

PAYOR SOURCES WILL APPROVE THIS DURATION :

- EPSDT (Medicaid, under 21) – 3 months
- HCB, SCL (straight Medicaid) – 3 months
- MPW (Medicaid) – 12 months
- Medicare – 3 months

- ONLY direct contact with a client is billable time. All eval, ongoing therapy, and CG Education is billable.
- DO NOT ROUND any times up or down. Be accurate on ALL times.
- ALWAYS leave a copy of your Billing Log at each facility OR sign their sign in/out sheets/log

PRIOR AUTHORIZATIONS – PA's :

- ★ **Always look at your PA BEFORE EVERY session – PLEASE DO NOT GO OVER THE NUMBER OF MONTHLY OR WEEKLY UNITS APPROVED ON THE PA, NOR SEE CLIENTS PAST PA EXPIRATION DATES. We cannot bill/pay You for units/dates that are not approved!!**
- ★ **Always do RECERTS around 25 days before the PA is due. THE EXACT DATE RECERTS ARE DUE IS NOTED IN REVFLOW under the patient comment. Do not do earlier than that date. Doing more than a few days after that date will result in a delay in receiving the requested PA.**
- PA's give you the TOTAL units approved for the 3 month period. E.g., if you have a PA for 13 units for 3 months, this is one time a week. If it is for 26 units for 6 months, this is twice a week.
- With EPSDT & MPW – you CANNOT flex units across weeks. They are approved on weekly budgets.
- Note – Medicare clients do not receive PAs. PLEASE always remember to submit a Medicare Cert Detail report to the MD after an evaluation, and submit a Medicare Recert Detail report to the MD after a Recert. Progress Reports must be generated every 10 visits.

EPSDT – WE NEED THIS FROM YOU TO GET APPROVALS/PAs!! (for clients UNDER 21)

- 1 – **RECERT** - send in on time - THE EXACT DATE RECERTS ARE DUE IS NOTED IN REVFLOW under the patient comment. Do not do earlier than that date. Doing more than a few days after that date will result in a delay in receiving the requested PA.
You must ALWAYS also include an HEP goal to train CG/clients on something specific.
- 2 – **650 page 2** – send in the 650 page 2 with the therapy summary completed [2 sentences - (1) pt's presenting condition/diagnoses and functional deficits/developmental norms status, and (2) client needs skilled therapy to WHAT and/for WHY]. Complete during every eval and recert. We need this to get a PA.

- * **ALL PAPERWORK needs to be done in the EMR System (Revflow) on the DATE OF SERVICE per regulations. IF YOU DO NOT COMPLETE YOUR PAPERWORK IN A TIMELY MANNER, YOU WILL NOT GET PAID ON TIME.**
- **LEGIBILITY** - If auditors cannot read your documentation, they will throw it out. PLEASE take your time writing documentation and ensure that we can read it. We have the right to not reimburse you for documentation that is not legible.
- **ON ERRORS** – On Paper Errors - DO NOT USE WHITE OUT, SCRIBBLE OUT, OR WRITE OVER ERRORS. Please line out and put your initials. Do not have more than 2 errors per page, please, or auditors can throw that out also. On EMR Errors – please create an addendum and sign
- **INDIVIDUALIZED INSTRUCTION FORMS** – please send these in annually for ALL clients.

MEDICAID REQUIRES the following: PLEASE ENSURE THESE ARE UP TO DATE AT ALL TIMES. **IF ANYTHING IS EXPIRED, YOU ARE NOT ALLOWED TO BE SEEING CLIENTS.**

- TB skin test or medical statement that you do not have active TB & TB-4 form
- CPR AND First Aid (from American Heart Association or American Red Cross ONLY)
- State License
- Professional Liability Insurance
- **6 hours of CEU's must be completed annually. Your professional CEU's will meet this requirement, but you MUST GET 6 HOURS EACH year.** Your online training will meet this Medicaid requirement your first year. The online training may not meet the CEU requirements for your state or national license/certifications.

PLAN OF CARE MEETINGS

- You cannot bill for the "meeting itself," but you CAN bill for the CAREGIVER TRAINING that you provide during the meeting. on the note, I would document what training you provided to who and what you educated them on. You cannot bill if the client is not there.
- You also CANNOT bill during the same time that other therapists are there (this may include the behavioral therapist, if they are billing for a specific period of time also). So, if another ST, OT, or PT, or behavioral therapist is there, talk with them to see what time they are billing, so that you don't overlap each other.
- What I would try to do - ask the case manager / team if they are ok with you "going first" in the meeting, so that you can get your education in, and see if you can field questions about initially... then they can continue on with meeting about other things that may not be therapy related.
- **MPW** – all team members are required to sign a "sign-in sheet." If you are not able to attend the POC meeting, PLEASE still fill out the Sign-In Sheet and BRIEFLY document the written communication about progress/goals you have provided to the team (recert) and/or any verbal communication you have had with team members.

- **TAXES – don't forget to pay all taxes (AND ALWAYS SAVE OUT 1/3 OF YOUR PAYCHECK TO PAY THESE TAXES** either quarterly or at the end of the year – consult your accountant for when):
 - Federal – Income Tax Withholding & Medicare
 - State - KY
 - Local – county/city you provide services in... Louisville Metro Revenue Commission for Louisville. Check with your accountant if you are unsure who needs to be paid.
 - Unemployment

- **MONTHLY SUMMARIES (OT & ST)** – Complete Monthly Summary at the end of each month on progress note / follow up visit note on the last visit of the month, or at least once every 30 days. Target as many goals as you can in your session, to attain progress status. see EMR instructions for how to complete Give copy of Billing Log to appropriate staff person at facility (or sign their sign in/out log) if seeing for a visit.
- **PTs must do a RE-EVAL NOTE EVERY 30 days** to meet the KY Practice Act (but do not also have to do monthly summaries)
- **PLACE OF SERVICE - FULL ADDRESSES NEEDED ON EVALS/DAILY NOTES** – per Medicaid auditors, we need to include the exact address at which the client is being seen for eval/tx. Please document the EXACT site of service in your first evaluation visit, in the Intervention > Notes tab, such as "Peak ADT," "OU," or "Douglass Community Center," AND ensure the FULL ADDRESS of the location is documented in your Intervention > Notes tab. E.g., Place of Service : Therapy services were provided at : Douglass Community Center, 2305 Douglass Blvd, Louisville, KY 40205. **PLEASE CHANGE THIS IF THE SERVICE SITE CHANGES!!!**