

Eli's Rehab Report

Home Health Therapy: Robust Therapy Documentation Could Make Or Break Claims

Tip: Protect against subsequent reviews by documenting medical necessity carefully.

Are you sure every single therapy re-eval you've done for a patient can stand up to scrutiny? If not, your reimbursement could be at stake.

New way: "Effective April 1, 2015, **Palmetto GBA** will require the Initial Therapy Evaluation, current therapy reevaluation(s) for episode under review and the previous therapy re-evaluation(s) to be submitted with ANY Home Health Therapy records requested for review," the Home Health & Hospice Medicare Administrative Contractor says in an April 1 post to its website.

In other words: "If an initial start of care was requested for review, include the Initial Therapy Evaluation and therapy re-evaluation(s)," the MAC directs. "On subsequent episodes, include the Initial Therapy Evaluation, current therapy re-evaluation as well as therapy re-evaluation immediately prior to the requested episode."

Why? "This allows Medical Review to analyze medical necessity of services billed," Palmetto explains in its post.

Old way: Formerly, Palmetto typically reviewed a specific episode of care, notes PT consultant **Cindy Krafft** with **Kornetti & Krafft Health Care Solutions.** "This is taking the medical necessity issue specifically to patients who are recertified by asking for the initial therapy evals and reassessments even if they are in a previous cert period."

The new policy "is a wake-up call about the importance of the documentation on assessments and reassessments in terms of supporting medical necessity," Krafft tells **Eli.**

Note: To see the notice, go to www.palmettogba.com/medicare, click on "J11 MAC Home Health and Hospice" in the left-hand column, then choose "General" under the "Medical Review" link on the left, then click on the April 1 "Home Health: Therapy ADRs" link in the list of articles.