



Webinar sponsored by HPA The Catalyst

(the Section on Health Policy & Administration of the American Physical Therapy Association)

August 4, 2015, 2:00 pm – 3:30 pm Eastern

Documenting Medical Necessity

Course description:

The increased focus on medical review and payment recovery from both the Centers for Medicare and Medicaid Services (CMS) and commercial payers in every therapy venue demands physical therapists and physical therapist assistants deliver and document medically necessary services. Medical necessity is not something a therapist can state in one simple sentence or demonstrate in one measurement or objective test. It requires a complete and comprehensive medical record which paints the picture of the patient and his or her requirement for skilled therapy services for the entire episode of care—from initial evaluation to reassessment to discharge. Upon review of the documentation, an auditor should clearly see why the patient needed physical therapy for the entire duration of the plan of care. Therapists must render only skilled, medically necessary services, regardless of payer or venue to ensure both appropriate care delivery and reimbursement. This presentation will review regulatory and payer requirements for medically necessary services and will discuss how to demonstrate medical necessity in each component of required therapy documentation.

Intended Audience:

All therapy disciplines and staff involved in internal auditing of therapy documentation.

Course Objectives:

Upon completion of this course, participants will be able to:

1. Define medical necessity
2. Describe the delivery of medically necessary care in each physical therapy venue
3. Demonstrate medical necessity through each component of your documentation

Session Outline:

10 min: Define medical necessity

20 min: Review payer- and venue-specific documentation requirements: OP, SNF, IRF, HH, acute care

30 min: Discuss how to document medical necessity in each piece of required documentation: initial evaluation/plan of care, progress report, recertification, daily encounter notes, discharge summary

15 min: Practical examples

15 min: Questions

About the Presenter:

Holly Hester, PT, DPT, CLT graduated from Hahnemann University in Philadelphia, PA in 1994 with a Masters degree in Physical Therapy and received her Doctor of Physical Therapy from AT Still University in Mesa, AZ in 2014. Holly has both clinical and management experience in a variety of rehab settings including acute care, outpatient, skilled nursing, inpatient rehab, and home health. Currently, Holly is the Senior Director of Education and Compliance where her role is to provide clinical, documentation, billing, and programming support for over 40 hospital-based sites nationwide. Holly has presented on documentation and billing compliance for the APTA Combined Sections Meeting and the Michigan Physical Therapy Association conference.

REFERENCES:

1. CMS IOM Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 15, Covered Medical and Other Health Professions, Sections 220-230, revised 9/3/14
2. CMS IOM Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 8, Coverage of Extended Care (SNF) Services Under Hospital Insurance, Section 30, revised 4/4/14

3. CMS IOM Publication 100-04, *Medicare Claims Processing Manual*, Chapter 5, Part B Outpatient Rehabilitation and CORF/OPT Services, Sections 10-20, revised 8/15/14
4. CMS's Resident Assessment Instrument Manual for MDS 3.0 v1.12, Chapter 3, Section O, revised 10/1/14
5. Cahaba Government Benefit Administrators, LCD Outpatient Physical Therapy (L30009), effective 2/1/14
6. National Government Services, LCD Outpatient Physical and Occupational Therapy (L26884), effective 5/1/14

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