

Eli's Rehab Report

Reader Questions: Here's How To Dodge Discharge Headaches

Question: A patient was referred for outpatient therapy on August 2 after the home health episode ended on August 1. However, Medicare is refusing to pay for the first few days of our services because the agency didn't officially discharge the patient until August 4. Is there a way to recoup payment for our services?

Answer: Patients must be fully discharged from the home health benefit before they qualify for outpatient therapy services -- but just taking an agency's word for it is not enough to guarantee your payment.

Try this: "We will not admit a patient into our clinic without something from the home health agency that says [the patient] is totally discharged from care," says **Matt Capo, PT** with **Accelerated Physical Therapy and Occupational Health Inc.** in Bay St. Louis, Miss. The inwriting discharge becomes part of your documentation for the service.

Getting the discharge in writing also nudges the agency into keeping their system updated, which decreases the chances you'll need to show proof of discharge to recoup your rightful reimbursement, Capo notes.

Set the record straight: You don't have to take the hit on services you've already rendered, though. Contact the agency that failed to accurately record the patient's discharge date and ask them to correct their mistake with their Medicare contractor. Once the date is corrected, resubmit your claim for reimbursement, suggests **Rick Gawenda, PT**, president of **Gawenda Seminars**.