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Eli's Rehab Report

Reader Questions: Too-Consistent Billing Could Make You A Target

Question: Our facility brought in a third-party auditor to scrutinize our coding and billing to ensure everything is on the up-and-up in case a Recovery Audit Contractor (RAC) comes knocking. The auditor has flagged the way we bill our services for Part B patients, saying that our procedures appear routine rather than based on individual treatments. Is this something we should be concerned about?

Answer: Yes, incorrect or blanket billing for therapy services is a Medicare and regulatory hot spot right now so any procedures that could make your practice's billing seem suspect is cause for concern.

First step: You must make sure that the Part B therapy units you bill match up with the number of therapy minutes you've documented and recorded, says **Pauline Franko, PT, MCSP,** president and owner of **Encompass Consulting & Education** in Tamarc, Fla.

If "the RACs compare the therapy minutes and the billed Part B therapy units," and the numbers don't match up, you'll have a lot of explaining to do.

And "if the facility or therapist always billed three units for 38 minutes or provided the minimum of what it took to take them to the next level consistently, that could be a trigger for a review," she cautions.

The appearance of blanket billing isn't just a concern for Part B. The same concept applies to Part A where "always keeping therapy to the minimum RUG level can be a review issue," says Franko.

Action plan: Go over the cases your independent third party flagged and make sure that your billed minutes are an accurate reflection of the work you performed. The time to correct any mistakes and double check your documentation is now -- not when RACs come in demanding answers.

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