

## Tips for Improving Treatment Efficiency for Members Undergoing Physical and Occupational Therapy

Providers have shared the practices listed below as opportunities for improving practice efficiency.

### Medical Necessity

- **The member's needs determine medical necessity.** The physician's prescription/referral for therapy frequency and duration does not determine the medical necessity of skilled therapy. The member's clinical presentation and specific needs are the primary factors considered.
- **Review medical necessity regularly.** Complete a review of continuing medical necessity at least every 30 days. If the condition is changing rapidly, more frequent assessment may be necessary. This allows you to assess how the member is responding to therapy. The member's treatment plan and goals should be adjusted based on the response to care.
- **Patient-focused care should be a challenge for the member.** Members need to be appropriately, but safely, challenged within their skilled care visits. Increasing intensity is a key to successful outcomes. Skilled therapy visits should focus on progressing the member. Ensure the program challenges the member so that activities and skills can then be repeated independently outside of clinic time.

### Scheduling Visits

- **Members have different needs.** Evaluate and determine each member's specific needs. Members with the same or similar diagnoses have different needs based on their own circumstances. Avoid following "cookbook" protocols.
- **Once or twice a week may work.** Many members do not need therapy three times a week. As the member works toward their goals, reduce the frequency of skilled therapy to one or two skilled visits per week. Supplement skilled therapy visits with a home management program.
- **Let progress determine frequency.** Do not schedule an entire series of visits at a set frequency. Instead, determine the date of the member's next visit based on the member's progress after each visit. Set goals for the member's next visit during each therapy appointment.
- **Decrease frequency during strengthening and stretching phase.** Progress in flexibility, strength, and function takes time. After instructing a member in their home program, allow time to work on the exercises and skills between visits. Decrease the frequency of care to allow more time for the member to progress. Often the member needs skilled therapy only once a week or less to update the home program.

### Episodic care can help create independence.

- Members with chronic problems and conditions may benefit from short episodes of care for a few weeks to then transition to self-management or caregiver management. The member and their caregivers can work on maintaining independence through the home program. A future episode of care may become necessary if the member encounters new problems not addressed before. The member and their caregiver can learn to take a more active approach to addressing their problems.

## Passive Interventions

- **In the absence of safety concerns, teach passive-motion exercises to a family member or other caregiver.** After providing a home program in passive motion, check with the member once or twice weekly to monitor progress.
- **Reduce passive modalities.** Reduce or eliminate passive modalities after the acute phase of therapy.

## Members' Independent Work

- **Responsibility for success.**
  - Let members know they will be responsible for the success of their therapy program. Inform members of their responsibilities and reinforce them at each visit or as necessary. Review the home program regularly to ensure that it is being done correctly and that the member is compliant.
  - This may also include involving caregivers, family or friends in the program. Exercises and skills that the member and any caregiver can perform safely may be discontinued in the clinic. Use clinic time to focus on new goals.
- **Independent exercise can be performed without skilled supervision.** Once a member, and any caregivers needed, are able to complete an exercise or skill safely make it part of his or her independent program. The time a member spends exercising independently in the clinic is not reimbursable.
- **Warming up is not billable.** Using a bicycle or treadmill to warm up prior to treatment is not skilled care and should not be a billed procedure. The member can usually be taught to perform warm-up exercises independently.
- **Once a member is able to complete an exercise safely, make it part of the member's independent program.** Time spent exercising independently is not reimbursable.
- **Use long-term modalities at home.** For members who need a long-term modality such as electrical stimulation, paraffin wax, contrast baths, etc., instruct them in this for home use.
- **Instruct the member about edema reduction and pain management.** Instruct the member who is in a home program about edema reduction and pain management.

## Care specifically for sports generally is not covered by a health plan benefit.

- Remember that training for a specific sport or recreational activity does not require skilled care. As a member approaches this level of activity, provide them with an advanced home program and encouragement to work with appropriate coaches or other trainers.

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