase the paper flow to the MDs.

Can you offer a reference that states PTs can make treating diagnoses that can stand alone without the MD endorsement?

-- Indiana subscriber

Answer: Posing the question back to you, have you found a reference that states PTs can't make treating diagnoses that can stand alone for claims submissions, medical records, etc. without the MD? More likely, you won't find a reference stating guidance either way. Your best resource is your state chapter organization as well as the American Physical Therapy Association.

Page 14 of the following link from the Centers for Medicare & Medicaid Services (CMS) offers more details: www.cms.hhs.gov/manuals/downloads/clm104c05.pdf. It says, "Bill the most relevant diagnosis. As always, when billing for therapy services, the ICD-9 code that best relates to the reason for the treatment shall be on the claim, unless there is a compelling reason."

The manual then offers an example of a patient with diabetes being treated for gait training due to amputation. "The preferred diagnosis is abnormality of gait (which characterizes the treatment)," CMS says. "Where it is possible in accordance with state and local laws and the contractors local coverage determinations, avoid using vague or general diagnoses."