

# QIC PAE APPEALS DEMONSTRATION NEWSLETTER



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## Skilled Therapy Services:

In order for therapy services to be considered skilled, the services must be of a level of complexity and sophistication, or the condition of the patient must be of a nature that requires the judgment, knowledge and skills of a qualified therapist. The services must be reasonable and necessary for the treatment of the patient's condition; this includes the requirement that the amount, frequency and duration of the services must be reasonable. Refer to the Medicare Benefit Policy Manual (MBPM), Chapter 15, Section 220.2.

### Required Documentation to Support Skilled Services Includes:

- Treatment Notes - The purpose of the treatment note is to create a record for all treatments and skilled interventions that are provided and to record the time of the services in order to justify the use of billing codes on the claim. The treatment note is not required to document the medical necessity or appropriateness of the ongoing therapy services, but must include:
  - › The date of the treatment

*Continued on page 2*



## Upcoming Education and Outreach Events:

C2C will give the Part A East Appeals Demonstration Telephone Discussion and Reopening Process presentation at the following virtual events:

- NGS will hold their Jurisdiction K Provider Outreach and Education Advisory Group (POE AG) meeting where C2C will provide an update on the Appeals Demonstration on:
  - › September 9, 2021
  - › December 9, 2021

### IN THIS ISSUE

- Skilled Therapy Services
- Skilled Therapy Services Q & A
- Upcoming Education and Outreach Initiatives
- Submit Feedback
- Telephone Discussions still taking place

### ADDITIONAL INFORMATION

[www.c2cinc.com](http://www.c2cinc.com)  
[Part A East Appeals Demonstration](#)

### QUESTIONS

**PAE Appeals Demonstration Information**

Phone: 904-224-7371

Fax: 904-224-2732

### CONTACT US

C2C Innovative Solutions  
QIC PAE Demonstration  
P.O. Box 45310  
Jacksonville, Florida 32232-5310





## Submit Feedback

To submit feedback to C2C Innovative Solutions, Inc., regarding your telephone discussion or the reopening process, please send your email to: [ADemoFeedback@c2cinc.com](mailto:ADemoFeedback@c2cinc.com)

## Telephone Discussions still taking place

As concerns arise with the coronavirus (COVID-19) threat, C2C wants you to know phone discussions are still taking place on reconsiderations. If you have questions about your scheduled phone discussion or need to reschedule, please contact us at 904-224-7371.

- › Identification of each specific intervention/modality provided and billed for both timed and untimed codes
- › Total timed code treatment minutes and total treatment time in minutes
- › Signature and professional identification of the qualified professional who furnished or supervised the services and a list of each person who contributed to that treatment
- Progress Report - The progress report provides justification for the medical necessity of treatment. A treatment encounter note can serve as a progress report if it is completed timely and includes all required elements. A progress report must be completed at least once every 10 treatment days. A progress report must include:
  - › An assessment of the extent of progress (or lack thereof) toward each goal
  - › Plans for continuing treatment, references to additional evaluation results and/or treatment plan revisions should be documented in the clinician's progress report
  - › Changes to long or short term goals, discharge or an updated plan of care that is sent to the physician/non-physician practitioner (NPP) for certification of the next interval of treatment

## Skilled Therapy Services Q & A:

Q: To determine medical necessity, does there have to be a treatment note for each therapy visit?

- A: No, but there must be regular documentation by the therapist to justify the continuing need for therapy. As noted in the Medicare Benefit Policy Manual, descriptions of skilled interventions should be included in the plan or the progress reports and are allowed, but not required daily.

Q: We do not have a treatment note for each date of service, but we have a Matrix Service Log. Can we submit that to support the services billed?

- A: Yes, a Matrix Service Log can be accepted as long as it includes the required elements of the treatment note.

Q: The patient is in a functional maintenance program. Is this considered a skilled service?

- A: A functional maintenance program (FMP) may be established by a qualified therapist to allow the beneficiary to preserve the gains made with skilled therapy and to continue to build strength and endurance through the performance of repetitive therapeutic exercises. This type of program can be effectively implemented or supervised by non-skilled personnel or family caregivers without compromising the health or safety of the patient.