

Rehab Director's Forum. Question on 2 part evals

At XXXwe may do 2 sessions. The first session is eval and billed as such. The 2nd session would include Tests & Measures and be billed Tests & Measures.

We have been told we can't bill if they come back to finish the testing, but we have told the therapist if they have enough information to recommend therapy, we can suggest additional testing be done when therapy begins.

We do allow therapists to bring a family back in order to complete testing. It should be used sparingly and should happen as quickly as possible. We block the therapists schedule to prevent other patients from being scheduled. We do not register or bill for the second eval, as the eval charges are Fee-For-Service. We do document that we saw the patient for the completion of testing. This most frequently occurs with school-age children with language-learning difficulties.

We have the therapist bring the child back in and then charge for the evaluation on the first visit and count statistical units (covers time but no charge) for the second time.

I believe payers in our state only permit one eval visit. Staff complete as much as they can in that visit and if there are additional tests or activities that they wish to add in, they simply bill those under the most appropriate treatment billing code. .

The expectation is that the therapists will complete evaluations in one session- however, there are occasionally instances where this does not happen... We cannot charge for the second day. To reflect their productivity, the therapist may "track" the time spent (not a billable charge). Documentation on the report will also reflect the time spent for both days on the Time In/Time Out with some notation in the narrative about the need to complete the evaluation over two sessions. Even though we would allow a second visit, there are times that the family cannot return. In these rare instances, a report must me provided explaining the results that had been gathered and further explaining the lack of full information, reason for limited information, and need for further formal testing.

Yes, we do if they are unable to complete it in the first visit. As evaluations are untimed, we do not bill for a return visit unless treatment is initiated on that visit. If so, they only bill for the treatment portion. (They come back for an hour with 30 minutes finishing the evaluation and 30 minutes being treatment time. They would bill 2 units treatment time.) As mentioned above, we have them finish it on the next visit but only bill for actual treatment rendered.

We do allow for part one and part two evals. Our EMR has a tab for Session 1 and Session 2. We account for our time at each session, but the charges are not dropped until the second session, when we know the total evaluation time. We bill one visit, and drop the charge on day 2.

Sometimes this happens and we have to do diagnostic treatment. We try our best to get it done in one visit. If we get treatment authorized we bill it as dx tx. Sometime we have to eat it.

This pretty rarely comes up for us. We have instructed them that they need to bill for what they are providing. Because our evaluations are not time based billing, it may be that they bring them back and it is part evaluation and part treatment, so they would apply the treatment charge. If it is an extenuation of the same evaluation, because it is not time based, we would not charge additionally, although we really discourage this. The underlying principle is that you have to bill for what you are doing and to be able to justify that (we all adhere to that principle as our professional ethics, so not new to anyone in this list serve). The challenge is that if you do two evaluation charges then you generally can only get paid for one. We do have a "basic" and a "complex" evaluation charge, so if the visit is cut short, but they still have a little more testing to do, they could charge a complex evaluation charge and that would cover both sessions. Generally bill on the first one, then enter a no charge fee sheet for the second so we can track the productivity separate from the dollars

No we do not bring patients back to finish the eval. They should be able to collect enough info to justify therapy service during the scheduled eval, only 60 minutes here. Additional data collection, goal adjustments can occur during the first session if need be. If the family is more than 30 minutes late for the eval we encourage them to reschedule, we are clear that the therapist does not have an extended period of time. Sometimes they choose to stay. We have had some recent discussion about what is a "good" eval in the eyes of family vs a therapist. We (therapists) set our expectations very high.

Often just a little more testing is needed and does not prevent from developing a plan of care. That little extra testing would then be completed in the first tx (extended to 45-60 min) session prior to patient care and would be billed as treatment time. However, on rare occasions, when unable to create a plan of care because the assessment was insufficient in the first session, we would not charge for that second visit to finish the assessment and care planning. We reschedule patients who show up 10 minutes late or more for their evaluation because of this very issue.
