



Medicare Documentation Requirements Explained

The documentation requirements for an initial and a subsequent visit may vary from one payor to the next and should be followed per the Medical Review Policy of that payor. In the absence of any other guidelines, use the Medicare guidelines. Medicare's documentation requirements aid in proving medical necessity. These standards are published in most Chiropractic Local Coverage Determinations (LCDs) or Local Coverage Articles (LCAs) from your Medicare Administrative Contractor (MAC). Just as no two patients are the same, documentation varies, too—it must be appropriate for the conditions being treated. This tool strives to clarify the stated requirements.

Initial Visit

Initial visit notes tend to be more robust than daily routine office visits or SOAP notes. An Evaluation and Management (E/M) service is documented in an initial visit and lays the groundwork for the entire course of treatment. An initial visit is any visit that kicks off a new episode of care, whether for a new or returning patient. **Note:** This can include an existing patient presenting with a new condition, an exacerbation, or a new injury.

Medicare's Stated Requirement	What It Means
<p>A detailed patient history that includes:</p> <ul style="list-style-type: none"> Symptoms that caused the patient to seek treatment and when the problem started Description/mechanism of the current injury Quality, character, frequency, and location of the symptoms His/her relevant family history and past health history 	<ul style="list-style-type: none"> Each initial visit, whether a new patient or new episode of active care, must include necessary history components of the E/M service, beyond simple "subjective" Identification of specific functional activities that are affected by the condition, including measurable deficits in Activities of Daily Living (ADLs). With multiple complaints, outline each complaint with details as noted The initial visit documentation clearly forms the baseline, foundational visit for the episode of care, detailing why the patient is seeking care There is a clear mechanism of injury, or comments regarding when the condition started, if no clear injury has occurred, rule out accidents, slips, trips and falls and indicate when the pain started. Update any changes in family and health history, and social history or habits on returning patients, as appropriate
<p>An evaluation of the musculoskeletal & nervous system determined through a physical exam</p>	<ul style="list-style-type: none"> The components of PART should be present for all spinal regions in which there is a complaint. If using x-ray to identify the subluxation, include the findings and date of the study. Appropriate orthopedic and neurological test performed to quantify the complaints and justify the diagnosis Specific segments for primary areas to be treated are clearly indicated Secondary compensations, or asymptomatic findings are clearly indicated Include additional body systems or areas that may be affecting, or be affected by, the presenting problem.
<p>A diagnosis (Note: the primary diagnosis for Medicare must be subluxation) that includes a stated level or that is identified by a term descriptive of subluxation.</p>	<ul style="list-style-type: none"> The medical record contains written diagnoses for each condition/region to be addressed, with or without ICD-10 codes Diagnoses are "coupled" per the Medicare rules, with primary as subluxation (segmental dysfunction) and secondary as the neuromusculoskeletal diagnosis, listed for each spinal region.
<p>A plan for treatment including recommended level of care (duration and frequency of visits); the specific functional treatment goals related to the impacted activities of daily living; and objective measures to evaluate the effectiveness of the treatment.</p>	<ul style="list-style-type: none"> Include the expected duration in days/weeks/month for this active episode of care Indicate the frequency of visits up to the first re-evaluation or discharge if the episode is expected last less than a month. List short-term and long-term goals related to the functional deficits collected in the history section of the note. Ensure they can be easily measured on a visit-to-visit basis. Indicate what effectiveness measure you plan to use to determine whether the treatment is working. Often, Outcomes Assessment Tools (OATs) are used, and the initial score is recorded with a goal score. This is easily measured at re-evaluation intervals.

2013 Medicare Documentation Guidelines

RJ Alexander



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The OTA's Guide to Documentation Marie Morreale, 2024-06-01 The bestselling newly updated occupational therapy assistant OTA textbook *The OTA's Guide to Documentation Writing SOAP Notes Fifth Edition* explains the critical skill of documentation while offering multiple opportunities for OTA students to practice documentation through learning activities worksheets and bonus videos The Fifth Edition contains step by step instruction on occupational therapy documentation and the legal ethical and professional documentation standards required for clinical practice and reimbursement of services Students and professors alike can expect the same easy to read format from previous editions to aid OTAs in learning the purpose and standards of documentation throughout all stages of the occupational therapy process and different areas of clinical practice Essentials of documentation reimbursement and best practice are reflected in the many examples presented throughout the text Worksheets and learning activities provide the reader with multiple opportunities to practice observation skills and clinical reasoning learn documentation methods create occupation based goals and develop a repertoire of professional language Templates are provided to assist beginning OTA students in formatting occupation based SOAP notes and the task of documentation is broken down into smaller units to make learning easier Other formats and methods of recording client care are also explained such as the use of electronic health records and narrative notes This text also presents an overview of the initial evaluation process delineating the roles of the OT and OTA and guidelines for implementing appropriate interventions New in the Fifth Edition Incorporation of the Occupational Therapy Practice Framework Domain and Process Fourth Edition and other updated American Occupational Therapy Association documents Updated information to meet Medicare Part B and other third party payer requirements Revised clinical terminology on par with current trends Added examples from emerging practice areas Expanded tables along with new worksheets and learning activities Included with the text are online supplemental materials for faculty use in the classroom this includes access to supplemental website worksheets learning activities and scenario based videos to practice the documentation process

Preparing for The Occupational Therapy Assistant National Board Exam: 45 Days and Counting Rosanne DiZazzo-Miller, Fredrick D. Pociask, 2017-08-30 *Preparing for the Occupational Therapy Assistant Board Exam 45 Days and Counting* provides a comprehensive overview for occupational therapy assistant students preparing to take the Certified Occupational Therapy Assistant COTA exam Each new print copy includes Navigate 2 Preferred Access that unlocks a complete eBook Study Center Homework and Assessment Center Navigate 2 TestPrep with over 500 practice questions

Management and Administration for the OTA Karen Jacobs, 2024-06-01 Comprehensive skills in management administration and leadership are essential for occupational therapy assistants OTA in their daily interactions with their clients in various health care environments *Inside Management and Administration for the OTA Leadership and Application Skills* Dr Karen Jacobs has gathered an expert team of 11 contributors of clinicians academicians administrators managers

and graduate students to address each of the ACOTE Standards with a focus on evidence based literature and examples of the leadership and management skills needed as an OTA What you will learn from Management and Administration for the OTA Contexts and Health Care the potential impact of policy issues as they relate to the practice of occupational therapy Leadership and Advocacy two important roles that OTAs need to assume to be agents of change Credentialing introduces the national requirements for credentialing and for licensure certification or registration under state laws Reimbursement the various reimbursement systems requirements that affect the practice of occupational therapy Marketing and Promoting The role of the OTA to promote the distinct value of occupational therapy to the public as well as other professionals service providers consumers third party payers and regulatory bodies Documentation and Quality Improvement to ensure the OTA provides the highest quality of occupational therapy services Supervision to understand the important relationship between the OTA the OT and nonprofessional personnel Fieldwork to understand the role criteria and components of the OTA in fieldwork education Communication Skills define health literacy and discuss how to use this concept to better understand the client the client s health environment and the client s occupations and health activities Ethics explore the components of ethics that impact the delivery of occupational therapy and the foundational skills and knowledge needed by the OTA to maintain high standards of responsible ethical practice Scholarship and Scholarly Practice assists the OTA with how to articulate the importance of how scholarly activities and the evidence based literature contribute to the distinct value and advancement of occupational therapy The chapters of Management and Administration for the OTA Leadership and Application Skills also includes 5 key vocabulary terms and their definitions case examples relevant to the content website resources and multiple choice review questions Included with the text are online supplemental materials for faculty use in the classroom Straightforward comprehensive and user friendly Management and Administration for the OTA Leadership and Application Skills will provide OTA students and clinicians with an essential resource for their future success

"Code of Massachusetts regulations, 2013" ,2013 Archival snapshot of entire looseleaf Code of Massachusetts Regulations held by the Social Law Library of Massachusetts as of January 2020 Kozier & Erb's Fundamentals of Nursing Australian Edition Audry Berman,Shirlee J. Snyder,Barbara Kozier,Glenora Lea Erb,Tracy Levett-Jones,Trudy Dwyer,Majella Hales,Nichole Harvey,Lorna Moxham,Tanya Park,Barbara Parker,Kerry Reid-Searl,David Stanley,2014-12-01 Kozier and Erb s Fundamentals of Nursing prepares students for practice in a range of diverse clinical settings and help them understand what it means to be a competent professional nurse in the twenty first century This third Australian edition has once again undergone a rigorous review and writing process Contemporary changes in the regulation of nursing are reflected in the chapters and the third edition continues to focus on the three core philosophies Person centred care critical thinking and clinical reasoning and cultural safety Students will develop the knowledge critical thinking and clinical reasoning skills to deliver care for their patients in ways that signify respect acceptance empathy connectedness cultural sensitivity and

genuine concern *Health Insurance Today - E-Book* Janet I. Beik, 2017-08-05 Learn to comprehend the complexities of health insurance Using a reader friendly approach *Health Insurance Today A Practical Approach 6th Edition* gives you a solid understanding of health insurance its types and sources and the ethical and legal issues surrounding it This new edition incorporates the latest information surrounding ICD 10 the Patient Protection and Affordable Care Act and other timely federal influencers as it guides you through the important arenas of health insurance such as claims submission methods the claims process coding reimbursement hospital billing and more Plus with hands on UB 04 and CMS 1500 02 12 case studies on Evolve you will come away with a clear understanding and working knowledge of the latest advances and issues in health insurance CMS 1500 02 12 software with case studies gives you hands on practice filling in a CMS 1500 02 12 form electronically What Did You Learn review questions ensure you understand the material already presented before moving on to the next section Imagine This scenarios help you understand how information in the book applies to real life situations Stop and Think exercises challenge you to use your critical thinking skills to solve a problem or answer a question Clear attainable learning objectives help you focus on the most important information and make chapter content easier to teach Chapter summaries relate to learning objectives provide a thorough review of key content and allow you to quickly find information for further review Direct conversational writing style makes reading fun and concepts easier to understand HIPAA tips emphasize the importance of privacy and following government rules and regulations NEW Updated content on the latest advances covers the most current information on Medicare Electronic Health Records Version 5010 and much more NEW Expanded ICD 10 coverage and removal of all ICD 9 content ensures you stay up to date on these significant healthcare system changes NEW UB 04 software and case studies gives you hands on practice filling out electronic UB 04 forms NEW UNIQUE SimChart for the Medical Office case studies gives you additional real world practice **Medicare and Medicaid Guide**, 1969 *Principles and Practice of Hospital Medicine, Second Edition* Sylvia C. McKean, John J. Ross, Daniel D. Dressler, Danielle Scheurer, 2016-10-22 The leading textbook of hospital medicine completely updated to reflect today's challenges A Doody's Core Title for 2021 Since its publication in 2012 *Principles and Practice of Hospital Medicine Second Edition* has become the field's premier resource Comprehensive authoritative and practical this landmark text provides a solid grounding in clinical organizational and administrative areas central to the practice of hospital medicine The Second Edition has been completely updated to reflect the evolving practice responsibilities of hospitalists Examples include value based medicine expanded surgical content bedside clinical reasoning and a new segment devoted to rehabilitation and skilled nursing care This edition also features a more accessible and streamlined full color design enriched by more than 600 illustrations Each clinical chapter opens with boxed Key Clinical Questions that are addressed in the text and summarized in hundreds of tables Case studies demonstrate how to apply this information specifically to the management of hospitalized patients Representing the expertise of more than two hundred renowned contributors *Principles*

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The Beacon Guide to Medicare Service Delivery Beacon Health,2010-01-01 **Principles and Practice of Hospital Medicine** Sylvia C. McKean,2012-04-19 The definitive guide to the knowledge and skills necessary to practice Hospital Medicine Presented in full color and enhanced by more than 700 illustrations this authoritative text provides a background in all the important clinical organizational and administrative areas now required for the practice of hospital medicine The goal of the book is provide trainees junior and senior clinicians and other professionals with a comprehensive resource that they can use to improve care processes and performance in the hospitals that serve their communities Each chapter opens with boxed Key Clinical Questions that are addressed in the text and hundreds of tables encapsulate important information Case studies demonstrate how to apply the concepts covered in the text directly to the hospitalized patient Principles and Practice of Hospital Medicine is divided into six parts Systems of Care Introduces key issues in Hospital Medicine patient safety quality improvement leadership and practice management professionalism and medical ethics medical legal issues and risk management teaching and development Medical Consultation and Co Management Reviews core tenets of medical consultation preoperative assessment and management of post operative medical problems Clinical Problem Solving in Hospital Medicine Introduces principles of evidence based medicine quality of evidence interpretation of diagnostic tests systemic reviews and meta analysis and knowledge translations to clinical practice Approach to the Patient at the Bedside Details the diagnosis testing and initial management of common complaints that may either precipitate admission or arise during hospitalization Hospitalist Skills Covers the interpretation of common low tech tests that are routinely accessible on admission how to optimize the use of radiology services and the standardization of the execution of procedures routinely performed by some hospitalists Clinical Conditions Reflects the expanding scope of Hospital Medicine by including sections of Emergency Medicine Critical Care Geriatrics Neurology Palliative Care Pregnancy Psychiatry and Addiction and Wartime Medicine "*Code of Massachusetts regulations, 2015*" ,2015 Archival snapshot of entire looseleaf Code of Massachusetts Regulations held by the Social Law Library of Massachusetts as of January 2020 "*Code of Massachusetts regulations, 2016*" ,2016 Archival snapshot of entire looseleaf Code of Massachusetts Regulations held by the Social Law Library of Massachusetts as of January 2020 *Medication Therapy Management, Second Edition* Karen Lynn Whalen,2018-04-05 Publisher s Note Products purchased from Third Party sellers are not guaranteed by the publisher for quality authenticity or access to any online entitlements included with the product Discover the medication therapy management solution with this definitive up to date sourcebook The need to improve the use of medications has major

implications for the nation's healthcare system Burdened by high costs and an ineffective process of providing medication therapy the current prescription drug environment poses considerable risks to patient safety Medication therapy management MTM is designed to address these deficiencies and this essential text gives pharmacists all the right MTM tools to identify and eliminate drug related problems that can cause potentially severe adverse events Medication Therapy Management delivers the most relevant insights into MTM a vital service that is gaining momentum due to the rapid growth of patient centered care healthcare information technology new practice models e g Patient Centered Medical Home and new payment methods Cohesively organized this expert authored guide begins with an introduction to data sets for MTM covering essential topics such as establishing quality and performance improvement the payer perspective conducting the comprehensive medication review and reimbursement The second part of Medication Therapy Management reviews MTM data sets for a wide spectrum of disorders from asthma and atrial fibrillation to HIV and heart disease Enhanced by the latest perspectives on therapeutics including completely up to date tables throughout Medication Therapy Management is a practical skill building roadmap for optimizing drug therapy and enhancing patient outcomes Features Everything you need to provide successful MTM services and empower patients to take an active role in their medication and overall healthcare Turnkey disease based data sets help you apply proven MTM principles to common disorders Helpful appendices cover therapy management characteristics and answers to key questions the MTM practice model and training survey and the Medicare Part D MTM program standardized format

"Code of Massachusetts regulations, 2014", 2014 Archival snapshot of entire looseleaf Code of Massachusetts Regulations held by the Social Law Library of Massachusetts as of January 2020

The Beacon Guide to Medicare Service Delivery Beacon Health, 2013-02 Updated to reflect the 2013 PPS Final Rule The Beacon Guide to Medicare Service Delivery 2013 Edition helps your staff understand how to deliver and document patient care in compliance with the Medicare rules Newly expanded to include care planning and navigating the CMS 485 the Beacon Guide remains the industry leader in providing complete interpretation and compliance guidelines on all PPS regulations What's New in the 2013 Edition The Beacon Guide has been reviewed for accuracy and updated to reflect changes based on the 2013 PPS Final Rule Analysis of how to comply with the updated face to face physician encounter requirement including strategies to complete required documentation Guidance on new therapy coverage and reassessment changes including tips on how to meet assessment timelines and ensure documentation accuracy Survey preparation strategies under the revised survey process Benefit from this manual by Giving staff a working knowledge of the current regulations Implementing checks to ensure services are delivered according to regulations Producing documentation that supports compliance and payment claims

Physicians Fee & Coding Guide, 2011 Communicating Clinical Decision-Making Through Documentation: Coding, Payment, and Patient Categorization Eric Shamus, Debra F. Stern, William F. McGehee, 2021-02-01 Publisher's Note Products purchased from Third Party sellers are not guaranteed by the publisher

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Documentation for Rehabilitation Lori Quinn,James Gordon (Ed.D.),2010 In this textbook Quinn and Gordon provide a general approach to documentation that can be adapted to different settings for physical therapy students and professionals They emphasize the concept that clinical reasoning is reflected in documentation and vice versa and that documentation is a framework for clinical decision making They cover each documentation component and examples and exercises that relate to areas such as rehabilitation women s health health and wellness orthopedics and acute care This edition has been revised and expanded and includes new chapters on payment policy and coding legal aspects pediatrics and computerized documentation and incorporates the International Classification of Functioning Disability and Health model

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oiling 370ml water 75g pitted kalamata black olives 1 small red onion 10 cherry tomatoes 1 tbsp dried oregano about 150ml
olive oil to drizzle flaky sea salt method 1

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put the loaf tray on the middle shelf and bake for 25 minutes then lower the oven to 200 c 392 f gas mark 6 and bake for 10
15 minutes more until the crust has a good colour hold the loaf in a tea towel and tap the bottom if it sounds hollow it s

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method mix all the ingredients in a large bowl taking care not to put

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meanwhile heat the oven to 230 c 210 c fan 450 f gas 8 and put a roasting tray in the bottom of the oven to heat up step 9 remove the risen loaf from the bag and dust with flour fill the roasting tray with cold water to create steam and put the bread in the oven bake for 15 minutes then lower the oven to 190 c 170 c fan 375 f gas 5

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