



January 2019

As we move into 2019, our focus is honed on the new payment model going in to effect in October, PDPM. However, CMS continues to review current trends and initiate audits without a break in sight. With the continuation of Targeted Probe and Education (TPE) audits on the rise, strong supporting documentation, accurate billing practices and managing patient stays appropriately *must* be the focus of our treatment each and every day.

Even though audits are common place, in our industry they vary in purpose; therefore, understanding the intent allows providers to respond confidently to requests. Audits are being conducted in efforts to confirm that the billing and documentation practices of provider's are accurate and supported throughout the episode of care.

The current trends that are being "targeted" are, for Medicare part A, RUG utilization and average length of stay, and for Medicare Part B, over utilization of the CPT codes 97110 (Therapeutic Exercise) and 97530 (Therapeutic Activities). Providers and clinicians alike provide skilled interventions based on the patient's need and, Medicare is utilizing these audits to validate documentation supporting these services.

Although TPE audits are not a new trend to the industry, the increase in volume definitely has heightened provider's awareness with lots of questions. The most frequent question being asked at this time is, "why my facility?"

Rest assured if you have recently received an audit of this type, you are not alone. We, at Reliant, are here to assist you with all your audit and appeal needs. Please do not hesitate to reach out to our clinical appeals department for any questions or concerns at clinicalappealsteam@reliant-rehab.com.