

Regulatory Tips for PHYSICIAN Orders

Per Medicare Requirements, Physician-generated orders for Evaluate and Treat orders must be in place prior to initiating therapy. Following completion of the eval/POC, the physician must sign the plan of care within 30 days. Additionally, many facilities require a clarification order which should be written by therapy but handed off to nursing to get it into the patient's chart, per facility process.

Therefore, it is CPT Policy that an Evaluation **cannot** be initiated until there are orders in the chart for eval and treat. The evaluating therapist must verify that the orders are there, not relying on a verbal ok from nursing. If orders are not in the chart we must ask nursing to request them and **await the orders** to be entered into the chart **prior to initiating the Eval**.

The clarification order is to be written immediately **after** completion of the evaluation. It is a clarification of the physician's order to (evaluate and) **treat** and is based on the findings of the evaluation and development of the plan of care. It is **not** a substitute for the Initial Eval and Treat order because it is written **after** the evaluation has been completed.

The physician eval and treat order must be in place to initiate the eval all together and if it is not there, there is a risk of denial.

Once the eval/recert is complete the physician must sign the POC (evals and recerts) within 30 days. While it is the physician's responsibility to sign and date the POC timely, we have responsibilities in the process as well

- Submit all completed POCs to the physician as soon as possible to allow him/her the full 30 days to sign and return them.
- Create a tracking system to follow-up on the POCs on a weekly basis to ensure timely signature.
- Review your processes for obtaining signature and determine how well they are working, making adjustments accordingly.
- Identify specific physicians who are frequently late in signing the POCs.
- Work with the facility to facilitate obtaining timely signatures.

If the POCs (evals & recerts) are not signed timely, there is a risk of denial. However, we must never suggest to a physician, who has not signed a therapy POC in a timely manner, to date it any other date, than when they actually sign it. To request a back date is not an acceptable practice as, typically, it is done to make someone believe the document is in compliance with a regulation when it is not.

Additionally, no one is allowed to date another person's signature. If the physician fails to date their signature, no one is allowed to add a date for them. Likewise, it is not acceptable to predate a signature for the PHYSICIAN prior to sending it to him. However, you can write in the

date-space "Received on (date) by (initials)." Or you can rely on the date of the faxed cover sheet, if faxed from the physician, to identify the date received.

A denial is not guaranteed if a signature was not obtained, with a late signature or with an undated signature. There are acceptable reasons for lack of or late signatures including documentary evidence of good faith attempts to obtain the physician signature and therefore, as noted above, it is important to keep track of all attempts. It is also important to set up a working system in the first place.

CPT has put in place Clinisign to assist in achieving compliance with PHYSICIAN signatures on the POCs. Contact Tom Tripicchio for setting this up with your facility.

The best alternative system that we have found is a Tickler System. See attached instructions for how to set up that system.

Either way a tracking method is required. **Please notify your Regional of your method of tracking moving forward.**