Medicare documentation, without the gaps.

The recurring requirements that trip up outpatient therapy claims: certification timelines, progress reporting, and the medical-necessity elements payers look for. Use it as a pre-sign checklist; Eluve captures most of these directly from the visit.

Plan of care & certification

- [ ] **Evaluation & POC** established with diagnosis, long- and short-term goals, interventions, frequency, and duration.
- [ ] **Physician/NPP certification** of the POC obtained, generally within 30 days of the initial evaluation.
- [ ] **Recertification** at least every 90 days, or sooner if the POC changes significantly.
- [ ] **Signature & credentials** with date on every note; co-sign where required.

Progress reporting

- [ ] **Progress report** at least every 10 treatment days (or the payer's interval, whichever is sooner).
- [ ] **Objective, measurable outcomes** vs. baseline: ROM, strength, standardized measures.
- [ ] **Goal status** updated: met, progressing, or revised with rationale.
- [ ] **Continued medical necessity** justified for ongoing skilled care.

Medical necessity: every daily note

- [ ] **Skilled intervention** that requires a therapist's expertise (not unskilled or maintenance care).
- [ ] **Timed-code minutes** with exact start/stop times; units match the 8-minute rule.
- [ ] **Patient response** and any change in status documented.
- [ ] **KX modifier** applied once the annual therapy threshold is exceeded, with necessity documented.

How Eluve helps. It flags plan-of-care certification and re-certification timelines, generates progress reports at the required intervals with measurable outcomes and goal status, and captures the skilled-care detail and timed units that support medical necessity, so fewer gaps reach the payer.