Physical, Occupational, and Speech Therapy Services

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Overview of Therapy Services
What are the Requirements?

- Physical Therapy (PT)
- Occupational Therapy (OT)
- Speech and Language Pathology (SP)
All Therapy Services (PT, OT, SP)

Therapy services may be covered under:

• Therapy services are a covered benefit in §§1861(g), 1861(p), 1861(s)(2)(D), and 1861(ll) of the Social Security Act.

• Therapy services may also be provided “incident to” the services of a physician/NPP under §§1862(a)(20) of the Social Security Act (SSA).
All Therapy Services (PT, OT, SP)

Conditions of Coverage and Payment
(42 CFR 424.24(c), 424.27 and SSA § 1835(a)(2)(D))

- Services are required based on individual needs
- Services are under a Plan of Care
- Patient must be under the care of a physician or NPP
- These conditions are considered to be met when the physician / NPP certifies the outpatient plan of care
- Furnished on an outpatient basis

Above conditions are met when a physician/ NPP certifies the therapy plan of care.
Documentation of Therapy Services

- Evaluations and Reevaluations
- Plan of Care
  - Therapy Goals
- Certification /Recertification
- Progress Reports
- Treatment Notes for each treatment day
- Exception justification
Plans of Care

— Services must relate directly and specifically to a written treatment plan.

— Must be established by:
  • Therapist who will provide the services (PT, OT, SP)
  • Physician/NPP

— Must be
  • Signed
  • Dated
  • And have the professional’s identification (e.g. MD, PT, OT)
Plan of Care

• The plan of care shall contain, at minimum:
  – Diagnoses,
  – Long term treatment goals,
  – Type, amount, duration and frequency of therapy services.
    • Amount of treatment refers to the number of times in a day the type of treatment will be provided
    • Frequency refers to the number of times in a week the type of treatment is provided
    • Duration is the number of weeks, or the number of treatment sessions

(42CFR424.24, 42CFR424.27, 410.105 and 410.61)
No order or referral is required for outpatient therapy services.

An order, where it exists (sometimes called a referral) for therapy service, if it is documented in the medical record, provides evidence of both the need for care and that the patient is under the care of a physician.

If the signed order includes a plan of care no further certification of the plan is required.

Payment is dependent on the certification of the plan of care rather than the order.
Certification / re-certification may be signed by:

- Physicians and NPPs
- Optometrists may certify only low vision services
- Podiatrists consistent with the scope of professional services as authorized by applicable state law

Note - Chiropractors and Dentists may not refer patient for therapy services nor certify therapy plans of care
Certifications / Recertification

• Certification is a physician’s / NPPs approval of a plan of care
  – It indicates the service was provided under the care of a physician for a patient who needs/needed therapy services

• Acceptable documentation of certification may be a:
  – Physicians/NPP progress note
  – Physician/NPP order
  – Plan of Care signed and dated by Physician/NPP

• There is no specific form or format that is required
All Therapy Services (PT, OT, SP)

Certifications/ Recertification

• Timing of Certifications
  – Initial Certification by Physician/NPP
    • Should certify the plan as “soon as possible”, or within 30 days of the initial therapy treatment

• Timing of recertification
  – Continued or modified therapy
    • Should be signed whenever the need for a significant modification of the plan becomes evident,
    • Or at least every 90 days after initiation of treatment under that plan, unless they are delayed
“Delayed certification and recertification requirements shall be deemed satisfied where, at any later date, a physician/NPP makes a certification accompanied by a reason for the delay. Certifications are acceptable without justification for 30 days after they are due. Delayed certification should include one or more certifications or recertification's on a single signed and dated document.”
What does a Therapist do?

Devise a Plan of Care

- Establishes a rehabilitation diagnosis
- Individualized plan for each patient based on the evaluation / examination
- Establish a treatment program
  - Specific interventions to be used to treat the patient’s needs
    - (i.e. therapeutic exercise, functional training, manual therapy techniques, adaptive devices / equipment needs, modalities)
- Establish anticipated goals, expected outcomes, any predicted level of improvement
  - Short term goals (optional)
  - Long term goals
  - Determine the intensity, frequency, and duration for care
- The plan of care includes the anticipated discharge plans
Documentation of Therapy Services

Progress reports
Provides justification for the medical necessity of treatment
Information required in the progress reports shall be written by a clinician.

• The physician/ NPP who provides or supervises the service, or
• The therapist who provides the service and supervises the assistant

The end of the Progress Reporting Period is:
• A date chosen by the clinician
• The 10th treatment day
• or the 30th calendar day of the episode of treatment
  Which ever is shorter
The dates for recertification of plans of care do not affect the dates for required Progress Reports.
The evaluation is performed on Oct. 2\textsuperscript{nd}, the progress report is due Oct 24\textsuperscript{th} since this is the 10\textsuperscript{th} visit.

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In this example, the evaluation is performed on Oct 1\textsuperscript{st} and the 10\textsuperscript{th} visit is on the 31\textsuperscript{st} – one day after the 30\textsuperscript{th} calendar day. The Progress Report would be due on the 8\textsuperscript{th} treatment day or the 29\textsuperscript{th} calendar day.

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Progress Reports for Services Billed Incident to a Physician’s Service

• Incident to services requires for example, the physician’s initial service, direct supervision of therapy services, and subsequent services of a frequency which reflect his/her active participation in and management of the course of treatment.

• Supervision and reporting requirements for supervising physician/NPPs supervising staff are the same as those for PTs and OTs supervising PTAs and OTAs with certain exceptions noted below.

• **When a therapy service is provided by a qualified therapist,** supervised by a physician/NPP and billed incident to the services of the physician/NPP, the Progress Report shall be written and signed by the therapist who provides the services.

• When the services incident to a physician are **provided by “qualified personnel” who are not licensed therapists (but who are trained as therapists according to 42 CFR 484.4),** the ordering or supervising physician/NPP must personally provide at least one treatment session during each Progress Report Period, and write and sign the Progress Report.
Treatment Encounter Note – It is a record of all treatment

- Documentation is required for every treatment day, and every therapy service, it must record the:
  - Date of treatment
  - Treatment, intervention, or activity
  - **Total timed code treatment minutes and total treatment time minutes** (Includes timed codes and untimed codes)
  - Signature and professional identity of the qualified professional furnishing the treatment
  - Additional information may be included (response to treatment, changes)

The format may vary depending on the therapist and the clinical setting.
• Services should be appropriate type, frequency, intensity, and duration for the individual needs of the patient
  – The fact that services are billed is not necessarily evidence that they were appropriate
  – Documentation of objective measures
  – Needs of the patient
    • Contributing factors i.e. motivation, cognition, onset, psychological stability, social stability
All Therapy Services (PT, OT, SP)

Reasonable and Necessary Services
Reasonable and Necessary

- Services meet accepted standards of medical practice
- Specific and effective treatment for the condition
- A level of complexity / sophistication or the condition of the patient shall be such that the services required can be safely and effectively performed only by a qualified therapist (or supervised PTA/OTA), and
- Patient’s clinical condition requires the skills of a therapist
Services require the skills of a therapist

- Services must not only be *provided* by the qualified professional (or by qualified personnel for incident to services), *but they must require*, the expertise, knowledge, clinical judgment, decision making and abilities of a therapist that assistants, qualified personnel, caretakers or the patient cannot provide independently.

- A clinician may not merely supervise, but must apply the skills of a therapist by actively participating in the treatment of the patient during each Progress Report Period.

- In addition, a therapist’s skills may be documented, for example, by the clinician’s descriptions of their skilled treatment, the changes made to the treatment due to a clinician’s assessment of the patient’s needs on a particular treatment day or changes due to progress the clinician judged sufficient to modify the treatment toward the next more complex or difficult task.
Reasonable and Necessary

• Beneficiary’s diagnosis is not the sole factor in determining coverage, the key is that the skills of the therapist were needed to treat the illness or injury.

• Amount, frequency, and duration must be reasonable under accepted standards of practice.
Acceptable practices for therapy services are found in:

- Medicare Manuals (Publications 100-2 and 100-4)
- Contractor’s Local Coverage Determinations (LCD and NCD)
- Guidelines and literature from the professions of
  - American Physical Therapy Association (APTA)
  - American Occupational Therapy Association (AOTA)
  - American Speech and Hearing Association (ASHA)
    » [http://www.asha.org/default.htm](http://www.asha.org/default.htm)
Rehabilitation therapy is reasonable and necessary for the recovery or improvement of function and when possible to restore function to previous level. Skilled services include:

- Evaluations and reevaluations
- Establishing treatment goals
- Designing a plan of care
- Ongoing assessment and analysis
- Instruction leading to development of compensatory skills
- Selection of devices to replace or augment a function
- Patient and caregiver training

Skilled rehabilitative therapy occurs when, “The skills of a therapist are necessary to safely and effectively furnish a recognized therapy service whose goal is improvement of an impairment or functional limitation.”
“Services that can be safely and effectively furnished by nonskilled personnel or by PTAs or OTAs without the supervision of therapists are not rehabilitative therapy services.

If at any point in the treatment of an illness it is determined that the treatment is not rehabilitative, or does not legitimately require the services of a qualified therapist for management of a maintenance program as described below, the services will no longer be considered reasonable and necessary [as rehabilitation therapy services].

Services that are not reasonable or necessary should be excluded from coverage under §1862(a)(1) of the Act.” (Benefit Policy Manual-Pub 100-02, Chapter 15, section 220.2, subsection C).
Rehabilitation Therapy
Reasonable and Necessary

• The potential for rehabilitation should be significant in relation to the extent and duration of services
• Expectation for improvement in a reasonable time (and generally predictable) period of time
• Evidence of improvement by successive objective measurements whenever possible
• Therapy is not necessary to improve function where a patient suffers a transient or easily reversible loss of function
  – ‘Spontaneous improvement’
Maintenance Services – Reasonable and Necessary

• Maintenance Services Considered to Be Unskilled When They:
  – Do not require the skills of a therapist to carry out the program
  – Could safely and effectively be accomplished by patient independently or by unskilled personnel or family / caregiver
  – These services are excluded under 1862(a)(1) of the SSA

• Maintenance Services Considered to Be Skilled When They:
  – Require the skills of a therapist to carry out the program, which occurs only when:
    • The patient’s special medical complications require the skills of a therapist to perform a therapy service that would otherwise be considered non-skilled, or
    • The needed therapy services are of such complexity that the skills of a therapist are required to perform the procedure
What is Considered “NOT Reasonable and Necessary”

• Services provided by -
  – Professionals or personnel who do not meet the qualification standards, and services by qualified people that are not appropriate to the setting or conditions are unskilled services
  – Services that are unskilled.

• Services provided for -
  – General exercises to promote overall fitness and flexibility and activities to provide diversion or general motivation, do not constitute therapy services for Medicare purposes.

• Services that are -
  – Not provided under a therapy plan of care, or are provided by staff who are not qualified or appropriately supervised, are not covered or payable therapy services.
Reasonable and Necessary Questions to Ask

• Treatment should be consistent with the nature/ severity of illness / injury
  – Is this a new or acute problem?
    • May need intensive focused care
      – E.g. reduce pain and/or work on a specific impairment or functional loss
  – Is this an old or chronic condition that needs retraining, or has had a change in condition?
    • May need to update or modify program
  – Is this an exacerbation of a condition?
    • May have to modify treatment, change assistive devices as the condition deteriorates
  – Are there other conditions (e.g. medical diagnosis) that are the underlying problem?
Reasonable and Necessary Questions to Ask

• Cognitive performance can impact care
  – What is the beneficiary’s ability to retain newly learned information (cognitive function)?
  – What is the beneficiary’s ability to participate and benefit from rehabilitative services?
Reasonable and Necessary Questions to Ask

Assessing Objective Measurable Gains for Rehabilitation Therapy

• Look at:
  – Changes in the level of assistance required to perform functional tasks
  – Changes in the types of functional activities/ tasks
  – Changes in the types of assistive devices
  – Improvement in rating of reported pain levels and changes in the ability to perform tasks given the reduction of pain
    • (E.g. - Ability to sit for a duration of time as a result of pain reduction)
Reasonable and Necessary Questions to Ask

• Considerations
  – Did the therapist consider the beneficiary’s goals?
  – Were the therapist’s and beneficiary’s goals realistic based on the beneficiary’s condition and,
  – For rehabilitation therapy did the therapist change goals/treatment plan in response to improvement or lack of improvement in the beneficiary’s condition?
  – Were there objective, measurable changes using standard scales and assessment tools?
  – What was the beneficiary’s response to treatment?
    • Did this change over time?
    • Was it sustained?
Services Provided “Incident to”

• To be covered, payable therapy services must require the skills of a therapist

• Provided according to therapy policies
  – Plan of Care
  – Be of a level of complexity that require that they be performed by a therapist or under the direct supervision of the therapist, physician/NPP who is licensed to perform them
  – By or under the ‘direct’ supervision of a physician/NPP authorized to practice therapy

• Direct supervision
  – The physician or NPP must be present in the office suite and immediately available

Reference: Medicare Benefit Policy Manual –Pub. 100-02, Chapter 15, section 230.5 for PT, OT, and SLP services provided incident to the physician/NPP.
Services Provided “Incident to” con’t

The mandatory assignment provision does not apply to therapy services furnished by a physician/NPP or "incident to" a physician's/NPP’s service. However, when these services are not furnished on an assignment-related basis; the limiting charge applies.

For emphasis, following are some of the standards that apply to therapy services billed incident-to the services of a physician/NPP in the physician’s/NPP’s office or the beneficiary’s residence.

- A. Therapy services provided to the beneficiary must be covered and payable outpatient rehabilitation services as described, for example, in this section as well as Pub. 100-08, chapter 13, §13.5.1.
- B. Therapy services must be provided by, or under the direct supervision of a physician (a doctor of medicine or osteopathy) or NPP who is legally authorized to practice therapy services by the state in which he or she performs such function or action. Direct supervision requirements are the same as in 42CFR410.32(b)(3). The supervisor must be present in the office suite and immediately available to furnish assistance and direction throughout the performance of the procedure. It does not mean that the physician/NPP must be present in the same room in the office where the service is performed.
- C. The services must be of a level of complexity that require that they be performed by a therapist or under the direct supervision of the therapist, physician/NPP who is licensed to perform them. Services that do not require the performance or supervision of the therapist, physician/NPP, are not considered reasonable or necessary therapy services even if they are performed or supervised by a physician/NPP or other qualified professional.
- D. Services must be furnished under a plan of treatment as in §220.1.2 of this chapter. The services provided must relate directly to the physician/NPP service to which it is incident.
Problematic Areas

• Excessive amount of time therapy is provided (extreme duration of each treatment each day)
• Excessive duration of care (extensive number of visits)
• Services not reasonable and necessary
  – Unskilled services
• Excessive use of the –KX modifier to override the therapy cap
• Excessive and improper use of -59 modifier to override the CWF edits. Note: using the -59 modifier indiscriminately, i.e. on every line, would be improper use of the -59 modifier
• Utilization of unqualified individuals to furnish therapy services
  – “incident to”
  – No evidence of skilled management or intervention
Documentation Examples

• SNF Part B
• Outpatient Therapist
• Physician/ NPP
Types of Documentation
This is an example of therapy services provided in a nursing facility to a patient who is not in a Part A stay; services are billed under Part B.

This is the discharge note for a patient that was evaluated in January and discharged in April. It appears that the patient makes gains with the care provided. However, in the review of the documentation, most of these gains occurred within the first month of care. (see next page)
The treat notes demonstrate that patient was able to go up and down 10 stairs with contact guard assistance using the rail and, was able to ambulate 200 feet with a four wheel walker by Feb 19. Treatment continued for two more months; the subsequent treatment notes did not justify the need for continued skilled care. There was no description of gait deviations, balance problems, impairments, or reassessments to support continued treatment. Note there is no documentation of treatment time; the following slide is the record of treatment time.
## Time Log

Example of record of the minutes of therapy provided for the services in the previous slides.

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The weekly progress note lacks objective measurements; there are only “increase” and “decrease” arrows. This patient is on the restorator for 20 minutes and is given very repetitive exercise. The only change documented is the distance that the patient ambulated. There is little documentation of clinical judgment or complexity of care to support the need for, or receipt of skilled care.

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No change in exercises. Patient is ambulating 300+ ft with CGA, no objective measurements.
These discharge notes indicate that the only reason for ending treatment was that the patient reached the Cap limitation.
Types of Good Documentation
Examples of Good Documentation Needed for Therapy Services

Documentation indicates:

• Previous medical history including diagnosis, premorbid conditions, and recent hospitalizations impacting functional abilities
• Patient’s prior level of functional abilities, i.e. able to ambulate functional distance in recent past
• Timely physician certification/involvement with clear frequency/duration and certification date range parameters on plan of care
• Medical necessity supported - patient would benefit from the development of an effective home strengthening program to:
  o Regain ability to safely ambulate to/from bathroom to ensure appropriate pericare, etc.
  o Facilitate the patient’s ability to maintain strength and prevent further functional decline with other functional skills, i.e. transfers/bed mobility.
This is an example of the clinical judgment and reasoning skills in the assessment and examination of a patient.

S: hx: Pt is 74 yo WF who reports onset of dizziness began about 2-3 months ago. Pt reports 1 time sitting still and not moving and sudden onset dizziness lasting about 5 min and a second onset a few days later when she turned head to the left. Pt reports that the last one lasted about 10 min. Pt denies any numbness, tingling, or wknss with the episodes. Pt reports that she went to MD last wk and he did an EKG and took vital signs to r/o MI. Pt reports that he then told her about BPPV and sent her to therapy. Pt reports that she has not had any dizziness since last episode. PMH: neg significant, hypercholesteremia. O: Mental status: A&O x3. Bed mobility and transfers: Independent. Strength: 5/5 B UE’s and LE’s except hip flexors 4/5 B. Neuro: lt touch/ sharp dull intacted. Propreception intacted. ROM: WNL except cervical rotation R decreased ~50%. Dizziness: 0/10 baseline at rest. Oculomotor: Corrective saccadics WNL, Smooth prusuits: L beating horizontal nystagmus noted with L gaze. Without visual fixation: L beating nystagmus again noted. Hallpike dix: negative B. Motion sensitivity: 0/10 with all head movements and trunk flexion, SB and rotation. A: Pt presents with L beating nystagmus with smooth pursuits and episodic dizziness lasting 5-10 min and no motion sensitivities. These s/s are not consistent with BPPV or other peripheral vestibular problems. Concerned that these s/s are from central neuro problems. Recommend pt return to MD for further medical work up and evaluation. No skilled physical therapy is indicated at this time.
Examples of Good Documentation Needed for Therapy Services

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<td>☐ Iontophoresis (with dexamethasone)</td>
<td>Splinting</td>
</tr>
<tr>
<td>☐ Electrical Stimulation</td>
<td>Other</td>
</tr>
<tr>
<td>☐ Pool Therapy</td>
<td>Splinting</td>
</tr>
<tr>
<td>☐ WCE (work capacity eval) = 6 hour/2 day test</td>
<td>Other</td>
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<tr>
<td>☐ PCE (physical capacity eval) = 3 hour/1 day test</td>
<td>Splinting</td>
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<tr>
<td>☐ Work Conditioning Evaluation</td>
<td>Other</td>
</tr>
<tr>
<td>☐ Other</td>
<td>Splinting</td>
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<tr>
<td>Walker Training</td>
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<tr>
<td>Ambulation Therapy</td>
<td>Other</td>
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<tr>
<td>Frequency: 2-3 x week</td>
<td>Duration: 4 weeks</td>
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<thead>
<tr>
<th>Women’s Health</th>
<th>Cancer Rehab</th>
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<tbody>
<tr>
<td>☐ Evaluate and Treat</td>
<td>☐ Evaluate and Treat—Physical Therapy</td>
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<tr>
<td>☐ Osteoporosis Rehab</td>
<td>☐ Evaluate and Treat—Occupational Therapy</td>
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<td>☐ Urinary Continence Rehab</td>
<td>☐ Evaluate and Treat—Speech-Language Pathology</td>
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<td>☐ Pelvic Pain</td>
<td>☐ Other</td>
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<tr>
<td>☐ Prenatal/Post-Partum conditions</td>
<td>Frequency:</td>
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<tr>
<td>☐ Ultrasound for Mastitis/Engagement</td>
<td>Other:</td>
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<td>☐ Other</td>
<td>Duration:</td>
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<td>Frequency:</td>
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<thead>
<tr>
<th>Speech-Language Pathology</th>
<th>Lymphedema (Physical Therapy or Occupational Therapy)</th>
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<tr>
<td>☐ Evaluate and Treat</td>
<td>☐ Manual Lymphatic Drainage and Bandaging</td>
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<tr>
<td>☐ Speech/Language/Memory Disorder</td>
<td>☐ Compression Pumping</td>
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<tr>
<td>☐ Swallowing Disorder</td>
<td>☐ Measure and Fit for Compression Garments</td>
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<td>☐ Voice Disorder</td>
<td>☐ Edema Follow-up Visit</td>
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<td>☐ Video Swallowing Studies</td>
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<td>☐ Other</td>
<td>Frequency:</td>
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<td>Duration:</td>
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48
Examples of Good Documentation Needed for Therapy Services con’t
Examples of Good Documentation Needed for Therapy Services con’t
Examples of Good Documentation Needed for Therapy Services con’t

[Therapy record details]
Examples of Good Documentation Needed for Therapy Services con’t
Orders / Referral

This was the referral to initiate care. Notice the date for the referral is in April of 2009 for three times a week for eight weeks.

Note frequency is for 8 weeks
Evaluation Plan of Care

This is the initial evaluation.

### Physical Therapy Assessment

**Patient's Name:** [Redacted]  
**Evaluation Date:** 4/3/09

**Chief Complaint / Diagnosis:** LBP (R) leg pain  
**Onset:** 2008

**PMHx:** HTN, breast lump excision (R), Aug 2006 pt exceded she med cont.  
**Current Pain Rating:** 6/10  
**Description of Pain:** Sharp, achy  
**Aggravated by:** Walking, stand, lift  
**Relieved by:** Bending, house work  
**Functional Limitations / ADLS:** Walking, stand, lift

**O: Observation / Posture:** Forward head

### Lumbar Spinal Range of Motion:

<table>
<thead>
<tr>
<th>Motion</th>
<th>ROM</th>
<th>Pain Level</th>
<th>Notes</th>
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</thead>
<tbody>
<tr>
<td>Flex</td>
<td>MAX</td>
<td></td>
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</tr>
<tr>
<td>Extension</td>
<td>0°</td>
<td>10°</td>
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<tr>
<td>Rt. Rotation</td>
<td>0°-10°</td>
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<td>Lt. Rotation</td>
<td>0°-10°</td>
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<tr>
<td>Rt. SB</td>
<td>10°</td>
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<tr>
<td>Lt. SB</td>
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</table>

**Special Tests:** L5/S1 LR(+)  
**Palpation:**  
**Gait Analysis:** pt red arms no medial to leg

**Notes:** 

**Strength:**

<table>
<thead>
<tr>
<th>Motion</th>
<th>Left Strength</th>
<th>Rt Strength</th>
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</thead>
<tbody>
<tr>
<td>Hip Flex</td>
<td>5</td>
<td>5</td>
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<tr>
<td>Knee Ext</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Knee Flex</td>
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<td>DF</td>
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</table>
The short term and long term goals are generic (check boxes), with little to show the expected measurable outcomes. Check boxes simply say improve flexibility, posture and perform functional activities (not specified). The treatment plan is for three times a week for eight weeks.
This is the treatment note for the services established from the evaluation on the previous slide. The patient is still receiving services in June 2010 for the same problem. There was not a break in services, and there were no changes in goals or treatment provided.

This is the discharge note for a patient that was evaluated in January and discharged in April. It appears that the patient makes gains with the care provided. However, in the review of the documentation, most of these gains occurred within the

Treatment began April of 2009, original referral 8 weeks. Assistant provided all of the care. No change over time.
Out Patient Documentation

• One side is the billing
• The other is the treatment note
• Note the time reported
• Note the services billed
## Billing and Documentation Examples

### Procedure Examples

<table>
<thead>
<tr>
<th>Procedure</th>
<th>CPT</th>
<th>DIAG</th>
<th>QTY</th>
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<tbody>
<tr>
<td>Application / Education TENS</td>
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<tr>
<td>Muscle Testing (manual) w/ rtp (excl hand)</td>
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<td>ROM Measurement w/ rtp (excl hand)</td>
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<td>Initial Evaluation</td>
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<td>PT Re-evaluation</td>
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<td>EI-Stim (Manual) (15 min)</td>
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<td>Iontophoresis (15 min)</td>
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<td>Contrast Bath (15 min)</td>
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<td>Ultrasound (15 min)</td>
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<td>Therapeutic Ex. (15 min)</td>
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<td>Neuromuscular Re-Education (15 min)</td>
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<td>WP with Ther-Ex (15 min)</td>
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<td>Class Training (15 min)</td>
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<td>Manually Therapy (St Mob. Traction, Manual), Myofascial (15 min)</td>
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<td>Group Procedures</td>
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<td>Ortho Training, Fitting, Fabricating (15 min)</td>
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<td>Protoscotetherapy (15 min)</td>
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<td>Therapeutic / kinetic Activities (15 min)</td>
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<td>ADL's (15 min)</td>
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<td>Community / Work Reintegration (15 min)</td>
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<td>Wheel Chair Management (15 min)</td>
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<td>Additional 1 hr</td>
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<td>Wound Care (selective/ equal to less than 20 sq cm)</td>
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<td>Wound Care (selective/ greater than 20 sq cm)</td>
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<td>Ext. Testing (with a written report) (15 min)</td>
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<td>Impairment Rating Evaluation</td>
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<td>ST Treatment of Speech Individual</td>
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<td>ST Complex dynamic dysphagia</td>
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<td>ST Assessment of Aphasia w/interv. (PH)</td>
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<td>ST Development limited w/interv. (PH)</td>
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<tr>
<td>ST Neurobehavioral status exam w/ interv.</td>
<td>96115</td>
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</table>

### Subjective Example

Subjective: Back aches with bends during exercise

### Objective Example

Objective:
- Pain rating at rest: 5
- Pain rating with activity: 7

A/PROM: 5/5 x 30° L/S 20°

### Strength Example

**Functional Status Change/Other**

**Treatment Example**

- Iontophoresis dosage: Fluidotherapy
- Paraffin bath: MHP/CP (location)
- Ultrasound: w/cm2 MHz (location) Time
- Electrical E-Stim: TEC/Rus/HV/VMS/PREMOD: (location)

**Therapeutic Exercise**

- Kinetic Activities: 15 min
- Aquatic Therapy: 45 min
- See Exercise Flow Sheet

**Other**

- **Assessment:**
  - Progress Toward Goals: Location to 100

### Problems Remaining

Other:

Plan:

- Continue current POC as indicated
- Modify treatment program/POC

D/C treatment reason:

Re-evaluation / Progress note next visit

Return to M.D. — Awaiting new order

Next M.D visit

### Medicare and Non-Medicare

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<th>Units</th>
<th>Medicare</th>
<th>Non-Medicare</th>
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<td>Minutes</td>
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<td>4</td>
<td>53 to 67</td>
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Medicare: 

Non-Medicare: 

<table>
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<tr>
<th>Total units</th>
<th>Medicare: 4</th>
<th>Non-Medicare:</th>
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<th>Non-Medicare:</th>
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<td>Non-Used Units</td>
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<td>Total</td>
<td>37</td>
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</table>
“Incident to” Physician/ NPP Services Documentation
This is an example of services provided incident to a physician/NPP. These services were provided by a PTA. PTAs do not meet the education and training requirement and therefore cannot provide services “incident to”.

Date: 7/18/09

SUBJECTIVE: About the same.

Objective: Data collected on this visit? (NO) YES (see Re-eval)

Exercises: See exercise flow sheet

Manual Therapy:

Modalities: 

Ultrasound:

Anodyne:

Iontophoresis:

ASSESSMENT: ( ) Slowly improving ( ) Mild Improvements ( ) Moderate improvements ( ) No Change Comments/New Goal: 

PLAN OF CARE: ( ) Con’t PT ( ) __ more visits ( ) Re-eval next visit ( ) D/C to HEP

Comments: 

Therapist’s Signature
Exercise Flow Sheet

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Note - treatment is from April to Aug.

Does this require the skills of a therapist or can it be performed by patient or with assistance of non-therapists?
Questions