

Section 85 Physical Therapy Implementation and Audit Criteria

MCBM Reference	Item:			Documentation
85.04	Eligibility for Care	Are services medically necessary rather than academic? Are services ordered by properly licensed practitioner of the healing arts (LPHA)?	Y ____ N ____ Y ____ N ____	(ORRF)
85.09-1	Qualified Professional Staff	Is there written evidence from appropriate governing body that the professional staff is conditionally, temporarily, or fully licensed? A. Physical Therapist B. Physical Therapist Assistant	Y ____ N ____ Y ____ N ____ Y ____ N ____	(Copies of licenses) Sessions Sessions
85.09-2	Records	Is there an individual record for each eligible student? A. Does the record include Name, DOB, Medicaid ID #? B. Is there social and medical history information? C. Is there an appropriate evaluation and medical diagnosis ? D. Is there a personalized plan of service * which includes: 1. Type of PT needed? 2. How the service can be delivered and by whom? 3. Frequency and duration of services? 4. Long and short range goals?*** 5. Plans for coordination w/ other agencies for service delivery? 6. Practitioner of the Healing Arts order 7. The signature of the LPHA who developed it?***	Y ____ N ____ Y ____ N ____ Y ____ N ____ Y ____ N ____ Y ____ N ____ Y ____ N ____ Y ____ N ____ Y ____ N ____ Y ____ N ____ Y ____ N ____ Y ____ N ____ Y ____ N ____	IEP/ Sessions IEP Report IEP IEP IEP IEP/MCDF IEP ORRF MCDF

Diagnosis and Plan of Service are key elements to demonstrate medical necessity.

Section 85 Physical Therapy Implementation and Audit Criteria

Documentation

85.09-2

Records
(cont'd)

***Crosswalk information from DHHS indicates that the IEP contains all but two elements of the Plan of Service for OT Services:**

****The MaineCare Documentation Form can be used for short term goals and sign off by LPHA developing the plan of service.**

Procedural recommendation: Therapist should make a copy of his/her service page in the IEP and staple it to the MaineCare Documentation form; write in short term goals in the plan of care section on the MCDF; and sign, date, and credential the form at the top to coincide with IEP start date.

*****While a signature of the LPHA is not specifically required in 85.09-02, the MCDF is included in the Chapter III explanation of a TM modifier.**

MCDF guidance requires the signature of the LPHA that developed the plan of service on the form.

Is there a written **progress note** showing:

- | | | | |
|--|---------|---------|----------|
| 1. The date of the service given? | Y _____ | N _____ | Sessions |
| 2. The nature of the service performed? | Y _____ | N _____ | Sessions |
| 3. Start time, stop time, total time spent delivering service? | Y _____ | N _____ | Sessions |
| 4. Progress toward long and short range goals? | Y _____ | N _____ | Sessions |
| 5. Signature of the individual performing the service? | Y _____ | N _____ | Sessions |
| 6. Whether service was individual or group? | Y _____ | N _____ | Sessions |
| 7. Full account of unusual condition/unexpected event?**** | Y _____ | N _____ | Sessions |

******The account should include the date and time when the unusual condition/unexpected event was observed and the name of the observer**