


<b>Name of Policy:</b>	<u>Certification of Plans of Care</u>		
<b>Policy Number:</b>	3364-137-IPO-04		
<b>Department:</b>	Rehabilitation Services		
<b>Approving Officer:</b>	Chief Operating Officer - UTMC		
<b>Responsible Agent:</b>	Director, Therapy Services		<b>Effective Date:</b> 12/1/2022
<b>Scope:</b>	Rehabilitation Services		Initial Effective Date: 2/2009
<input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy		<input type="checkbox"/> Minor/technical revision of existing policy <input checked="" type="checkbox"/> Reaffirmation of existing policy	

**(A) Policy Statement**

Referring physicians' signature to certify Medicare beneficiaries' rehabilitation plans of care for medical necessity shall be obtained.

**(B) Purpose of Policy**

To facilitate compliance with Medicare regulations requiring physician certification of rehabilitation plans of care for medical necessity.

**(C) Procedure**

1. After completion of the initial evaluation, the therapist will complete the initial evaluation documentation and plan of care in the electronic medical record system. Document will then be electronically dropped into referring physicians HPF file. In case of failure of electronic transmission, faxing of reports will be used as back up.
2. Each discipline is responsible for their own separate certified plan of care.
3. The clerical staff will be responsible for establishing and maintaining pre-certification documentation and updates of visits authorized.
4. Plans of care for which physician certification is not obtained will be returned to the appropriate therapist(s) who will be responsible for contacting the physician's office to obtain the needed signature.
5. If still unsuccessful after attempting to contact referring physician. The responsible therapist will contact the patient who will be put on hold until physician signature is obtained.

