



Medicare Outpatient Therapy Chart Audit

MAC/FI _____ LCD Reference# _____

Patient ID _____ Claim _____ Date of Script/POC: _____ Date POC Signed: _____

Dates of Service: _____ to _____ Visits: _____ ICD-9 Codes: _____

CPT Codes: _____

Review Date: _____ Clinic: _____ Reviewer: _____

Therapist _____ PT PTA OT COTA SLP

2nd Therapist _____ PT PTA OT COTA SLP

Patient Evaluation & Plan of Care	YES	NO	N/A or Comments
Physician POC/Referral? Is there a script in the chart?			
Date of MD referral on Script			
Was diagnosis stated? ICD-9 Medical Diagnosis (comes from MD)			
Was rehab diagnosis stated? ICD-9 Reason for Rehab (therapist)			
Is date of injury/onset noted? What happened to prompt referral? CHRONIC			
Are STG established with time frames? (not required by Medicare)			
Are LTG established with time frames? (entire episode of care)			
Is the treatment frequency & duration recommended? e.g. 3x week/4 weeks			
Modalities/Exercises: TE to increase UE ROM + TA to restore dressing			
Is a PROTOCOL Mentioned – is it in chart?			
Objective tests & measurements? From PT eval of patient			
PLOF stated? Related to ADL activities, "Prior to injury patient could..."			
Previous medical/rehab history? Pertinent medical & rehab – when, why?			
CLOF stated – deficits? Results of eval – "following injury patient cannot"			
Plan of Care? Certified for up to 90 days			
Was the initial treatment plan explained to the patient? Input solicited?			
Rehab potential <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor note this			
Differentiate in POC: TE, TA, NR, MT If POC is not returned signed – is there indication in the communication log to follow-up w/ MD			
Attendance Record/Log Sheet/Flow Sheet/Superbill	YES	NO	N/A
Are charge codes indicated daily: do they support therapy?			
Is treatment frequency in accordance with Plan of Care? Check log/flow sheet			
Does treatment plan match signed certification/Plan of Care?			
Does log/flow sheet indicate exercises and reps? (TE v. TA) PROGRESSION			
Daily TREATMENT Notes	YES	NO	N/A
Patient subjective trend noted: better, same worse – TREND?			
Was the stated necessary treatment received?			
Was patient reaction and tolerance to treatment noted?			
Documentation note signed by the treating staff member?			
Documentation note co-signed by the PT/OT if provided by PTA/COTA			
Is treatment note dated?			
Does note reflect activity related to goals?			
Does note reflect skilled care? Medical necessity? Clinical interpretation			

Is therapy time indicated: Minutes in timed codes to support # codes billed			
Therapy time: TOTAL TIME			
Is progression to HEP noted? New exercises introduced, patient participation			
CPT code documentation support (per LCD): Y N ?	Codes Used:		
Progress Notes/Updated POC (Progress to date -10 visits/30 days)	YES	NO	N/A
Is current condition updated? Test and measurements/scores			
Is the patient's participation and reaction noted? Look for statement			
Was frequency stated? Patient attendance			
Were STG reached and documented? Checked completed? Checks			
If goals were not reached, is the reason documented?			
Is progress report signed and dated by therapist?			
Note: PTA progress note must be supplemented by PT note etc			
Is the physician referral current and updated? Or signed POC			
Every 10 visits or 30 days? Match 10 visits to 30 days			
Updated Plan of Care/Plan recertification (up to 90 days) – (1 or 2 documents) signed?			
Was the progress report used as an updated POC with recertification?			
Interim progress notes may have been written for MD appointment – they may count for Medicare if prepared properly and contain all the Progress Notes required elements..			
Discharge Note	YES	NO	N/A
Discharge note – summary of last visits since POC TOTAL summary			
If goals not reached, state why.			
Billing/Therapy Caps	YES	NO	N/A
Do codes/units match minutes? Minutes in timed, total minutes			
Are modifiers used appropriately? GP, GO, KX, -59 (Use for billing check)			
Qualified for automatic exception? By ICD-9 or complexity?			
Does documentation support therapy beyond the caps? Look for statement addressing the need for continued therapy – reference ICD-9, comorbidities or complexities?			
Hospitals with Provider Based OP rehab are exempt from the therapy caps. Hospital clinics certified as Rehab Agencies or CORFs are subject to the therapy caps.			
Overall Impression			
Neatness ? Skilled Care? Medical Necessity?			
PLOF – CLOF – “gap analysis” – this is why “therapy”. Daily notes “trend” logically (4-6 visits)			
Note: Audit review should reflect current MAC/FI/Carrier local policy (LCD) and NCD and be consistent with all regulations concerning venue: Private practice, incident-to, rehab agency, CORE, hospital OP etc.			
Reference: Medicare Benefit Policy Manual, Transmittal 88 (May 2008) . Form shared as sample and may not reflect the most accurate information specific to the provider.			
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