



COMMISSIONER
Jon Weizenbaum

June 3, 2016

To: Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Conditions (ICFs/IID)
Nursing Facilities (NFs)

Subject: Provider Letter No. 16-17 — Supporting Physician Documentation

In accordance with the Improper Payments Elimination and Recovery Improvement Act of 2012 (IPERIA), the Centers for Medicare & Medicaid Services (CMS) conducted a Payment Error Rate Measurement (PERM) review for FY 2014 claims from NFs and ICFs/IID. From the review, CMS identified deficient practices related to documentation of physician services.

As a result, this letter serves to remind you about some of the rules that require documentation related to physician services. If you do not maintain documentation required by these rules, DADS may penalize you. In addition, in accordance with [Title 42 Code of Federal Regulations §431.970\(b\)](#), you must provide CMS with medical records of Medicaid beneficiaries when CMS requests them.

NFs

In accordance with Texas Administrative Code, [Title 40, Part I, Chapter 19 \(40 TAC\), §19.1202, Physician Visits](#), a physician must:

- review orders relating to a resident's total program of care, including medications and treatments, according to the visit schedule required by [40 TAC §19.1203\(2\), Frequency of Physician Visits](#) (see below); revise the orders, if necessary; and sign the orders;
- write, sign, and date progress notes at each visit;
- sign and date all orders written by the physician; and
- provide documentation in the clinical record as specified in [40 TAC §19.1911](#) and [40 TAC §19.1912](#) (relating to Contents of the Clinical Record and Additional Clinical Record Service Requirements).

In accordance with [40 TAC §19.1203\(2\) Frequency of Physician Visits](#), a resident of a Medicaid-certified nursing facility or a Medicare skilled nursing facility must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least once every 60 days thereafter. In a Medicare skilled nursing facility, a physician may delegate this requirement to certain health care providers in accordance with §19.1203(3) and §19.1205. Section 19.1203 also provides that physician visit is considered timely if it occurs not later than ten days after the visit is required.

Provider Letter No. 16-17

June 3, 2016

Page 2

ICFs/IID

In accordance with [40 TAC §9.213 Records](#), an ICF/IID program provider must maintain a copy of each resident's most recent physician's orders, including treatment and diet orders, and the most recent nursing care plan, if the resident has one.

If you have questions about this letter, please contact a policy specialist in the Policy, Rules and Curriculum Development section at 512-438-3161.

Sincerely,

[signature on file]

Mary T. Henderson
Assistant Commissioner
Regulatory Services

MTH:cg