Eli's Rehab Report

Industry Notes:

Dodge Costly ADRs For Your Part B Therapy Services

Pay attention to preapproval requests under Medicare's new process. If you're submitting preapproval requests for Part B therapy cap exceptions, you don't want to waste time using last year's form, **Medicare Administrative Contractor NHIC** reminds providers in a recent message. "Version 6.0 offers the ability to check off more than one discipline for physical therapy, speech language therapy, or occupational therapy for your preapproval requests," the note says.

Remember: For home health agencies, the $3,700 therapy cap applies only to outpatient therapy furnished under Part B. It does not affect therapy furnished under a home health plan of care. Medicare is fully into Phase II of its therapy cap preapproval process. "As of October 17, 2012, providers identified in Phase II may now submit preapproval requests for dates of service on or after Nov.1, 2012 for beneficiaries over the $3,700 threshold," NHIC adds. "Please note that Phase I providers should continue to submit preapproval requests."

Tip: When requesting more than one therapy discipline on the form, indicate the number of visits per discipline, NHIC says in a separate message. Also, be sure to check off either Part A or Part B -- not both.

MAC National Government Services aims to get preapproval decisions back to providers "within 10 business days of receipt of all requested documentation," the MAC says in a question-and-answer document on its website. "If we cannot make a decision within 10 days, the therapy will be considered approved," the MAC reveals. "The letter will indicate that the approval was made because of time constraints and not on the information provided to the contractor."

Where do I fit in? "If your NPI is not within any of the phases, you are automatically considered to be in phase III," NGS says. Phase III starts Dec. 1. Technical problems are the most common errors NGS is seeing in preapproval requests, it relates. Those include errors such as an incorrect or incomplete beneficiary Medicare numbers, missing NPIs (for ordering or performing provider), missing addresses, or illegible handwriting.

Providers that don't submit pre-approvals will get a request from their MAC asking for additional documentation, NHIC noted. Then you'll have to respond to any ADRs rather than rely on preapproval requests.