

Eli's Rehab Report

Reader Questions: Know the Green Lights for Billing an Evaluation

Question: I work in a private practice setting, and we just acquired a patient who was getting therapy for rotator cuff surgery at a different rehab facility, stopped rehab there, and two months later showed up at our practice to continue rehab.

What does Medicare policy say about us doing a physical therapy evaluation? He's a new patient to us, but had a full evaluation and certification for physical therapy for the same diagnosis at the previous rehab facility. Does Medicare limit us from billing a second evaluation for the same diagnosis?

-- Wisconsin subscriber

Answer: No, Medicare policy does not limit you from billing a second evaluation for the same diagnosis in this situation. If you look at the definition of evaluation in CMS Pub 102, Chapter 15, Section 220, the Centers for Medicare & Medicaid Services states that an evaluation is warranted when the condition is treated in a new setting or for a new diagnosis. Your example would qualify as a new setting since you are a different provider.