

Dear colleagues,

CMS issued Transmittal 63 on December 29, 2006 revising and specifying the latest minimal documentation requirements for therapy services billed to Medicare Part B. As a ReDoc customer, we highly encourage you to read the entire Transmittal for further clarification. These transmittals may be downloaded from the 2006 Transmittal page on the CMS website (<http://www.cms.hhs.gov/Transmittals/2007Trans/list.asp>). Go to “Show items containing only the following key words” and type in “therapy”. Click on transmittal number 63.

We appreciate any feedback that you would like to give us, as there is room for interpretation in directives of this nature. The APTA has created “Highlights of Therapy Cap Exceptions process for 2007”, which address some of the documentation modifications and recommendations. You can find information about Transmittal 63 and more at [www.apta.org](http://www.apta.org).

The Rehab Documentation Company, Inc, the makers of ReDoc Software for PT, OT and SLP, is committed in helping our clients to stay compliant in their documentation for Medicare reimbursement. We have carefully studied Transmittal 63 and actively sought input and opinions from various other industry experts as well. To set you at ease, if you are using ReDoc 6.42 as designed, the changes in your documentation process will be nominal. **However, you must now upgrade to ReDoc version 6.47 by e-mailing Kristen Pfister – [kpfister@rehabdocumentation.com](mailto:kpfister@rehabdocumentation.com).**

There will be some changes in your documentation workflow process as a result of Transmittal 63. In this letter, we will go through an episode of treatment and compare current ReDoc reports to what CMS is now requiring. The flow of information in ReDoc will remain essentially unchanged. You will continue to do the Initial Evaluation, Treatment Notes and Discharge Summaries in ReDoc the same way. You can feel assured that by using ReDoc properly, you will exceed the new minimal documentation requirements.

Per requirement, your documentation will clearly establish for the contractor/FI through sequential objective and subjective measures that the patient is “making progress in the rehabilitation of function” and “justify the patient’s need for therapy”. CMS encourages (not requires) that the documentation conforms to professional guidelines of the APTA and AOTA. ReDoc software is endorsed by both national associations for its clinical content. CMS also encourages (not requires) narratives that specifically justify the medical necessity of the services. ReDoc is designed with appropriately placed Free Text boxes that flow from one report screen to another and can accentuate specific narrative information. The use of the Auto Correct Macro feature in ReDoc simplifies this process even further (Please refer to your User Guide).

**Initial Evaluation:**

CMS defines the IE as the “clinician’s clinical judgments or subjective impressions that describe the current functional status of the condition that is being evaluated.”

Transmittal 63 confirms that the Evaluation and Plan of Care may be either separate documents or a single combined document. The Initial Eval/POC should describe the impact of any conditions and complexities on the prognosis (rehab potential). CMS recommends that you use a commercial measurement instrument like Foto, Life Ware, NOMS, etc, but we also recommend that you now use an asterisk (\*) (Per Transmittal 63) in the Free Text boxes that narratively support illness severity and complexity. These would include the identification of other health services the patient is concurrently receiving, durable medical equipment, medications, comorbidities, stability of symptoms, time since onset, etc. We encourage you to use ReDoc’s Free Text boxes with the Auto Correct Macros to capture any information that is currently contained within dropdown fields in ReDoc. At this time, there are several categories that need to be addressed in Free Text boxes, pending a future version release in which ReDoc will provide specific dropdown fields for them. These categories are:

-Medications

-Identification of whether the patient was treated for this same condition previously by the same discipline regardless of where it was provided

-Indication of social support

-Quality of Life question – “At the present time, would you say that your health is excellent, very good, fair or poor” and why. We recommend that you use ReDoc’s Lifestyle questionnaire for further elaboration of the answer.

Please e-mail [kpfigster@rehabdocumentation.com](mailto:kpfigster@rehabdocumentation.com) any questions you may have on how to simplify this process.

**Treatment Note**

We recommend that you continue to use the ReDoc Progress/Treatment Note as designed. It encompasses more than the minimal requirements and is easy to generate. It will support the new required “Progress Report” (see below).

At this time, we recommend that you create an Auto Correct Macro of “TTT’ for Total Treatment Time”. In the 1<sup>st</sup> Progress/Treatment Note for each patient, enter this macro in the Free Text Box, so every treatment you can easily address Total Treatment Time.

**Re-Evaluation and “Progress Report”**

The largest impact and element of confusion of Transmittal 63 may be in the introduction of a required report to be specifically entitled “Progress Report”. Essentially, in this Transmittal, CMS defines “Re-evaluation” and separates it from the function of the “Progress Report”. “A re-evaluation is not a routine, recurring service (*so it need not be performed every 30 days*) but is focused on evaluation of progress toward current goals, making professional judgments about continued care, modifying treatment or terminating services.” A re-evaluation is a billable service, but should be used only when necessary.

For years, therapists have routinely done a “Re-evaluation Report” every 30 days for certification purposes. Today many therapists/clinics do the “Re-evaluation Report”, but do *not* charge for a Re-evaluation. The “Progress Report” is CMS’s newly required name for the same clinical information currently in ReDoc’s “Re-evaluation” Report. After installing the upgrade to 6.47 as discussed above, you can simply change the header of the current “Re-evaluation” report to “Progress Report”. If your re-evaluation meets the criteria stated above, and you are charging for the re-evaluation simply set the header back to “Re-Evaluation”.

Similar to a re-evaluation report, the “Progress Report” can only be completed by a therapist. However, “the minimum Progress Report Period shall be at least once every 10 treatment days or at least once during each certification interval (30 days), whichever is less”. The ReDoc “Progress Report” will show sequential objective and subjective measures from the Initial Evaluation and/or previous “Progress Report” that the patient is making progress toward functional and impairment goals.”

### **Discharge Note**

ReDoc’s Discharge Summary provides clear sequential objective and subjective measures that the patient made functional progress and the highlights narrative descriptions for the contractors/FI clarity. Objective findings and treatment interventions come over to the Discharge Summary, directly from the previous “Progress Report”.

The above recommendations are intended to help ReDoc customer stay in compliance with CMS in their documentation, at this time. We will continue to modify and upgrade the software to enhance the efficiency and simplify capturing the growing volume of information required for CMS compliance.

Thank you,  
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President/CEO