

## Section 85 Physical Therapy Implementation and Audit Criteria

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

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

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