

United Government Services, LLC

presents

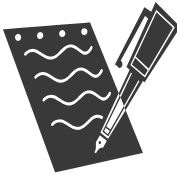
Medicare Outpatient Therapy Education

Part 3

July 25, 2006

UNITED GOVERNMENT SERVICES, LLC

“Best Documentation”



**Concise
AND
Complete**

UNITED GOVERNMENT SERVICES, LLC

Best Documentation

- Medicare coverage determinations are made based on the documentation received.
- The documentation is used to determine if the patient’s condition and level of function required the special knowledge and skills of a therapist.

UNITED GOVERNMENT SERVICES, LLC

Accuracy of Accrued Amount

- The systems will accurately report the allowed amount that has been applied towards the Cap on processed claims
- No system will be able to report the services that have not been billed or that have been billed but not yet processed
- Important: Claims should be submitted timely and correctly so they will be processed quickly

Beneficiary Notification

- Services provided exceeding the cap have no benefit under the law. They are denied because there is no benefit.
- These “technical” denials make the beneficiary liable for the costs of services.
- An ABN is not appropriate in this situation.
- The issuing of an NEMB is optional.
- When the beneficiary is near the cap, but you are unsure if the services exceed the cap, an ABN may be issued.
- www.cms.hhs.gov/bni

Therapy Cap Resources

- CMS web page on Therapy Caps:
http://www.cms.hhs.gov/TherapyServices/03_therapycaps.asp#TopOfPage
- Therapy Professional Associations
 - www.asha.org
 - www.aota.org
 - www.apta.org

Problems Identified So Far

- Requests submitted without information outlined in our fax coversheet.
- Requests submitted without all of the supporting documentation.
- Manual requests submitted that qualify for “automatic” exceptions.
- Poor documentation of medical necessity, especially “skilled” therapy.

Questions?

